Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 25 July 2018

Officer of Strategic Commissioning Board Debbie Watson, Interim Assistant Director of Population Health

Subject: **SEXUAL AND REPRODUCTIVE HEALTH SERVICE TWO YEAR CONTRACT EXTENSION**

Report Summary: The report describes the rationale for agreeing to an extension of the above contract for a period of two years. The contract is issued by Stockport MBC on behalf of Stockport, Tameside and Trafford and a partnership agreement is in place between all three parties.

Recommendations: That a contract extension for two years from 1 April 2019 is approved.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Population Heath
Budget Allocation	£ 1.3 million

Additional Comments

Budget provision of £1.3 million per annum is within the medium term Population Health directorate revenue budget to support the proposed two year contract extension. It is essential that robust contract and performance monitoring arrangements remain in place to ensure expenditure and performance remain in line with the value of the contract during the proposed extension period.

Strategic Commissioning Board members should be satisfied that the existing contract is demonstrating value for money and also be aware that the Tameside economy has significant efficiency savings to deliver over the medium term before approving the two year extension.

Legal Implications:

(Authorised by the Borough Solicitor)

There is provision in the Council's procurement standing orders to extend the contract is there is already provision in the Contract to allow for an extension; the contract has been well conducted with no adverse problems; and the Contract is considered to provide value for money.

There is no restriction under the Public Contracts Regulations to extending a Contract is the authority for such an extension is contained in the Contract itself and the original procurement which is in fact the case and the extension does not involve a modification of the Contract.

	The rationale is contained in the report for agreeing to an extension of the above contract for a period of two years. Such an extension needs to be agreed between all three partnering Authorities who are collaborating together under the procurement arrangements. This collaboration is aimed at securing the Greater Manchester Sexual Health Strategy. The Borough Solicitor is supportive of the extension proposal.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Starting Well and Developing Well programmes for action
How do proposals align with Locality Plan?	The service is consistent with the following priority transformation programmes: • Enabling self-care • Locality-based services • Planned care services
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commission for the 'whole person' • Create a proactive and holistic population health system
Recommendations / views of the Professional Reference Group:	Reported directly to the Strategic Commissioning Board.
Public and Patient Implications:	None.
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness
How do the proposals help to reduce health inequalities?	Provision of Sexual and reproductive health services has a positive effect on health inequalities. Poor sexual health and lack of access to contraception contributes to inequalities, with more deprived populations experiencing worse sexual health.
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The service is available to Adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership.
What are the safeguarding implications?	Sexual and Reproductive Health Services have an important role in the identification and response to abuse. The service has explicit resources for this, is linked into Child Sex Exploitation and Domestic Abuse services and has pathways to safeguard children and vulnerable adults.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no information governance implications within this report therefore a privacy impact assessment has not been carried out.

Risk Management:	The purchasers will work closely with the provider to manage and minimise any risk of provider failure consistent with the provider's contingency plan.
Access to Information :	The background papers relating to this report can be inspected by contacting Richard Scarborough, Planning and Commissioning Officer by: Telephone: 0161 342 2807 e-mail: richard.scarborough@tameside.gov.uk

1 BACKGROUND

1.1 Under the Health and Social Care Act 2012, Local Authorities have a statutory duty to commission confidential, open access services for Sexually Transmitted Infections and Contraception, as well as ensuring that the local population has reasonable access to all methods of contraception.

1.2 An Executive Decision in January 2016 approved the joint procurement of a sexual and reproductive health service in a cluster arrangement with Stockport and Trafford Councils with Stockport leading the procurement and awarding the contract.

1.3 This arrangement was in line with the Greater Manchester sexual health strategy, produced by the Greater Manchester Sexual Health Network, to recommission services in cluster based arrangements using a single Greater Manchester service specification.

1.4 When the cluster based re-commissioning of secondary care was undertaken it was as the first stage in the move towards a single system or service for Greater Manchester, possibly using pooled budgets and a lead provider model. The shared service specifications and transformation of cluster based services were seen as the first step in the development of single system with a wholescale re-procurement process to be conducted in time for a new Greater Manchester service being in place in 2019.

1.5 Since these plans were formulated in 2015 this strategy has been revised and there are currently no plans to procure a single system or provider across Greater Manchester.

1.6 As stated in the GM Sexual Health Strategy 2018:

"The emerging Local Care Organisation developments across Greater Manchester, alongside the integrated commissioning arrangements, and the work on neighbourhood and primary care standards across the conurbation, gives us an opportunity to engage primary care (and particularly general practices and pharmacies) with sexual and reproductive health in a way that has never before been possible. While we have consistency of offer in our specialist services, we have great variation in primary care provision, both within and between boroughs. This is particularly evident in the provision of reproductive health services. Improving the quality and consistency of this offer will improve pathways through the system and will better meet patient expectations and outcomes. This will include developing closer relationships between specialist and primary care services, in order that they can support each other effectively. This work will take place alongside the development of a strengthened digital offer, allowing patients both to self-manage and to access some services online, allowing us to reduce demand on clinic based services. It will also allow patients to be more effectively triaged, with faster access of higher risk patients into services."

1.7 Following a competitive tender process in 2016, Manchester University NHS Foundation Trust (MFT) was awarded the contract to deliver a sexual and reproductive health service for the three Boroughs with the Tameside service based at Ashton Primary Care Centre.

1.8 The contract commenced 16 September 2016 for an initial period of two and a half years. There is an option to extend this contract for a further two years, subject to approval and negotiation between the parties to 31 March 2021.

1.9 A partnership agreement between Stockport, Tameside and Trafford governs the relationship between the commissioning parties. This agreement requires our consent to allow Stockport to issue a variation to extend the provider contract.

1.10 The service is delivered under the MFT branding of "The Northern" which includes the provision of services to Manchester City Council, having won their tender for a single multi-

site service across Manchester. MFT are therefore the largest single Sexual and Reproductive Health Service provider across Greater Manchester.

1.11 During the initial period of the contract MFT has completed a full staffing restructure requiring an extensive staff consultation exercise. This restructure has now been implemented, including the recruitment of additional staff, to produce a single staff team across the Northern footprint. This restructure has been difficult and impacted service delivery capacity at times of staff shortages, however, the service is now in a much better position with a more resilient and appropriate structure which benefits from being managed across the Northern footprint whilst retaining locally focussed teams and clinical management.

1.12 MFT have implemented a new clinical system across the Northern footprint moving our clinic from the old Blythe Lilly system to Inform. This means that clinical records are available covering all consultations, tests, treatments etc regardless of which of their sites a patient has attended providing a safer and more joined up service which is more able to identify and respond to safeguarding issues. The new clinical system is also linked to the laboratory systems enabling the direct reporting of results which previously could take several days.

1.13 Alongside the building based service MFT have implemented an online service for people who have no symptoms but would like a sexual health check-up using a kit sent through the post as an alternative to a face-to-face clinic visit. This is an area of service which we intend to develop further and expand if a contract extension is granted.

1.14 One key new area of work that MFT have managed very successfully during the initial contract period is the implementation of the national pre-exposure prophylaxis (PrEP) trial. This NHS England trial is to provide PrEP (usually a daily tablet) to HIV negative people as a method of preventing transmission of HIV. MFT were one of the first service providers to be approved to commence delivery and have been central to the Greater Manchester response to eradicating HIV.

1.15 Whilst MFT are delivering our service under a joint contract and as part of the wider "Northern" service they have continued to respond to local needs and have local clinical leadership. We are currently working with them to develop and improve the provision of Long Acting Removable Contraception (LARC) within neighbourhoods and to support Tameside General Practices in the provision of LARC.

1.14 The service has reviewed and implemented new processes for management of safeguarding patients and is implementing an action plan to improve awareness and contribution to the Tameside Safeguarding Children's Board Neglect Strategy having completed a recent audit.

1.15 Performance management of the contract has been conducted jointly by the sexual health commssioners within the three commssioning areas with additional joint work alongside the Manchester commissioner. Most of the initial focus has been on the workforce transformation, consolidating the new integrated service and implementation of new service functionality such as the online offer.

1.16 Performance meetings were initially conducted monthly during mobilisation and are now conducted on a quarterly basis. The service is subject to a performance framework and it reports against a range of performance and quality indicatiors on a quarterly basis. The provider engages well with the commissioners and actively pursues improvements in performance and quality. There are no current performance issues. (See example at **Appendix 1**).

2 PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED

2.1 Authorisation for continued allocation of funding is required to enable us to give Stockport authority to extend the contract.

3 VALUE OF CONTRACT

3.1 The Tameside contribution to the contract value is £1,299,710 per annum.

3.2 The previous contract value of the SRHS prior to re-procurement and award to Central Manchester FT was £1,409,626 annually (2016/17 value). As this was an NHS contract it was subject to the annual NHS inflator so this value would have increased. The contract value for the current MFT contract is £1.3 million representing an approximate £100,000 reduction.

3.3 In addition to this the current service specification has additional responsibilities including –

- Responsibility for all chlamydia screens done within the service that previously were passed to RUClear and separately funded at a cost of approximately £50,000.

- Responsibility for all provision provided for residents of Manchester, Salford, Bury Wigan, Stockport and Trafford due to GM cross-charging arrangements meaning that the provider forgoes charging income. (This is a reciprocal arrangement and we are therefore not charged by services in these Boroughs and there is a simplified commissioner to commissioner arrangement resulting in cost savings.)

3.4 The contract includes amortised start-up costs of £63,000 during the initial period of the contract. The extension of the contract should therefore be at a reduced value.

4 GROUNDS UPON WHICH WAIVER/AUTHORISATION TO PROCEED SOUGHT

4.1 Following a competitive tender process in 2016, led by Stockport MBC, Manchester University FT was awarded the contract to provide sexual and reproductive health services for Tameside, Stockport and Trafford.

4.2 The contract was for a period of two and a half years with an option to extend for a further two years.

4.3 Performance monitoring of the service has been positive and MFT engage well with the commissioners.

4.4 Since the contract commenced there has been no inflationary increase.

5. REASONS WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED:

5.1 The provision of open access services for Sexually Transmitted Infections and Contraception is a statutory duty under the Health and Social Care Act 2012.

5.2 Sexual health and contraception are health inequality issues with consequences that are serious and long-lasting. Failure to prevent or treat sexual ill health or to provide adequate contraception generates avoidable cost and demand across the health and social care system.

5.3 The implementation of the current contract has involved a workforce restructure and commencing a transformation of service delivery. This incurred an opportunity cost in terms of the impact on service delivery capacity during the implementation. The transformation of sexual health services is not complete and there is further work to implement the new Greater Manchester sexual health strategy. Further disruption to the service in the form of a re-procurement would hamper our ability to both drive forward change and prevent us consolidating the progress made so far.

5.7 Effective sexual and reproductive health services reduce costs from a range of areas including:

- Health costs – including unintended pregnancies, abortion services and STI treatment, and additional costs for treating complications arising from undiagnosed STI infections

- Other public sector costs – including children born from unintended pregnancies, social welfare expenditure (such as family tax credits), personal social services (such as interventions for those experiencing neglect or abuse), housing and education (GM Sexual Health Strategy 2018)

5.8 Services that promote good sexual health, test for and treat STIs and prove access to condoms all contribute to reducing the number of diagnoses of STIs and HIV. NICE health economic modelling estimated the costs of treating each episode of STIs, HIV and PID complications, as follows:

- £121.92 for chlamydia;
- £206.17 for gonorrhoea;
- £210.59 for syphilis;
- Treating 1 episode of pelvic inflammatory disease at £3,124;
- On average, it costs £13,900 a year to treat a case of HIV (GM Sexual Health Strategy 2018).

5.9 In addition to the benefits to the individual and the community of being sexual healthy, there are economic benefits. The Department of Health's *Framework for Sexual Health Improvement in England* concludes that there is an £11 saving for every £1 spent on contraception.

6. RECOMMENDATIONS

6.1 As set out on the front of the report.

APPENDIX 1

The following is extracted from the service quality report. The service reports, and is monitored, across the three areas so RAG rating is across the total performance and is not location specific. Data for Stockport and Trafford has been redacted.

An exception summary is included at the end of the report.

the northern
contraception, sexual health & HIV service

Quality Outcome Indicators (Key Performance Indicators) Report

Stockport, Tameside & Trafford
Period: Q4 2017/18
(January - March 2018)

Performance is currently not meeting the target or set to miss the target by a significant amount.			
Performance is currently not meeting the target or set to miss the target =/<10%.			
Performance is currently meeting the target.			

Access					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of patients contacting the service who are triaged within 48 hours	**100%**		100%		**100%**
% of patients contacting the service with an urgent clinical need offered an appointment within 48 hours	**90%**		100%		**100%**
% of clients requiring emergency contraception offered an appointment on the day of contacting the service	**90%**		100%		**100%**
% of clients with a non-urgent clinical need offered an appointment within 2 weeks of contacting the service	**80%**		100%		**100%**

STI Testing & Treatment					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of patients offered an HIV test (Note: this relates to eligible patients attending for the purpose of obtaining a sexual health screen)	**90%**		assumed 100% - internal audit		
% of patients (of those offered - see above) who accept an HIV test (Note: this relates to clients attending for the primary purpose of obtaining a sexual health screen)	**80%**		internal audit		
Ratio of contacts per gonorrhoea index case, such that the attendance of these contacts at a Level 1, 2 or 3 service is documented as reported by the index case, or by a Healthcare Worker (HCW), within four weeks of the date of the first PN discussion	**60%**		36%		**39%**
Ratio of contacts of chlamydia index cases whose attendance at a Level 1, 2 or 3 service was documented as reported by the index case, or by a HCW, within four weeks of the date of the first PN discussion	**60%**		31%		**41%**
% of patients with a new diagnosis of HIV who are offered an appointment with HIV appropriately trained staff within two weeks	**100%**		100%		**100%**
Documented evidence within clinical records that a 'look-back' / root cause analysis exercise has been conducted for all patients who have been diagnosed with HIV at a late stage of infection in order to determine missed opportunities for earlier diagnosis.	'Look Back' report produced		No late diagnoses		**100%**

Documented evidence within clinical records that PN has been discussed with people living with HIV within 4 weeks of receiving a positive HIV diagnosis and within 1 week of identifying subsequent partners at risk	**90%**		100% (n=1)		**67%**
For a person diagnosed with HIV, ensure there is documented PN outcomes or a progress update at 12 weeks after the start of the PN process.	**90%**		100%		**67%**
% of patients who are notified of their test results within 10 working days (of the date that the sample was taken or received at the lab)	**90%**		90% (10 cases sampled)		**97%**

Chlamydia Screening & Treatment					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of asymptomatic young people aged under-25 attending the service who are screened for chlamydia on an opportunistic basis	**75%**		46%		**37%**
% of positive screens (positivity) is between 9% and 12% (Under 25s)	**9% - 12%**		9% (1/11)		**3%**
% of young people who are notified of their results within 10 working days (of the date that the sample was taken or received at the lab)	**90%**		80%		**93%**
% of young people who are diagnosed with chlamydia who are treated within six weeks of the test date	**95%**				This is not coded in L3 services

Contraception					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of long-acting methods prescribed as a % of all methods prescribed	**25%**		40%		**44%**

Patient Experience					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
% of patients receiving a new diagnosis of HIV who are referred to HIV support services	**100%**		100%		**67%**
% of clients with a booked appointment seen within 30 minutes of their appointment time	**70%**		Awaiting results		
% of patients attending a walk-in clinic seen within 90 minutes of registration	**70%**		Awaiting results		
% of 'did not attends' for appointment slots	**≤ 10%**		14%.		14%.
% of clients making a formal complaint about the service	**<2%**		0%		**0%**
% of clients receiving a response to a formal complaint with 28 days	**100%**		NA		**NA**
Completion of an annual patient survey	TO BE AGREED FOR 2017/18				**Mar-18**
% of clients responding to the annual patient survey rating the service as good or excellent	TO BE AGREED FOR 2017/18		Awaiting results		
Improvements to provision implemented as a result of patient feedback	TO BE AGREED FOR 2017/18		Awaiting results		
Completion of the You're Welcome self-assessment tool	TO BE AGREED FOR 2017/18		Yes		**2/3**

Reducing Inequalities					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
Development and implementation of an outreach plan to inform the provision of clinical and non-clinical outreach services for at-risk groups	Completed by Q3				

Workforce					
Indicator	Threshold	Stockport	Tameside	Trafford	Combined
Proportion of nursing staff will be dual trained	Baseline to be established in 2016/17		80%		**87%**
Completion of an annual staff survey	TO BE AGREED FOR 2017/18		Sep-17		

Exception summary
Some target percentages that are very hard to achieve and are set much higher than usual standard we may therefore need to review targets and definitions.

Gonorrhoea ratio
Gonorrhoea contacts PN low– partly due to a training issue. Health adviser role gap now filled and staff training scheduled. Also suspect that the completion of PN tab on Inform is not being done accurately –especially with all team now doing it not just one person. MFT are confident that contact ratio is higher than recorded.
Direction of travel good, presumably due to improved recording as staff get used to Inform etc

Chlamydia ratio
Similar issues as per gonorrhoea ratio

Possible that the downward changes compared to previous quarters are due to data being prepared by different people – especially % asymptomatic screened for chlamydia which has fallen from 75. New analyst has been recruited and will be working alongside other analyst to prepare data to ensure consistency.

DNA
DNAs have gone up to 14%. Noted that MFT regard this as a good rate as it is a very challenging target. Also noted that repeat DNAs can skew the data.

Summary
Overall there is good performance in many areas and the 'red' areas do not relate to any major issues and can be turned around and/or they are national issues with extremely challenging targets.

QUALITATIVE DATA Q4 2017/18

MFT in partnership with PAHT

STT INTEGRATED SEXUAL HEALTH SERVICE - Tameside

1. What is the average time between a referral being made and service delivery?

- The service is walk-in / self-referral.
- Letter(s) from GP rare.
- Target is 48 hour access.

2. Have you identified any unmet needs across the locality as a result of your work?

- Plans to provide / support LARC in primary care. Dr Jane Harvey exploring service arrangement within Neighbourhood scheme in Hattersley.

3. Have MFT made any changes to service delivery based on established unmet need or learning?

- On-line home testing offer implemented July 2017
- New staffing structure implemented September 2017
- Service delivery changes i.e. structure, model, timetables etc to be implemented w/c 6th November 2017
- Introduction of IMPACT Prep trial November 2017
- New processes for management of safeguarding patients January 2018
- Plan to roll out HPV vaccination to MSM <45Y – Q1 2018/19

4. Please describe any trend analysis including trends relating to safeguarding.

Key Indicators

	Period	Local count	Local value	Eng. value	Eng.worst / lowest	Range	Eng.best / highest
Syphilis diagnostic rate / 100,000	2016	25	11.3	10.6	127.9		0.0
Gonorrhoea diagnostic rate / 100,000	2016	118	53.2	64.9	596.4		11.7
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02) < 1900 1900 to 2300 ≥ 2300	2016	668	2593	1882	813		4,938
Chlamydia proportion aged 15-24 screened	2016	5,496	21.3	20.7	9.4		50.0
New STI diagnoses (exc chlamydia aged <25) / 100,000	2016	1,031	726	795	3,288		344
HIV testing coverage, total (%)	2016	3,323	66.3	67.7	26.7		86.3
HIV late diagnosis (%) (PHOF indicator 3.04) < 25 25 to 50 ≥ 50	2013 - 15	15	50.0	40.1	75.0		12.5
New HIV diagnosis rate / 100,000 aged 15+	2015	16	8.9	12.1	62.9		0.0
HIV diagnosed prevalence rate / 1,000 aged 15-59 < 2 2 to 5 ≥ 5	2015	225	1.73	2.26	14.60		0.35
Population vaccination coverage – HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03xii) < 80 80 to 90 ≥ 90	2015/16	1,231	95.3	87.0	68.4		97.3
Under 25s repeat abortions (%)	2015	109	29.7	26.5	37.3		11.1
Abortions under 10 weeks (%)	2015	733	84.3	80.3	67.5		88.0
Total prescribed LARC excluding injections rate / 1,000	2015	2,317	55.1	48.2	11.4		85.7
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2015	95	25.1	20.8	43.8		5.7
Under 18s conceptions leading to abortion (%)	2015	49	51.6	51.2	28.9		82.4
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2015/16	397	1.8	1.7	0.9		3.5

5. Please demonstrate how you have adhered to the social value outcomes outlined in your bid/application?

- Links across sexual health services are well established regionally with The Greater Manchester Sexual Health Network and nationally through high profile leadership of our professionals within BASHH, FSRH and BHIVA;
- Partnership Innovation Forum – to scope efficacy of home testing kits for partner organisations;
- Nursing Assistant apprenticeships;
- Enhanced surveillance for PHE;
- Providing 'clinical' governance and expertise to BHA for GM PaSH programme:
  - Co-authored PaSH SOP with pathology input from MFT;
  - Sept 2017 – provided training to PaSH staff (BHA, GHT, LGBTF) for implementation of community HIV testing programme;
- We work closely with third sector partners to ensure we are providing services to meet the needs of all high risk groups.
- Free STIF training places provided to third sector partners.

6. What progress has CMFT made towards its duty under the Equalities Act 2010 and has an EIA been completed?

- Your welcome – all sites;
- Hearing loop;
- Disabled access – all sites;
- Translation services – accessible at all sites;
- We accommodate people with special needs and will allocate staff to provide extra resource where needed;
- Access to learning disability and mental health services for support and advice;
- Open access to all, with specific services to LGBT, BME communities;
- Wide stakeholder representation on the Partnership Innovation Forum;
- A seamless pathway to HIV services is in place in all sites;
- Recruitment is delivered in line with EA 2010;
- EIAs completed for changes to service delivery.

7. Have you received any feedback from clients during this reporting period (compliments and complaints)? If so, please describe and explain how complaints have been handled.

- Yes, the service continues to receive compliments throughout Q4.
- 0 x formal complaints received Q4.
- PALS leaflets are available clinic venue(s).
- Formal complaints are investigated by a senior nurse and/or clinical lead, and where necessary statements requested from those involved. They are either dealt with/de-escalated by PALS or a formal written response is required and is provided by the Matron, or other manager; reviewed by QA and signed-off by the Chief Executive – as per the CMFT formal complaint process.

8. Have there been any clinical risk incidents? If so, please explain the outcome.

Clinical risk incident(s) logged for Tameside in Q4:

- Nil to report.

9. Please list the training sessions held for both clinicians and frontline staff.

- **15 March 2018**
  - → Mandatory Fire training session (all staff to attend)
  - → INFORM and coding updates –Dr Nicky Waddell.

- **14 February 2018**
  - → IMPACT trial and PrEP coding – Chris Ward
  - → Male survivors – Duncan Craig, Survivors Manchester
- **16 January 2018**
  - → ACE morning cancelled by the Trust due to winter pressures

10. Please outline the sexual health training offered and delivered to other professionals in the wider community?

Dr Ward has provided Obs & Gynae teaching at Tameside General Hospital to junior doctors as part of their postgraduate education program.

11. Please provide a breakdown of the staffing including the vacancies for each area and any volunteers recruited.

CMFT - Tameside				
Group	**Band/Role**	ACTUAL	BUDGET	Variance
Medical	Consultant	0.80	1.54	-0.74
	Non consultant	1.50	1.00	0.50
Nurse	7	1.40	1.40	0.00
	6	6.45	6.42	0.03
Sen. Nurse Ass.	3	4.20	4.11	0.09
Non-clinical OR	4	1.00	1.00	0.00
A&C	4	0.98	1.07	-0.09
	3	1.00	1.00	0.00
	2	1.40	2.38	-0.98
Counsellor	6	0.00	0.00	0.00
Grand Total		**18.73**	**19.92**	**-1.19**

12. Please describe your involvement in regional and national audit completion of an audit plan (standard: all providers of services managing STIs).

Nil to report

13. Please describe how the online offer has reduced demand on the clinics in each area – please include number of online self-assessments, number of kits posted out / returned, number of kits collected / returned per area.

Data and report to follow

14. Please provide details of promotional campaign involvement.

Nil to report

15. Please detail the number of outreach sessions delivered.

Nil to report

16. Are there any other issues relating to contract delivery e.g. changes to clinical pathways etc.?

Nil to report