The Future for Cheshire East Sexual Health Services - Our Commissioning Intentions for Engagement & Consultation

1. Introduction

Sexual health is an important area of public health. Ensuring that our population has access to quality sexual health services that support improvement in the health and wellbeing of individuals and the broader population. The responsibility for commissioning sexual and reproductive health and HIV services is shared by Local Government, Clinical Commissioning Groups, and NHS England.

A whole system collaborative approach to designing and commissioning local services is therefore essential. Clear links to other areas such as Education, Maternity Services, Criminal Justice System, and Social Care are also important.

Understanding the impact of our population’s sexual health and sexual ill health is important and will help us shape the future sexual health services we need for Cheshire East’s population. We need to understand and account for the impact of deprivation and some specific population groups who may face a greater risk of sexual ill health, and actual or perceived restrictions to service access.

This document will set out the following:

- Current Sexual Health Services across Cheshire East,
- The Local Authorities Public Health’s statutory responsibilities, and the responsibility of other commissioners
- Our understanding of the local populations needs,
- The key challenges we face in improving sexual health
- National policy
- And how a newly commissioned Sexual Health Service could be delivered differently.

This document has been developed to support our Engagement and Consultation work with a wide range of stakeholders. The feedback we receive will then help us refine our Future Sexual Health Service requirements.
The next step would then be to develop our service requirements into a ‘Service Specification’ that supports the re-tendering of Sexual Health Services during 2014/15.

2. What Services do we have now?

The majority of core contraceptive care is provided by general practices as part of their GP contract (additional services) with NHS England. This is an important aspect of contraceptive care provision to individuals in the population and this will continue to be the case. In addition to these mainstream services, there are also locally available community contraception clinics and genito-urinary medicine [GUM] services that were previously commissioned by the Primary Care Trust and are now commissioned by the Local Authority.

These latter services that transferred to local authority are explained in 2.1 to 2.5 below:

2.1 East Cheshire NHS Trust: provides Integrated Sexual Health Services across the borough which includes:

- Sexually Transmitted Infection (STI) diagnosis and treatment
- Community contraception clinics
- Chlamydia screening programme 15-24 year group (National Chlamydia Screening Programme)
- and Sexual health promotion

2.2 Mid Cheshire Hospitals NHS Foundation Trust: provides a sexually transmitted infection diagnosis and treatment service at the ‘Centre for Sexual Health’ at Leighton Hospital.

2.3 Body Positive: a voluntary community faith sector service provider delivers the following services:

- One to one and group support for people at risk of primary HIV infection
- Improving access to condoms, lubricants and other safer-sex resources
- Education and Training HIV/STI awareness, and better sexual health and health relationships
- Wider accessibility, awareness raising and community involvement

2.4 General Practitioners: provide Long Acting Reversible Contraception [LARC], Intrauterine Contraceptives [IUCD] and the Chlamydia Screening programme for the under 25yrs population, that are commissioned by Public Health.
2.5 **Pharmacies:** Sixty two Pharmacies in Cheshire East provide access to Emergency Hormonal Contraception commissioned by Public Health.

3. **Service User Satisfaction summary**

We have drawn from ‘Service User Satisfaction Surveys’ undertaken by our current service providers, anything that could improve and inform our future Sexual Health Services.

These points are as follows:

3.1 Services delivered in other locations than clinic settings may improve service access.

3.2 Services nearer to schools and colleges would be useful in addition to centrally located services that can be accessed by bus services.

3.3 Service information that is easily accessible and is up to date.

3.4 Services that have a reception area that enables confidentiality to be maintained.

3.5 Services that are easily accessible with quick rapid appointments with short waiting times.

3.6 Services that integrate and deliver services with others for example Youth Services.

3.7 Services that provide information and advice, and give access to peer support group arrangements.

The importance of these potential areas of service improvement will be further tested through our engagement and consultation work that this document will support.

4. **Understanding our Needs**

4.1 **Services for the management of sexually transmitted infections:**

The STI needs of the population of Cheshire East could be appropriately met by commissioning 8,800 attendances per year at specialist genitourinary medicine services. This is equivalent to 62% of the 14,100 attendances that took place in 2012. The reduction in activity should take place within a number of activity areas. These include sexual health screens for asymptomatic people (reduce by 2,600), treatment of minor non-STI conditions (reduce by 850), contraception care (reduce by 1,450), and cervical screening (reduce by 400). Almost all of these reductions need to take place in the GUM services that are provided inside Cheshire East.

The 8,800 attendances (1,400 or 16% of which are likely to take place in GUM clinics outside Cheshire East) can be broken down into three levels of elements of STI
management. A small volume of contraception care also needs to be commissioned from GUM services to meet the contraceptive needs of people who attend primarily for STI management. The commissioned ‘Open Access’ GUM services should provide care that includes all of the following elements.

- Level 3 – complex / specialist: 1,200 attendances
- Level 2 – symptomatic: 2,800 attendances
- Level 1 – asymptomatic: 4,100 attendances
- Contraception care in GUM: 700 attendances

### 4.2 Contraceptive and sexual health services

In 2012/13 there were an estimated 11,220 attendances at commissioned NHS community contraceptive services in Cheshire East. We believe that ‘Open Access’ and specialised contraception needs of the population of Cheshire East could be appropriately met by commissioning around 14,500 community contraception and sexual health attendances per year, a rise of 29%. This includes some Level 1 and 2 STI care to meet the STI needs of people who attend primarily for contraception.

The figure of 14,500 attendances includes 1,450 attendances transferred from GUM services, an additional 500 contraception attendances by males (there were just 380 attendances in 2012/13), and an additional 1,330 attendances by young people under 20. We believe that the needs of the latter two groups are underserved at the present time and we want to encourage improvements in access for both groups.

### 5. Our ‘Key Challenges’ [Completed when 4. Populated]

#### 5.1 Chlamydia

- 23.2% of the eligible 15-24 year old population was tested in 2013 and the diagnosis rate was 1,780 per 100,000. These represent the second lowest rates in Cheshire and Merseyside. Only 50% of Cheshire East’s tests were taken outside GUM as compared with 80% in the other Local Authorities in Cheshire and Merseyside (England 68%).

#### 5.2 HIV

- Not enough GUM patients are being offered a HIV test, and not enough patients are accepting the offer when it is made. 72.0% of eligible new patients from Cheshire East who attended a GUM service in 2013 were offered a HIV test (England 79.2%), and 65.6% of patients who were offered a HIV test accepted the offer (England 80.1%). The proportion of adults presenting with HIV at a late stage of infection during 2010-2012 was 42.1% (England 48.3%).

#### 5.3 Teenage Pregnancy

- Cheshire East’s under 18 conception rate has risen by 2.1% from 23.3/1,000 (151 conceptions) in 2011 to 23.8/1,000 (153 conceptions) in 2012. Cheshire East’s ranking has worsened from being 25th best out of 150 authorities in 2011 to 37th best in 2012. Actions to reduce the
under 18 conception rate should be targeted in parts of Crewe, Macclesfield, Congleton and Wilmslow where the under 18 conception rates are several times higher than the borough average.

5.4 STIs - Please refer to 4.1. We have significant out of area STI activity and we would want to explore how this activity could be repatriated by improving GUM service access in the North and the South-East of the Borough.

5.5 Complex commissioner responsibility for sexual health services – Commissioning responsibility sits with multiple commissioners - Local Authority Public Health, Clinical Commissioning Groups, NHSE Primary Care, Specialist Care and Offender Health commissioners. The challenge presented to us is one of ensuring connections where they are needed between commissioning responsibilities and the services to ensure appropriate transition of care, support and treatment where needed.

5.6 Access to services – currently the main available service access is based at hospital locations, where services are open for longer hours than town based community clinics. Appropriate locations for services that are accessible for young people are essential. These also need to be open at times that better suit young people, and adults with commitments.

Consideration also needs to be given to service access for individual groups including men who have sex with men.

5.7 Progressive use of new technology and communication mediums – The use of new technology in the provision of the new service for making appointments, reminding about appointments etc needs to be addressed given the progression of technology and how people access information. This would also need to support access to other services that someone may require.

5.8 Lack of cohesive Service Branding & Marketing Approach – We need to see proactive and innovative approaches to marketing and communications for all stakeholders to provide information and advice.

Communication methods and materials need to be suitable for the variety of audiences – young people, adults, sexual partners, professionals, general public.

Communication materials need to be current representing an accurate picture of the full range of sexual health services in Cheshire East including those available in primary care. A marketing approach will also be needed which we don’t currently have.

5.9 Limited Health Promotion & Social Marketing - It will be important for the new service that people know how to protect their sexual health and how to access appropriate services and interventions when they need them. All
individuals require age-appropriate information and support to help them make informed and responsible decisions. We would want such information provided as part of the services we tender for and these are outlined at 9.3.2. Education, information and support needs to be relevant for individuals and specific groups through a range of mediums.


6.1 Public Health England is developing a guide to whole system commissioning for sexual and reproductive health & HIV.

This guide will:
- Provide an evidence base for a whole system sexual health service approach
- Describe working relationships between the Local Government, NHS England and Clinical Commissioning Groups that achieves a whole system approach to meeting the needs of the local population
- Illustrate models of existing and emerging practice in the commissioning of HIV, sexual and reproductive health as a coherent whole system to deliver best outcomes for individuals and populations
- Demonstrate how new ways of working to support continued modernisation and integration, including examples of coordinated responses linked with other local authority services
- Produce relevant and practical tools to deliver a whole system approach to HIV, sexual and reproductive health that are flexible and adaptable to meet local needs

6.2 The draft document was published for consultation May 2014. The key messages within this for Commissioners are:

A. Put people at the centre of commissioning, which is based on assessed needs rather than current configuration.

B. Take service user pathways as your starting point, with the aim of ensuring they experience integrated, responsive services.

C. Maximise opportunities to take the wider determinants of health

D. Build on your Director of Public Health’s role to deliver system stability and integration across the public sector.

E. Draw on the expertise of clinicians and service users, and the public’s view to inform commissioning.

F. Build trust across commissioning organisations by developing strong relationships with your local counterparts.
G. Collaborate – a larger commissioning footprint will make the best use of limited resources to improve outcomes.

H. Document your approach to collaborative working, with clearly defined individual and collective responsibilities.

I. Acknowledge the economic climate requires new thinking and innovation – doing more or less of the same will not radically change outcomes or provide better value.

J. There is no one right way – it is up to local teams to make collaborative sexual and reproductive and HIV commissioning a local reality.

7. Public Health Commissioning responsibilities

Local authority Public Health are now responsible for commissioning some preventative and treatment sexual health services as part of their wider public health responsibilities.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require local authorities to arrange for the provision of certain services. An extract from the regulations explains that we are responsible for the provision of:

- Open access sexual health services for everyone present in their area; covering
  - Free sexually transmitted infections (STI) testing and treatment, and notification of sexual partners of infected persons; and
  - Free contraception and reasonable access to all methods of contraception.

Other Commissioners are responsible for other aspects of sexual health services:

- NHS England commissions
  - Contraception provided as an additional service under GP contract
  - HIV treatment and care [including drug costs for PEPSE]
  - Testing and treatment for STIs (including HIV testing) in general practice when clinically indicated or requested by individual patients
  - Sexual assault referral centres
  - Cervical screening in a range of settings
  - Specialist fetal medicine services
8. Contraception provided solely for non-contraception purposes in general practice

● Clinical Commissioning Groups commission
  o Most abortion services
  o Female sterilisation
  o Vasectomy
  o Non-sexual-health elements of psychosexual health services
  o Gynaecology
  o HIV testing (including routine screening), in non-HIV hospital departments

Commissioners together must ensure a joined up seamless care pathway across the full range of sexual health services, including those not directly commissioned by Public Health. This is crucial to ensuring that together we improve the sexual health and wider health and wellbeing outcomes of our local population.

8. Public Health Outcomes Framework

The following public health outcomes were established for local government in 2012 and are included in the Public Health Outcomes Framework for 2013–16 [3]:

● A continuing fall in the rate of conceptions to women under the age of 18
● A reduction in the proportion of people with HIV whose infection is diagnosed late
● An increase in Chlamydia diagnoses among young people aged 15–24, to be achieved through screening.

9. Proposed Commissioning Intentions

9.1 Service Vision

Good Sexual Health is important – ‘Easily accessible information, with welcoming services that provide appropriate care to help people make the right choice for themselves’.

A whole system approach to sexual health and HIV will enable this to be an achievable reality.

9.2 Service Outcome

‘All people in Cheshire East experience good sexual health’
A whole system approach to sexual health and HIV will enable this to be an achievable reality.

9.3 Service Model

9.3.1 Service scope - We would want a ‘Cheshire East wide Sexual Health Service’ that complements but does not substitute for the mainstream contraception, STI testing and other sexual health services commissioned by NHS England through general practices.

We would want service access to be rapidly available in convenient locations across Cheshire East to enable people who choose not to access their contraception services from their GP to access support easily, such as in: Community Hubs, Health Centres, Lifestyle Centres, Leisure Services, Schools, Colleges, Youth Services, Family Centres for example. We would also want ‘Our Future Sexual Health Service’ to work in partnership with other commissioned services in the delivery of this service, such as School Nurses, Health Visitors, Substance Misuse Services.

This service would have a clear ‘Service Branding’ that reflects our ‘lifecourse’ approach to sexual health services for the future, whilst recognising that some sexual health services are commissioned by other responsible commissioners [see section 7], but are part of a whole system sexual reproductive health & HIV service system.

We would want to ensure that prevention and early intervention care and support approaches are included in this service to improve population health and wellbeing. This in turn would support better sexual and reproductive health choices.

This would be the essence of how all sexual health services are to be delivered as outlined below in 9.3.2.

9.3.2 We require the following range of services to be provided:

Specialist GUM Service [GUM – Genito Urinary Medicine] - We require an element of specialist sexually transmitted infection services [Specialist GUM Service]. The size of this service needs to better reflect the population need for it. Whilst also recognising that for men who have sex with men [MSM] more regular testing may be required.

However currently we have significantly greater numbers of people using these services as they are more readily available in terms of opening times, and therefore provide wider sexual health services than STI services.

We would want the new service to manage a transition from over use of specialist services to a more natural level of use given our populations needs.
This may require a hospital sited or specific clinical location bases within several Cheshire East towns across the week. However this could also be delivered through other service locations across the borough. We would want the scope outlined here to stimulate innovative approaches to maximising community located service delivery.

The service would provide appropriate STI treatment, advice and support, as well as other contraception services if identified as a needed. Guidance about other services and locations for continued support, and a ‘Health Promotion’ element of service to improve population health and wellbeing to support the development of personal resilience and self esteem, promotes healthy choices, and better sexual reproductive health.

**Note** – the Sample Testing arrangements will be part of the Sexual Health Services commissioned by Cheshire East Public Health for specialist GUM and Community Clinic services where samples are taken in. In addition sample testing would also be for services commissioned by Public Health from GPs for the National Screening Programme.

**Contraception and Sexual Health services** – General Practices are commissioned by NHS England to provide contraception services. PH commission LARC & IUCDs [long acting Reversible contraception & intrauterine contraceptive device] from General Practice, and Emergency Hormonal Contraception from Pharmacies. We intend to continue with the current contractual arrangements for these services and will consider at a later stage how these are re-commissioned.

For the majority of people Contraception via their GP would likely be their preferred choice. For some though open access Community Clinics are favoured. All services need to work in partnership to ensure that residents know where they can access their sexual health services in a timely way.

Public Health is responsible for commissioning the National Chlamydia Screening programme for under 25yrs, and this is within the contract we have with GPs that will continue. Community Clinics and Specialist GUM provision will also need to provide this for 15yrs to 24yrs and continue to offer postal kits where it is appropriate to do so.

We want innovative ideas about where Community Clinic Services’ could best be located to provide accessible services for our population. Our engagement and consultation work will assist us with determining this. **Specific access for Young People is an important requirement within our considerations.** Access to community based services need to reflect how young people and adults want to use sexual health services. Therefore recognition and understanding of how YP and other age groups prefer to access services will be vital.
Current provision is main town based but primarily for restricted times one day per week for a few hours. Young people and adults need locally accessible services after school, college or work, and our engagement and consultation work will help us to better determine preferred locations, times of the day, days of the week, and which type of service they would access as a first point of contact to sexual health services.

We would want a strong branding and marketing strategy that embraces social media, to be available. That needs to be recognised and understood by our sexually active and none sexually active population to help people access the services they need when they need them.

Psychosexual health advice is a shared commissioning responsibility between PH and Clinical Commissioning Groups [CCGs]. This service provides counselling support, and we need to consider with CCGs what the needs are for this service to inform how we could best arrange for this within our future sexual health service.

Note – wider workforce skills that support ‘Making Every Contact Count’ will be an essential component of our future sexual health service.

9.4 Service Aims

The service aims to:

- Promote a positive attitude towards sexual health
- Promote the service to ensure that young people and adults know how to access services when they need them
- Ensures that privacy and confidentiality are maintained
- ‘Making Every Contact Count’ providing advice & support to other professionals or services that are appropriate proactively and when its needed
- Provide prevention and early intervention services for young people and those in most at risk populations to build personal resilience and self esteem and promote healthy choices
- Provide a range of open access sexual health services e.g. community contraceptive clinics, specialist GUM services, practitioner workforce development, and strong service branding & marketing
- Ensure that the services provided are evidence based, innovative whilst maximising physical and virtual access options through the use of new technology
• Ensure that rapid and easy access to services is available for people in Cheshire East's urban and rural communities

• Early, accurate and effective diagnosis and treatment of STIs including HIV, and combined with partner notification is provided

• Provide good quality services [quality marked], value for money for Cheshire East residents, the Council and the wider health and social care sector

9.5 Key Service requirements

The services we require have the following key requirements:

• ‘Open Access’ sexually transmitted infection testing and treatment [treatment for HIV is commissioned by NHS England Specialist Commissioning]

• Assessment & history taking

• Contact Tracing & Management of results including sample testing

• Counselling service

• Condom distribution service

• Chlamydia screening for under 25yrs

• Targeted services for Young People aged up to 25yrs

• Sexual Health Information & Advice and Support Services

Community contraceptive services should also provide:

• a full range of contraception for those people who choose not to access contraception through their general practice

• outreach services for contraception, particularly aimed at young people

• highly specialised contraception, including specialist support to general practices for complex or difficult insertion/removal of contraceptive implants and intrauterine contraceptive devices

• intrauterine devices fitted urgently for the purpose of emergency contraception

• sexual health aspects of psychosexual counselling

• level 1 and 2 STI care to meet the STI needs of people who attend primarily for contraception
• professional leadership for developing “whole system” care pathways and services

9.6 Potential Approaches to the Re-commissioning of Sexual Health Services

We believe that we need a well co-ordinated sexual health service here in Cheshire East, which is clearly branded with a robust marketing strategy, to ensure that our residents know about the services that are available, their locations, and times of access. This would help us to achieve Our Vision as identified in section 9.1.

There will be a number of ways we could achieve this and we would want our Engagement and Consultation work to help further inform the best approach for securing these services we describe for Cheshire East.

We believe that community contraceptive clinics and specialist GUM should be commissioned together and for this reason we would aim to:

<table>
<thead>
<tr>
<th>Option</th>
<th>To seek suppliers to provide either separately or in combination the following services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>● Specialist GUM Service [GUM – Genito Urinary Medicine], and including health promotion &amp; HIV prevention activities</td>
</tr>
<tr>
<td></td>
<td>● Community Contraceptive and Sexual Health Clinics, including health promotion activities</td>
</tr>
</tbody>
</table>

**Note:** current contracts with GPs for the National Screening Programme, LARCS, and IUCD S, and with Pharmacies for EHC are outside of this re-commissioning exercise and will be further considered at a later stage.

10. Engagement & Consultation

Our approach to Engagement & Consultation is set out in the table below:

<table>
<thead>
<tr>
<th>Audience</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/ All residents, sexually active or not in Cheshire East, [whether permanently or temporary resident</td>
<td>On line survey promoted by CVS, and Local Healthwatch</td>
</tr>
<tr>
<td>2/ Priority and Protected Characteristic Groups</td>
<td>Utilise various internal and externally supported focus group opportunities in addition to the on-line survey</td>
</tr>
</tbody>
</table>
3/ Service User representatives wider Stakeholders | 2 events based on CCG footprints in addition to the on-line survey
---|---
4/ Potential service providers | Market Engagement event at the start of our engagement work and prior to retendering

10.1 Our initial assessment of the priority groups that would fall into point 2 in the above table that could be disproportionately affected is as follows:

- Children and Young People Cared for and Care leavers
- Young People and adults with a Learning disability
- Lesbian, Gay, Bisexual and Transgender
- Minority Ethnic groups

10.2 The Representative Stakeholders identified at this stage that would fall into point 3 in the above table include:

- Local Health Watch
- Voluntary Community Faith Groups
- Patient / Support and Carers Groups
- Councillors
- Local Medical Committee
- General Practices
- Local Pharmaceutical committee
- Pharmacies
- Sexual Health Service Providers
- Clinical Commissioning Groups
- NHS England Local Area Team
- Public Health England
- Criminal Justice System - Neighbourhood Policing Units, Sexual Assault Services
- Children & Family Services, Youth Services and Education Services
- Schools, Colleges, Universities
- Family Nurse Partnership & Multi-Systemic Team
- Adult Services
- School Nurses
- Substance Misuse Services

10.3 We intend to undertake a market engagement event at the start of our engagement work and then again prior to the procurement commencing. This will enable new and existing service providers to assist us in developing and finalising our future sexual health services.
Reference Documents

1. Department of Health - A Framework for Sexual Health Improvement in England March 2013

2. Local Authorities’ Public Health responsibilities [England]. House of Commons Library 13/3/14


5. Department of Health – Developing stronger relationships & supporting positive sexual health

6. Public Health England – Strategic Framework to promote the health and wellbeing of gay, bisexual and other men who have sex with men – draft May 2014
Appendix 1 Current Services

Cheshire East’s current service contracts transferred from the former Central and Eastern Cheshire Primary Care Trust to the local authority in April 2013.

These services will continue to be delivered until the newly commissioned services are in place.

1. East Cheshire Hospital Trust: provides Integrated Sexual Health Services across the borough which includes:
   - Chlamydia Screening programme 15-24 year group *(National Chlamydia Screening Programme)*
   - Sexually Transmitted Infection diagnosis and treatment
   - Community contraception clinics
   - and Sexual Health promotion

The area locations and opening times for these services are as follows:

<table>
<thead>
<tr>
<th>Location</th>
<th>Opening times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macclesfield</td>
<td>Monday 9.30am – 2.00pm 4.00pm – 7.30pm</td>
</tr>
<tr>
<td>East Cheshire Centre for Sexual Health</td>
<td>Tuesday 8.30am – 11.00am 1.00pm – 3.30pm</td>
</tr>
<tr>
<td>Macclesfield District General Hospital</td>
<td>Wednesday 9.30am – 2.00pm 4.00pm – 7.30pm</td>
</tr>
<tr>
<td>New Alderley House Victoria Road</td>
<td>Thursday 9.30am – 2.00pm 4.00pm – 7.30pm</td>
</tr>
<tr>
<td>Macclesfield Cheshire SK10 3BL</td>
<td>Friday 8.30am – 11.00am 1.00pm – 3.30pm</td>
</tr>
<tr>
<td></td>
<td>Providing both Drop in &amp; Booked appointments</td>
</tr>
<tr>
<td>Handforth</td>
<td>Wednesday 2pm – 4.45 pm Drop in</td>
</tr>
<tr>
<td>Bodywise</td>
<td></td>
</tr>
<tr>
<td>The Old Nursery</td>
<td></td>
</tr>
<tr>
<td>Howty Close</td>
<td></td>
</tr>
<tr>
<td>Colshaw Farm</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Address</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Handforth</td>
<td>Cheshire SK9 2SH</td>
</tr>
<tr>
<td></td>
<td><strong>Poynton</strong></td>
</tr>
<tr>
<td></td>
<td>Park Lane Clinic</td>
</tr>
<tr>
<td></td>
<td><strong>Poynton</strong></td>
</tr>
<tr>
<td></td>
<td>Cheshire SK12 1QY</td>
</tr>
<tr>
<td>Wilmslow</td>
<td>Chapel Lane Clinic</td>
</tr>
<tr>
<td></td>
<td>Wilmslow</td>
</tr>
<tr>
<td></td>
<td>Cheshire SK9 5HX</td>
</tr>
<tr>
<td>Knutsford</td>
<td>Knutsford &amp; District Community Hospital</td>
</tr>
<tr>
<td></td>
<td>Bexton Road</td>
</tr>
<tr>
<td></td>
<td><strong>Knutsford</strong></td>
</tr>
<tr>
<td></td>
<td>Cheshire WA16 0BT</td>
</tr>
<tr>
<td>Congleton</td>
<td>Congleton War Memorial Hospital</td>
</tr>
<tr>
<td></td>
<td>Canal Road</td>
</tr>
<tr>
<td></td>
<td><strong>Congleton</strong></td>
</tr>
<tr>
<td></td>
<td>Cheshire CW12 3AR</td>
</tr>
<tr>
<td>Alsager</td>
<td>Alsager Medical Centre</td>
</tr>
<tr>
<td></td>
<td>Sandbach Road South</td>
</tr>
<tr>
<td></td>
<td><strong>Alsager</strong></td>
</tr>
<tr>
<td></td>
<td>Cheshire ST7 2LU</td>
</tr>
<tr>
<td>Sandbach</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Sandbach</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Clinic details</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>Ashfields Medical Centre</td>
<td>Middlewich Road Sandbach Cheshire CW11 1DH</td>
</tr>
<tr>
<td>Crewe</td>
<td>Eagle Bridge Health &amp; Wellbeing Centre Dunwoody Way Crewe Cheshire CW1 3AW</td>
</tr>
<tr>
<td>Crewe</td>
<td>Young Persons Clinic 23/25 Market Street Crewe Cheshire CW1 2EW</td>
</tr>
<tr>
<td>Nantwich</td>
<td>Church View Primary Care Centre Beam Street Nantwich Cheshire CW5 5NX</td>
</tr>
</tbody>
</table>

**Total hours of service provision 57 hours per week**

Note – in all Community Clinics, Chlamydia screening and gonorrhoea testing are offered as part of the National Chlamydia Screening Programme. For anyone outside of the programme that specifically requests this or has symptoms, a test may be undertaken depending on the individual needs of the patient. Culture swabs may also be taken depending on clinical symptoms. Blood tests for HIV and Syphilis are not taken at community clinics. Anyone requiring a full STI screening or who have symptoms are signposted to their local GUM / Sexual Health Hub for testing. The Community clinics provide contraception, pregnancy Testing and Smears where required.

**2. Mid Cheshire Hospital Foundation Trust:** provides a sexually transmitted infection diagnosis and treatment service at the ‘Centre for Sexual Health’ at Leighton Hospital.

The opening times for the service are as follows:

<table>
<thead>
<tr>
<th>Times of opening</th>
<th>Drop In sessions</th>
<th>Booked Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday and Thursday</td>
<td>available Monday to outside of the drop in</td>
<td></td>
</tr>
</tbody>
</table>
9am – 7pm  
Tuesday and Wednesday  
9am-5pm  
Friday 9am-1pm  

Friday between 9am – 12 noon  

session times booked appointments are available

The service operates for a total of 40hrs per week

Note - The provision of sexual health advice at the GUM clinic located on the hospital site is an open access service but with particular emphasis on those at greater risk of poor sexual health and the diagnosis of illnesses and conditions arising out of poor sexual health. The provision of treatment regimes relevant to the conditions diagnosed, HIV testing is provided.


the following services:

11. One to one and group support for people at risk of primary HIV infection

12. Improving access to condoms, lubricants and other safer-sex resources

13. Education and Training HIV/STI awareness, and better sexual health and health relationships

14. Wider accessibility, awareness raising and community involvement

<table>
<thead>
<tr>
<th>Location</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Bridgewater House Crewe</td>
<td>Monday 9am to 5pm</td>
</tr>
<tr>
<td>Help line</td>
<td>1st and 3rd Monday 9am to 9.30pm</td>
</tr>
<tr>
<td>One to ones</td>
<td>Tuesday 9am - 5pm</td>
</tr>
<tr>
<td>Support Groups</td>
<td>Wednesday 9am -5pm</td>
</tr>
<tr>
<td></td>
<td>Thursday 9am – 5pm</td>
</tr>
<tr>
<td></td>
<td>Friday 9am – 5pm</td>
</tr>
<tr>
<td>Macclesfield 27 Bridge Street</td>
<td>2nd and 4th Monday 6.30pm – 9.30pm</td>
</tr>
<tr>
<td>South Cheshire College</td>
<td>Tuesday 10am – 2pm term time</td>
</tr>
</tbody>
</table>
4. General Practitioners: provide Long Acting Reversible Contraception [LARC], Intrauterine Contraceptives [IUCD] and the Chlamydia Screening programme for the under 25yrs population, that are commissioned by Public Health.

<table>
<thead>
<tr>
<th>CCG</th>
<th>Total number of GP practices 40</th>
<th>IUCD</th>
<th>Hormonal Contraception</th>
<th>Chlamydia Screening (NCSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>15</td>
<td>13</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>14</td>
<td>13</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>29</td>
<td>26</td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>

Note - there will be other general practices that may be providing LARC & IUCD that is out of the scope of the PH contract.

5. Pharmacies: Sixty two Pharmacies in Cheshire East provide access to Emergency Hormonal Contraception commissioned by Public Health. The total number of pharmacies in Cheshire East is 79; eleven of these pharmacies open for 100hrs.