

Discussing Haringey changes for 2006

DISCUSSION PAPER - FAMILY PLANNING SERVICE

1. INTRODUCTION

The family planning service in Haringey currently runs 20 open access and 3 referred access family planning/contraception sessions in 11 community health clinics. Total attendance for the service in 2004/2005 was 17,577 of which 1,400 were young people, attendance from April 2005 to January 2006 was 14,331, of which 1,313 were young people.

The following services are available:

- Contraception
- Specialist Family Planning
- Pregnancy testing
- Fertility guidance
- Termination assessment and referral, and post termination follow up.
- Chlamydia screening
- Cervical smears and referral
- Menopause clinic
- Young people's clinic
- Psychosexual counseling
- Well women's services

Many of the services offered by the family service are also available from GP practices, and the service works closely with the specialist GUM service at St Ann's Hospital. The TPCT wishes to develop a more integrated model of sexual health and family planning provision with a range of basic to specialist family planning and GUM services offered from GP practices, satellite clinics in community health centres and more specialist services from a dedicated centre or hub site. A similar model is being proposed by Enfield PCT, and a merger of the Enfield and Haringey services is currently being considered, and will be subject to further discussion with stakeholders if a decision is taken to proceed.

This paper sets out the proposed changes to the Family Planning Service to meet the financial pressures faced by the PCT, which are explained in the TPCT's Strategic Financial Plan for 2006/2007 available on the TPCT's intranet and website. To meet the target set for family planning services it is proposed that the number of family

planning sessions provided will be reduced by 5, and that the service should focus on more specialist provision and be provided from a reduced number of locations. The proposed changes are in line with the service delivery model outlined above and explained in more detail in the paper.

2. WHAT IS THE SAVINGS TARGET FOR OUR DIRECTORATE?

The savings target for the family planning service is £160,000, out of a savings target for the Directorate of £1,000,000. This is in addition to the £20,000 already identified by the service as part of earlier 2006/7 budget setting processes.

3. PROPOSAL FOR ACHIEVING THE REQUIRED SAVINGS

3.1 The service model for GUM and family planning services

The National Strategy for Sexual Health and HIV was published in December 2001, and sets out a model of service that is characterised by more integration of family planning and GUM services and a greater emphasis on the role of primary care. A three tier model of provision was proposed which is described in the table below.

Table 1 Levels of sexual health service provision

Level 1	Level 2	Level 3
Sexual history & risk assessment STI testing for women HIV testing and counselling Pregnancy testing Contraceptive information/services Assessment and referral of men with STI symptoms Cervical cytology screening/referral Hepatitis B immunisation	Intrauterine device insertion Testing and treating STI Vasectomy Contraceptive implant insertion Partner notification Invasive STI testing for men	Specialist GUM services Specialist HIV services Specialised contraception for those with complex medical conditions Coordination of services for sexual assault Services for those with psychological and sexual problems

It was envisaged that, Level 1 services would be provided by primary care teams, Level 2 services by primary care teams with a special interest in sexual health, or Family Planning and GUM services working alongside primary care, and Level 3 services by the specialist Family Planning and GUM service.

The model has been incorporated into the Haringey Sexual Health Strategy, and the three levels or tiers of provision, illustrate how over a period of time, services could be developed in the three locations for provision described in the introduction, GP surgeries, Community or Satellite Clinics, and the main centre or hub site.

A more integrated model of provision will improve the service to patients, enhance opportunities and career progression for staff, improve recruitment and retention, increase the flexibility of the service, and ease the pressure of covering sessions where there is staff absence.

Implications for the family planning service

Implementation of a 'hub and spoke' model has been under discussion in the service for some time. As proposed in the model above the main centre or hub site would offer specialist services such as psychosexual counselling and very specialist contraceptive advice, community/satellite clinics in different locations across Haringey would offer less specialist services such as Intrauterine Device Fittings, with greater emphasis given to the provision of basic family planning services in primary care. The fact that the service offers sessions in so many clinics has caused concern for some time, as it is more difficult to ensure robust management and clinical governance arrangements, covering sessions when there are staff absences is problematic, and the infrastructure and support costs are high. Also, realistically there are limits to the number of centres that can offer the more specialist services.

With the changes that are being proposed in this paper, there will be an overall reduction in both the number of family planning clinics and the number of community clinics offering family planning sessions, and provision in the remaining centres will be reconfigured. The changes will support the integration of family planning and GUM services as proposed in the model above, enable delivery of key targets, ensure that family planning services in Haringey are fit for purpose for the future, and reduce overall expenditure.

Implications for primary care

The National Strategy acknowledges that current provision of family planning and GUM services in primary care is variable, and that services will need to be developed. However according to their contract GP's have a responsibility to provide 'advice and access to contraceptive services', and this is successfully provided by many practices. The proposed reduction in the number of sessions run by the family planning service is predicated on an increase in family planning activity in primary care, and this will need to be monitored carefully, with training and support given where necessary. The Family Planning and GUM service has a strong record of working with primary care in this area.

A merged service with Enfield

As explained in the introduction, the possibility of merging the Enfield and Haringey services is currently being discussed, and there will be further discussion with stakeholders once this proposal is worked up in more detail. The service delivery model that is being proposed for a merged service reflects the discussion above, and envisages that there will be a joint main centre or hub site at the North Middlesex University Hospital, and that each PCT will develop a number of community/satellite clinics. Both PCTs are currently considering 5 community/satellite clinics.

The Haringey Family Planning Consultant is proposing to reduce her hours from the Autumn, and it is anticipated that a merger would facilitate sharing of responsibilities with the Enfield Consultant. Additional cover may be necessary and will be

considered as part of the merger proposals in the context of the overall budget for the service. The appointment of a Nurse Consultant will be given particular consideration.

It is worth noting that there is already some joint provision of services with Enfield through the 4YP clinic and the Chlamydia Screening Programme, and that these have proved examples of successful collaboration.

3.2 Priorities for the revised family planning Service

Implementation of the proposed model, and in particular a reduction in the number of family planning sessions, will enable the family planning service to make efficiency savings. However, the model is predicated on an increase in activity primary care, and there will need to be careful monitoring of demand for services. There has been a discussion about the introduction of eligibility criteria for access to clinics run by the family planning service. The eligibility criteria that have been proposed are:

1. Specialist family planning services/advice
2. Complex medical assessment for contraception
3. Special procedures i.e. IUD & Implant insertion/removal
4. Termination of pregnancy assessment/referrals/follow up
5. Priority to young people
6. Haringey residents only (To reconsider if the merger goes ahead)
7. Patients with male only or no GP

At present it is proposed that these are seen as priorities for the clinics run by the family planning services, and that people who do not meet criteria are encouraged to go to their GP, with the situation kept under review until the impact of the changes has been fully assessed.

Do you agree with the proposed eligibility criteria/priorities for the service?

Given the proposed reduction in the number of sessions run by the family planning service, how do you think we should implement the eligibility criteria/priorities?

3.3 Proposed changes to family planning clinics

	LOCATION	Current clinics	Proposed clinics
1	North Middlesex	2 Sessions	2 Sessions
2	Tynemouth Rd	5 Sessions	5 sessions (2 Nurse led)
3	Stuart Crescent	4 Sessions	2 sessions
4	Crouch End	3 Sessions	3 sessions
5	Laurels general clinic	1 Session	1 session
6	St. Ann's Sexual Health Centre	1 session	1 session
7	St Ann's 4YP	1 Session	1 session
8	St Ann's Psychosexual	1 Session	1 session
9	Lordship lane	1 Session	
10	Lansdowne	1 Session	
11	Fortis Green	1 Session	
12	Bounds Green	1 Session	
13	Burgoyne Road	1 Session	
14	Somerset Gardens (Includes reconfigured Lordship Lane and Lansdowne Rd discussed below)	None currently	2 Sessions
	Total	23 sessions	18 sessions

Fortis Green, Bounds Green and Burgoyne Road – under this proposal clinics currently provided from these locations would close with services being focused in 6 locations: North Middlesex Hospital, Lordship Lane / Somerset Gardens area, St Ann's Sexual Health Centre (SASHC) / Laurels, Stuart Crescent and Crouch End. In this model more specialist services will be provided from SASHC and a termination of pregnancy service (3 sessions) will be provided from Tynemouth Road.

Stuart Crescent – the number of sessions at Stuart Crescent would reduce by two.

Lansdowne Road / Lordship Lane / Somerset Gardens – There are currently 2 clinics running at Lansdowne Road during the rebuild of Lordship Lane Clinic. Due to

the poor condition and environment at Lansdowne Road the TPCT intends to reconfigure these sessions into nurse led sessions and relocate to Somerset Gardens GP practice. A new model of purchasing the administrative functions from Somerset Gardens will release more savings in the longer term. When the new Lordship Lane clinic re-opens in early 2007 the option to relocate one clinic back to Lordship Lane will be reviewed. The proposal is to continue to provide 2 clinical sessions in this locality with options for how this is delivered under review.

A summary of activity and cost data for existing clinics is included in Appendix 1

The proposals outlined above have been based on consideration of a number of factors including current attendance rates, staffing profiles, value for money (i.e. cost per attendance) and future strategic direction.

The service reductions and reconfiguration will release savings of £160,000 from clinical, administrative and non-pay (drugs, disposable items, equipment, etc) costs.

The proposals outlined above will deliver the required £160k savings target.

Do you think there is a better way to reconfigure the clinics?

As explained previously, the proposals will support the development of a 'hub and spoke' model of integrated provision, and currently 5 community clinics in addition to the hub site are being considered although other models of provision might be possible.

What model of service provision do you think we should be aiming for in the future?

3.4 Implementation and monitoring

As has been noted the proposed changes are predicated on an increase in activity in primary care, and discussions are taking place with the Primary Care Directorate to ensure that where feasible patients affected by the closures have access to services in primary care. However clearly there will need to careful monitoring to ensure that this occurs, and that the impact of the changes is minimized. Particular attention will be given to attendance at family planning sessions by young people and other target groups, and rates of contraception failure, birth rates and numbers of terminations of pregnancy. The changes to the service will also need to well publicized to the General Public.

3.5 Implications for staff

The proposed model is open for discussion, meetings with staff are planned to explore further options.

The reduction the number of clinics will result in a small number of posts being dis-established. It is the TPCTs intention to ensure that redundancies are kept to an absolute minimum where possible, however some staff will be displaced.

The displaced staff will be managed and supported in line with the Managing Organisational Change Policy through the Teaching PCT's Redeployment Policy.

4. How to give feedback on issues raised by the paper

If you have any questions about the proposals for the Family Planning service detailed in the paper, or would like to discuss the issues raised in more detail please contact:

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The discussion period closes on **5th May 2006** so please ensure we receive your comments by that date.

5. Next steps

Final proposals and a formal consultation document for staff affected by these changes will be published at the end of the discussion period.

Appendix 1

Summary of activity and cost data

Location	Day	Time	Total Attn	Av. Attn	% Haringey	% Other	COST	Per pt.
STUART CRESCENT	Monday	6 - 7.30pm	643	14	71	29	£9,535.10	£14.83
CROUCH END	Monday	6 - 8pm	1505	34	76	24	£25,751.00	£17.11
NORTH MID	Monday	9.30 - 11am	699	16	38	63	£26,464.00	£37.86
STUART CRESCENT	Tuesday	9.30 - 11am	933	18	83	17	£10,593.60	£11.35
BOUNDS GREEN	Tuesday	6 - 7.30pm	851	17	37	63	£15,460.00	£18.17
CROUCH END	Tuesday	6.30 - 8pm	1373	27	81	19	£24,234.20	£17.65
NORTH MID	Tuesday	6.30 - 8pm	1056	21	45	55	£18,665.00	£17.68
TYNEMOUTH ROAD	Tuesday	6.30 - 8pm	795	16	85	15	£13,895.00	£17.48
LAURELS	Wednesday	1.30 - 3pm	1310	26	80	20	£29,474.00	£22.50
LANSDOWNE ROAD	Wednesday	5.30 - 7pm	764	15	88	13	£8,709.00	£11.40
<i>STUART CRESCENT*</i>	<i>Wednesday</i>	<i>6 - 7.30pm</i>	<i>143</i>	<i>NA</i>	<i>Unknown</i>	<i>Unknown</i>	<i>£9,667.00</i>	<i>£68.00</i>
BURGOYNE ROAD	Thursday	1.30 - 3pm	1038	20	50	50	£13,364.00	£12.87
FORTIS GREEN	Thursday	6.30 - 8pm	1128	22	58	42	£24,246.00	£21.49
LANSDOWNE ROAD	Thursday	6 - 7.30pm	824	16	100	0	£13,282.00	£16.12
TYNEMOUTH ROAD	Thursday	6.30 - 8pm	961	14	92	8	£13,897.00	£14.46
CROUCH END	Friday	1 - 3pm	1204	26	85	15	£27,880.00	£23.16
TYNEMOUTH ROAD	Friday	9.30 - 11am	909	19	89	11	£16,673.00	£18.34
ST ANN'S CENTRE	Friday	5 - 7pm	854	18	67	33	£17,764.00	£20.80
STUART CRESCENT	Saturday	9.30 - 11am	1148	23	85	15	£14,051.00	£12.24

**Stuart Crescent – Well Woman’s clinic figures are from April 2005 to March 2006 as previous figures were not available due to it re-opening in Spring 2005.*

NB. Data for Sexual Health 4YP and 2 ToPs assessment sessions have not been included in the summary activity table as they are separately funded sessions.

Data for Psychosexual session has not been included.