

<b>Service Specification No.</b>	11X-24-3
<b>Service</b>	Young Persons Clinic – Burnham-on-Sea
<b>Commissioner Lead</b>	As per the Particulars of the NHS Standard Contract
<b>Provider Lead</b>	As per the Particulars of the NHS Standard Contract
<b>Period</b>	1 April 2021 - 31 March 2024
<b>Date of Review</b>	October 2021

1. Population Needs			
1.1	National/local context and evidence base		
2. Outcomes			
2.1	NHS Outcomes Framework Domains & Indicators		
	Domain 1	Preventing people from dying prematurely	✓
	Domain 2	Enhancing quality of life for people with long-term conditions	✓
	Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
	Domain 4	Ensuring people have a positive experience of care	✓
	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓
2.2	Local defined outcomes		
	Not applicable		
3. Scope			
	Aims and Objectives		
3.1	To provide a local service aimed specifically at Young People within the parameters defined under the Frazer Guidelines.		
3.2	To reduce teenage pregnancies and sexually transmitted infection (STI) rates:		
	<ul style="list-style-type: none"><li>a. increase Young People’s understanding of methods of contraception, including emergency contraception and all forms of Long Acting Reversible Contraception (LARC), and sources of provision.</li><li>b. increase Young people’s knowledge and understanding of STIs and how to prevent contracting them.</li><li>c. provide a range of contraceptive care</li><li>d. provide free pregnancy testing where appropriate</li><li>e. provide counselling and where appropriate referral for abortion services thus reducing unwanted pregnancies</li><li>f. undertake screening and treatment for Chlamydia in accordance with the National Chlamydia Screening Programme for 15-24 year olds and the Somerset Chlamydia Screening office.</li><li>g. to provide a service that recognises psychological and sexual problems and to refer to more specialised services when appropriate</li></ul>		
3.3	To provide a range of health promotion advice and information, including but not limited to:		
	<ul style="list-style-type: none"><li>a. weight and height measurement, BMI and discussion about healthy eating and weight issues, including advice regarding 5 - a day.</li></ul>		

- b. advice about exercise and government targets for exercise.
- c. alcohol use, levels for safe drinking and staying in control when drinking.
- d. drug use including information about local outside agencies for further information and help.
- e. emotional health and wellbeing; problems at school such as exam stresses or problems with bullying.
- f. personal safety
- g. domestic abuse and exploitative relationships

### **THE SERVICE**

- 3.4 The purpose of the service is to provide a confidential health service to young people. The service will:
- operate within local and national policy to safeguard children and young people
  - make referrals in the best interests of young people
  - offer advice and support on a range of health issues including:
    - smoking cessation
    - healthy eating and weight management
    - alcohol and substance misuse
    - mental health and emotional wellbeing
    - sexual health including pregnancy testing and referral, condom distribution, contraceptive advice and provision and chlamydia screening
- 3.5 The Practice will ensure publicity for the service in conjunction with Somerset County Council Public Health team (including providing service updates for the C&SH website and Smartphone app). In addition the Practice will work collaboratively with the School Nursing Service to ensure promotion in local schools.

### **LOCATION & ACCESS**

- 3.6 The service will be provided at the Burnham-on-Sea Medical Centre, Love Lane, Burnham-on-Sea on Thursdays between 4.00pm and 6.30pm.
- 3.7 The clinic will be a drop in service.
- 3.8 Adequate provision must be made to ensure patient confidentiality, including a discreet waiting area.
- 3.9 The facilities will have appropriate equipment to provide the range of services specified
- 3.10 The service should meet the requirements of the You're Welcome Quality criteria in terms of access for young people.

### **SERVICE QUALITY**

- 3.11 Staff working in this service must confirm that they have no objections to certain services being offered (e.g. termination of pregnancy or prescription to under 16s without parental consent).  
The service will be required to undertake assessment for Young People Friendly status, which is equivalent to verified You're Welcome standard, in accordance with local arrangements for verification.
- 3.12 **Complaints** – A complaints protocol and procedure is required, which includes meeting the NHS standards for response times to complainants. Complaints should be reviewed at regular intervals and learning from these shared and applied as appropriate to ensure that services are continually improved.

### **Significant/adverse events:**

- 3.13 The Department of Health emphasises the importance of collected incidents nationally to

ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

- 3.14 The Provider should be aware of (and use as appropriate) the various reporting systems such as:
- The National Reporting and Learning System (NRLS). Reports to NRLS can be submitted electronically via the General Practice Patient Safety Incident report Form, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG.
  - the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices; and
  - the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- 3.15 In addition to their statutory obligations, the Provider will notify the Commissioner within 72 hours of being aware of the hospital admission or death of a patient being treated by the Provider under this enhanced service.
- 3.16 In addition to any regulatory requirements the CCG wishes the Provider to use a Significant Event Audit system (agreed with the Clinical Commissioning Group) to facilitate the dissemination of learning, minimising risk and improving patient care and safety. Providers shall:
- Report all significant events to the CCG within 2 working days of being brought to the attention of the Provider via [somccg.significantevents@nhs.net](mailto:somccg.significantevents@nhs.net)
  - Undertake a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event via <https://www.somersetccg.nhs.uk/for-clinicians/general-practice-significant-event-sea-and-serious-incident-support/>

## **GOVERNANCE**

### ***Professional competency, education and training***

- 3.17 All Clinical staff will be required to demonstrate their professional eligibility, competence, and continuing professional developments in order to remain up to date and deliver an effective service. The service will ensure that training requirements and competencies are monitored through regular assessment and staff appraisal.
- 3.18 At least one member of the team to have:
- Nexplanon training certificate or letter of competence for IUD/IUS insertion and removal
- 3.19 All staff will be expected to be aware of and adhere to the following national guidelines and standards in relation to delivery of services:
- Recommended Standards for Sexual Health Services – MEDFASHH
  - National Guidelines for the Management of STI's – BASHH
  - National Guidelines for the Diagnosis of STI's – BASHH
  - Faculty of Family Planning Guidelines
  - NICE Guidance
  - DH: Getting it Right: You're Welcome Quality Criteria
  - DH: A Framework for Sexual Health Improvement in England (2012)
- 3.20 Staff to have participated in local mandatory and update training in infection control, manual handling, safeguarding and risk assessment as required.

## **AUDIT & MONITORING INFORMATION**

- 3.21 Annual breakdown of new patients by age group, gender, sexuality and ethnicity of patients

and postcode.

- 3.22 Quarterly activity information on the number of:
- a. new attendances
  - b. follow up attendances
  - c. Chlamydia screens
  - d. patients provided with contraception by type
  - e. patients given advice about weight management
  - f. patients given advice about exercise
  - g. advice on alcohol use, levels for safe drinking and staying in control when drinking
  - h. advice on drug use and support information
  - i. support about mental well being / bullying / stress

### **SERVICE OUTLINE**

- 3.23 This specification is for the provision of a Young People's Clinic provided within the Burnham-on-Sea area, for male and female patients focused on those aged 14-19. It is anticipated that the majority of patients will live within this locality, but the clinic may provide care to any resident of Somerset.
- 3.24 This service provision does not replace or redefine essential and those additional services that GP Practices are contracted to provide to all their patients. This local enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services. The GP Practice may however wish to include provision of core services within this clinic setting e.g. final immunisations; to include other enhanced service elements e.g. stop smoking advice; and to provide health promotion advice.
- 3.25 The commissioner recognises that, in providing a service which is centred on meeting the health needs of young people, there is a potential that some activity may take place in the clinic for which a Practice may also be paid by place in the clinic for which a Practice may also be paid by other funding mechanisms.
- 3.26 The commissioner wishes to ensure:
- Young People receive prompt and appropriate healthcare
  - Providers are appropriately recompensed for their services
  - Value for money is demonstrated and the potential for duplicate payments is reduced.
- 3.27 Therefore, a Provider should not, for any patient:
- Claim the allowable costs for the provision of intrauterine contraceptive devices and contraceptive implants which is within the scope of the nationally enhanced service.
- 3.28 When this is:
- Carried out in a Young Peoples' clinic funded by the locally enhanced service

### **BACKGROUND**

- 3.29 The need to improve the quality and availability of information on sexual health is identified as a key element in achieving the ambitions set out in the 2012 Framework for Sexual Health Improvement in England (Department of Health).
- 3.30 Young people entering or already in sexual relationships frequently delay seeking contraceptive and sexual health advice, placing themselves at risk of unplanned pregnancy and sexually transmitted infections. Past research has identified the main reasons why young people delay seeking advice as
- A lack of information about available sources of contraceptive and sexual health advice

	<ul style="list-style-type: none"> <li>• A failure to identify a service appropriate to their needs</li> <li>• Anxiety concerning confidentiality.</li> </ul>
3.31	<p>The DH Public Health Outcomes Framework for England (2012) identifies a number of outcomes relevant to young people's health services, including (but not exclusively)</p> <ul style="list-style-type: none"> <li>• under 18 conceptions</li> <li>• chlamydia diagnoses (15-24 year olds)<sup>1</sup>.</li> <li>• smoking prevalence 15 year olds</li> <li>• hospital admissions caused by unintentional injury in under 18s</li> <li>• alcohol related admissions to hospital</li> </ul> <p><b>PAYMENT</b></p> <p>Payment is as defined in Schedule 3 of the Contract Particulars</p> <p><b>Service description/care pathway</b></p> <p><b>Population covered</b></p> <p><b>Any acceptance and exclusion criteria and thresholds</b></p>
3.32	<p>Not applicable</p> <p><b>Interdependence with other services/providers</b></p>
3.33	<p>Not applicable</p>
<b>4. Applicable Service Standards</b>	
4.1	<p><b>Applicable national standards (e.g. NICE)</b></p>
4.2	<p><b>Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)</b></p> <p>Not applicable</p>
4.3	<p><b>Applicable local standards</b></p> <p>Not applicable</p>
<b>5. Applicable quality requirements</b>	
5.1	<p><b>Applicable quality requirements (See Schedule 4 Parts A &amp; C)</b></p>
<b>6. Location of Provider Premises</b>	
<p><b>The Provider's Premises are located at:</b></p> <p>As per the Particulars of the NHS Standard Contract</p>	

<sup>1</sup>Incident reporting policy: National Chlamydia Screening Programme [NCSP: incident reporting policy \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/ncsp-incident-reporting-policy.pdf)