

# Collaborative Approaches to Sexual Health Commissioning

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- Unplanned pregnancy/termination pathway
- Case example of fragmentation/issues
- Making it Work – how whole system commissioning/thinking can alleviate issues

# Commissioning responsibilities/complexities affecting this case study:

Local Authority Responsibility	CCG Responsibility
<b>Contraception, inc. LARC – advice on preventing unintended pregnancy – in specialist services and within LA GP LES contracts</b>	<b>Abortion services, including STI and HIV testing and contraception provided as part of the abortion pathway</b>
<b>STI testing and treatment in specialist services and those commissioned from primary care</b>	

LA Commissioned

Woman attends ISH Service:

- Pregnancy test +ve
- Has full STI screen, inc. HIV test - clear

- Advice on contraception
- Seeks referral for abortion

CCG Commissioned

Attends abortion service:

- Opts for termination
- Attends appt for day case
- Counsellor around wider contraceptive needs (referred/encouraged to access ISH)

Requirement for integration

- Never returns to Integrated service
- Subsequently no LARC or other method prescribed
- At risk of further unplanned pregnancy
- No immediate mechanism for follow-up



- Complexities – LARC ‘monies’ blocked in 2 places
- Necessity to work together to improve referral/automatic booked slots – immediate, no clear referral, patients ‘lost’
- Ideally integrate both of these commissioning elements to smooth out pathway?
- Warrington – SSHIG, network already looking at co-location, improved mechanisms

- Of those taking a method: Warrington LARC post TOP stands at around 63% currently via BPAS;
- Was 83% taking LARC (similar size cohort) – 3-4 years ago (before fragmentation)
- LARC Uptake post TOP – inc those taking no method – falls to 44.7% - number of ‘patients lost’?
- Possibly fragmentation, different locations, lack of defined pathways and such have caused blockages, issues?

# Benefits (population, individual, economic, social):

- Improved patient journey
- Improved LARC uptake (or other method) – highly cost effective
- Fewer unwanted pregnancies
- Lower teenage pregnancy rates
- Organisationally:
  - ✓ Reduced demand on social care – LA's
  - ✓ Fewer young people NEET – LA's
  - ✓ Lower abortion rate – CCG budgets