

Specialist Medical and Surgical Services

Sexual health

Tier 2 Service Specification

September 2024

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1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☒ RECOMMENDED ☐

It is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
Published on NSFL	2001
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024
Consideration for next Service Specification Review	within five years

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

The Nationwide Service Framework Library web site can be found [here](#).

3. Introduction

This Tier 2 Service Specification for Sexual Health is linked to the overarching tier one Specialist Medical and Surgical Services and Services for Children and Young People service specifications. Refer to the individual overarching documents for details on:

- Service Objectives (General and Maori Health)
- Service Users
- Access (including entry and exit criteria and time)
- General Service Components (including key inputs, settings, facilities, support services and processes)
- Service Linkages
- Exclusions
- Quality Requirements

The above sections are applicable to **all** service delivery.

4. Service Definition

Sexual health services focus on the prevention, diagnosis, health education/health promotion, counselling treatment and management of sexually transmissible infections (STIs) including HIV/AIDS, and “non consenting sex”.

Hospital-based sexual health services operate mainly as a multi-disciplinary outpatient service with patients attending on a self-referred basis. Referrals also come from general practitioners, the New Zealand Family Planning Association, Maori providers such as marae health clinics, and the New Zealand AIDS Foundation clinics, for example.

Family Planning services may be purchased from HHSs where this is specifically purchased as a regional variation.

The service is closely related to, but distinct from:

- gynaecology
- urology

for which separate descriptions have been prepared.

5. Service objectives

5.1.1 General

Sexual health services aim to provide diagnostic, treatment and contact tracing services that:

- identify sexual health problems
- restore and maintain optimal sexual health
- lead to improvements in Māori sexual health status
- aid adjustment to ongoing conditions
- provide sexual health education and promotion that is both individual and community based
- provide ongoing management of conditions in conjunction with primary medical practitioners including Māori providers
- trace contacts to prevent the spread of the infection
- organise ongoing counselling
- maintain patient confidentiality.

5.1.2 Māori Health

The overarching service objectives for Māori Health are outlined in the tier one Specialist Medical and Surgical Services and the Services for Children and Young People service specifications.

Sexual Health, whilst not a Māori Health Gain Priority Area, is nevertheless vital for Māori and accordingly, the Sexual Health Service will make every effort to be responsive to Māori. The Sexual Health Service will encourage Māori participation, and will improve and protect the health of Māori so that Māori have the opportunity to enjoy the same level of health as non-Māori. Services will be delivered in a supportive manner, which respects the dignity, rights, needs, abilities and cultural values of the client, and their family/whanau.

6. Service Users

Individuals at risk of sexually transmitted infections include adolescents, young adults, Māori, Pacific Islands people, men who have sex with men, sex industry workers and their clients, and low socio-economic groups. The concentration of these population groups in urban areas increases the risk of transmission.

7. Access

Access to first contact services is by self-referral or by referral as in Clause 1 above, and access to Specialist Health services (for treatment of a diagnosed STD) or other specialist services will be on referral from a primary health care professional such as General Practitioner or Māori provider.

8. Service Components

8.1 Processes

The Sexual Health Service will ensure that all processes consider and meet the needs of Māori, are reviewed in conjunction with the requirements to consult Māori, and have Māori involvement in the ongoing monitoring of the service

Service-specific components may include the following:

Service Component	Description
Health promotion and Disease prevention	Targeted health promotion programmes focusing on target populations and STIs including HIV/AIDS
HIV testing	<ul style="list-style-type: none"> • Provide antibody testing for all who request it through a variety of entry points with appropriate pre-test and post-test counselling, and linkage of HIV-positive patients into appropriate monitoring and support and treatment services
Assessment and treatment	<ul style="list-style-type: none"> • Assessment, diagnosis, and treatment of patients on an urgent or non-urgent basis. Services will be primarily community or clinic based
	<ul style="list-style-type: none"> • Essential components of the service are: <ul style="list-style-type: none"> – Screening for all STIs including HIV/AIDS – Partner notification and synchronous treatment of partners – Follow-up tests for cure – Detection, investigation, treatment and management of all contacts – Counselling ie acute crisis counselling – Patient education about disease and prevention – Collaboration with ACC and ACC registered counsellors and sexual abuse crisis services, as appropriate • In secondary care centres all of the above plus secondary care for chronic diseases requiring long-term follow up – such as pelvic inflammatory disease, syphilis, hepatitis B, Reiter's disease, recurrent candidiasis, recurrent human papilloma virus and in some cases HIV/AIDS
	<ul style="list-style-type: none"> • Written care plan for patients requiring secondary care to be developed with patient, family/whanau and or carer, where appropriate, and with the agreement of the client
	<ul style="list-style-type: none"> • Professional clinical services including medical, nursing, social work and other professional and technical support as required

Service Component	Description
Contact tracing	All sexual contacts of patients with Gonorrhoea, Syphilis, HIV, and where possible Chlamydia, will be contacted and referred for assessment diagnosis and treatment as necessary.
Sexual abuse and assault services	On referral from Emergency Services or Police, provide counselling and medical care in consultation with the local Doctors for Sexual Abuse Care <ul style="list-style-type: none"> • Provide medical care as required • Collect forensic evidence • Diagnostic testing • Counselling
National surveillance	The provision of timely and accurate information to the Institute of Environmental Science and Research Ltd (ESR), and to AIDS Epidemiology Unit, Dunedin
Consultative services	These services are provided to general practitioners and other specialists concerning the condition and ongoing management of the referred patient

Family Planning services may be purchased from Districts or Regions where this is specifically purchased as a regional variation.

8.2 Settings

Sexual Health services will be conveniently located and be accessible to major population centres and for at risk populations, and will be available at times suitable to the target populations. Providers will have effective outreach methods. You will be expected to provide a list of locations from which you provide services and the opening hours at the clinics.

8.3 Support Services

The following support services will be required. Refer to separate service descriptions:

- laboratory diagnostic services
- diagnostic imaging
- blood transfusion services
- pharmacy.

9. Service Linkages

Proposals are required to demonstrate effective links with the following services for which separate descriptions have been prepared:

- other secondary medical services especially HIV/AIDS
- surgical services, especially gynaecology and urology
- cervical screening
- family planning
- pregnancy and childbirth
- emergency services
- Mental Health/Drug and Alcohol
- Termination of Pregnancy services
- Public Health Services (refer to Development Guidelines on)
 - communicable disease control
 - HIV/AIDS
 - Maori Health Promotion.

In addition, links are required with:

- primary medical services
- NZ Family Planning Association
- community service providers, eg NZ AIDS Foundation, intravenous drug user groups, NZ Prostitutes' Collective, Pacific Island AIDS Foundation
- Māori community and primary providers
- Pacific health care providers
- Institute of Environmental Science and Research Ltd (ESR)
- AIDS Epidemiology Unit Dunedin
- Sexual abuse counselling services and providers
- voluntary and other community-based groups, eg Gay Switchboard, YWCA.
- Strengthening Families Local Co-ordination Groups
- Strengthening Families initiatives

10. Exclusions

Not currently applicable.

11. Quality Requirements

The service is required to comply with the MOH General Contract Terms and Conditions and the MOH Provider Quality Specifications. The following specific quality requirements also apply.

11.1 Access

- Services are accessible - clinic hours should facilitate easy access and all people requiring STI services provided by Districts should have access to free confidential consultation for prevention, counselling, diagnosis, treatment, follow-up and partner notification (contact tracing). Hospital-based clinics will be part of a network of service providing multiple entry points to the system
- There will be multiple entry points to services
- Access barriers for Māori are minimised and eliminated.

11.2 Effectiveness

- Services provide integrated, comprehensive health care by a multi-disciplinary team which includes both personal and public health components which are essential to the success of sexual health programmes
- Services result in health gain for Māori
- Services result in low repeat infection rates and a reduced incidence of sexually transmitted infections within New Zealand
- There is evidence of regular clinical audit of sexual health services
- There is evidence of the development and implementation of practice protocols, minimum standards and procedures in relation to:
 - confidentiality of test results and patients records
 - case management, including the use and regular review of written plans for shared care (shared responsibility between patient and medical practitioners), and that an adequate needs analysis is conducted on all referred patients
 - partner notification
 - pre-and post-test counselling for people with HIV/AIDS
 - co-ordination of the population and personal health components of service
 - consultative relationship with primary general practitioners, community services and community agencies
 - relationship with secondary general medical practitioners and other tertiary services
- There is evidence that a policy has been developed and implemented on in-service training.

11.3 Acceptability

- Services demonstrate respect for individual dignity through the provision of service in a supportive environment that provides privacy and confidentiality and which is sensitive to cultural values and perspectives on sexuality.
- Māori report satisfaction with the service as evidenced in consumer surveys and monitoring in conjunction with the Māori community.

12. Purchase Units and Reporting Requirements

Purchase Unit Codes are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary and are published in the Purchase Unit Data Dictionary on www.nsfl.health.govt.nz.

PU Code	PU Description	PU Definition	PU Measure	National Collections or Payment Systems
SH01001	Sexual Health - First Contact	Assessment, diagnosis and education including any necessary diagnostic tests, HIV testing and necessary pre-test counselling.	Contact	NNPAC
SH01002	Sexual Health - Follow Up	Treatment of patient with diagnosed sexually transmitted infections (STI), contact tracing, counselling and education or referral as necessary.	Contact	NNPAC
SH1003	Family Planning Services	Provision of information and advice on sexual and reproductive health including contraception and pregnancy testing. Provision or prescription of necessary pharmaceutical drugs and advice. Referrals as necessary.	Client	NNPAC
SH1004	Medical Management of Sexual Abuse	Sexual abuse programmes.	Service	NNPAC

12.1 Units of Measure

Unit of Measure	Unit of Measure Definition
Client	Number of clients managed by the service in the reporting period (period is annual 1st July - 30th June) i.e. caseload at the beginning of the period plus all new cases in the period.
Contact	The number of face to face contacts between a health professional and client or group of clients, for the provision of clinical services/interventions described in the services specification. A contact is equivalent to a visit. A contact excludes: phone consultations, discussions between health professionals about a client's care, and where the sole purpose of the contact is provision of supplies or consumables. Where a service is provided to a group of people simultaneously by one health professional it will be counted as one contact, one event.
Service	Service purchased in a block arrangement uniquely agreed between the parties to the agreement

13. Reporting Requirements

Providers are required to collect the following information for all patients. This information will be made available to Health New Zealand on request.

- Patient Name
- Patient NHI
- Patient Date of Birth
- Patient Gender
- Referring Practitioner Name
- Referring Practitioner Registration Number
- Date of procedure
- Date of referral
- Date of test/procedure
- Test Code (See the Laboratory Test Purchase List)
- Test Name
- Date report provided to referrer

Ethnicity will be collected and reported according to Recording Patient Information Ethnicity, Ministry of Health.

Quarterly reporting requirements include volumes and populations served as above.

13.1 Additional Information Requirements

In respect of sexual health services provided in respect of “non consenting sex” clients, the following additional information will be collected:

- Numbers of clients
- Acute/non acute referral
- Forensic services provided
- Non-forensic services provided

13.2 Quality Measures

- Objectives / measures as agreed between provider and Health New Zealand and referred to in the contract
- Annual Quality Report against objectives and measures

14. Glossary

Not required

15. Appendices

Not Required