



## FSRH consultation response: Primary Care Networks Service Specifications by NHS England

14 January 2020

The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to respond to the public consultation on Primary Care Networks' (PCNs) Network Contract Direct Enhanced Service (DES) service specifications by NHS England (NHSE).

FSRH is the largest UK multidisciplinary professional membership organisation representing more than 15,000 doctors and nurses working at the frontline of sexual and reproductive healthcare (SRH) delivery. Our goal is to ensure that high standards in SRH care are achieved and maintained through appropriate funding and commissioning to ensure the population can access services which realise [our Vision](#) for high-quality and holistic SRH across the lifecycle.

FSRH is responding to this consultation in its capacity as an organisation whose majority of members (10,000) are GPs delivering SRH care. We are also responding to this consultation in our capacity as the UK organisation providing national qualifications in SRH for Primary Care. Hence, our answers focus on the SRH-related aspects of this consultation - we are commenting on a few elements of the specification 'Supporting Early Cancer Diagnosis', focusing on cervical cancer.

Additionally, we are signposting NHSE to best practice in innovative, collaborative commissioning in SRH services including in Primary Care. Late last year, [FSRH launched the results of an audit of emerging new models of care](#), which revealed big untapped potential to embed SRH in Integrated Care Systems (ICSs) and Primary Care Networks (PCNs) in England. The audit results were unveiled in a new report by FSRH, featuring four best practice examples of areas promoting innovation on design and delivery of SRH services.

**1) Is there anything else that we should consider for inclusion as a requirement in this service? For example, are there approaches that have delivered benefits in your area that you think we should consider for inclusion?**

### *Consultation period*

FSRH believes the consultation period is too short to be meaningful, and NHSE risks missing contributions from important stakeholders. The turnaround time between the consultation and implementation period does not seem to allow time for NHSE to take full stock of the feedback it will receive. We recommend extending the deadline and implementation period so that NHSE can take a more thorough approach and benefit from responses from a wider array of stakeholders.

### *Service model/requirements - 'Supporting Early Cancer Diagnosis'*

In relation to the 'Supporting Early Cancer Diagnosis' service specification, we believe it is quite broad on cervical cancer. Whilst we fully support the requirement for PCNs to work with Public Health commissioning teams on early diagnosis of cervical cancer via the development of local screening improvement plans, we believe that the service specification in its current form could be strengthened by encompassing more elements of the national 'Service specification no.25 Cervical Screening'. The consultation document rightly points out that Public Health national service specifications such as this are already in place, setting out programmes for supporting early diagnosis. Hence, we urge NHSE to embed key elements of the 'Service specification no.25 Cervical Screening' into the PCN service specification for early cancer detection whilst striking a balance on prescriptiveness so that local plans can be feasible and adaptable.

Further, we support the proposal to appoint a clinical lead who will be responsible across the PCN for the delivery of the service requirements and would like to suggest a specific focus, for this clinical lead, on increasing uptake of National Cancer Screening Programmes in practices. The clinical lead could also be responsible for ensuring that practice members of a PCN understand NHSE's Public Health functions and obligations concerning cervical screening services as outlined in the '*NHS Public Health Functions Agreement 2019-20*', such as:

- Improving cervical screening coverage as measured against the Public Health Outcomes Framework (PHOF) and to the national '*Service specification no.25 Cervical Screening*';
- Following through with key deliverables such as improving access to cervical screening in sexual and reproductive healthcare services - this would require strong linkages with community services in the catchment area of a given PCN;
- Ensuring that local plans are delivered in response to the decline in cervical cancer screening coverage, including actions on addressing inequalities.

Finally, in addition to NHSE's suggestion for practices to take up the "Quality Improvement domain" from the Quality and Outcomes Framework (QOF), we believe that practices should also be encouraged by the PCN to take up the QOF '*Public health (PH) domain – additional services sub-domain*' (cervical screening) in order to promote an increase in record-low uptake of cervical screening in line with the recommendations of the NHS National Cancer Screening Programme.

**2) Are there any aspects of the service requirements that are confusing or could be better clarified?**

One aspect that could be clarified is the requirement for PCNs to develop local plans to increase uptake of National Cancer Screening Programmes in relation to the more wide-ranging 2021/22 Network-level action plan across the PCN. It is not clear how local plans will significantly differ from the Network-level action plan nor how these local plans would function in conjunction with it.

As stated in our response to question 1, we fully support the requirement for PCNs to work with Public Health commissioning teams on early diagnosis of cervical cancer via the development of local screening improvement plans. However, it is important that local versus Network-wide plans have a clear purpose and that local plans feed into the Network-wide plan.

**5) Do you have any examples of good practice that you can share with other sites to assist with delivering the suggested service requirements?**

Yes, I have examples of good practice that I would like to share.

Please email your examples to [england.contractengagement@nhs.net](mailto:england.contractengagement@nhs.net)

**6) Referring to the 'proposed metrics' section of each of the services described in this document, which measures do you feel are most important in monitoring the delivery of the specification?**

We believe that the metric '*PCN-level participation in breast, bowel and cervical screening programmes*' is too vague and not a metric per se. We would like to suggest more concrete metrics to gauge the success of the service such as PHOF indicators on cervical screening ('*Cancer screening coverage - cervical cancer age 25-49*' and '*Cancer screening coverage - cervical cancer age 50-64*'). This would be in line with NHSE's performance indicators against which it is held accountable for delivering its Public Health functions; therefore, it would make sense to use the same performance indicators for PCNs and its practice members.



FSRH would also like to suggest a clear indication that practices voluntarily taking up QOF's domains such as the '*Public health (PH) domain – additional services sub-domain*' (cervical screening) could also make use of this metric to prove they are making efforts to drive coverage and improve the service.

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