



HIV, sexual and reproductive health: current issues bulletin

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Bulletin 5: Payment of STI pathology costs

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The Current Issues Bulletin series is produced by Public Health England (PHE). Each bulletin is developed and agreed with NHS England, the Department of Health, the Local Government Association, the Association of Directors of Public Health and the English HIV and Sexual Health Commissioners Group. Recommendations and questions for future issues of the bulletin can be submitted to sexualhealthenquiries@phe.gov.uk.

Purpose of the current issues bulletin

A range of guidance and other supporting documentation has been issued to support commissioning of sexual health, reproductive health and HIV services. However, there is a recognition that situations continue to arise where further clarity is required. This bulletin is intended to address these issues in a timely manner.

The series will focus on 'live' issues and will provide further suggestions for solutions that can be used at local levels. This is the fifth bulletin.

The bulletin is intended to address queries from all those responsible for commissioning sexual health and HIV services (that is, contraception and reproductive health services, GUM services, HIV testing or treatment services and abortion services), whether they are local authorities (LAs), NHS England and Clinical Commissioning Groups (CCGs). The bulletin is also intended to provide information for provider bodies. Public Health England (PHE) will work with DH, NHS England, the Local Government Association (LGA), the Association of Directors of Public Health (ADPH) and the English HIV and Sexual Health Commissioners Group to provide timely responses.

This bulletin will not be a source of new formal guidance, but will help with the interpretation of existing policy and guidance. Where issues are raised that require a policy response they will be raised with the DH policy team.

Focus: Payment of STI pathology costs

Background

Issues regarding responsibility for payment of STI pathology tests have been raised with PHE. Previously published documents setting out commissioning responsibilities have not explicitly addressed commissioning responsibilities for pathology costs. Whilst general principles have been articulated in these documents, it was clear that these did not provide sufficient clarity on this specific issue. PHE has sought clarity on this issue and the content of this bulletin has been agreed with NHS England, the Department of Health, Local Government Association and Association of Directors of Public Health.

This note sets out the principles of who is responsible for payment in which circumstances (summarised in Table 1). However, we recognise that historic arrangements, for example, where contracts novated to in April 2013, may differ from these principles; and agreements regarding who is responsible may have been reached locally. This note is not intended to undo arrangements that have been reached by all parties concerned.

Local authority commissioning responsibility

- Local authorities are responsible for funding 'STI testing and treatment in specialist services and those commissioned from primary care under local public health contracts, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP), HIV testing including population screening in primary care and general medical settings' ([Making It Work, 2014](#))
- As the commissioner of these services, local authorities are responsible for the associated costs including pathology. Specialist services such as GUM are often paid by tariff, with many commissioners using the non-mandatory first and follow up PbR tariffs. These tariffs have been calculated to include all the costs associated with the care provided and contracts between the local authority commissioner and the provider will reflect this. So whilst the local authority is the responsible commissioner, if pathology services are provided by a different organisation to that providing the GUM service, then the money will flow from the GUM provider to the pathology provider. This principle would also apply if the GUM contract includes a block payment mechanism, unless there is an explicit agreement that pathology costs sit outside the contract. Pathology costs sitting outside the GUM contract would not be the norm and any such arrangements are likely to be extremely rare.
- Where local authorities specifically commission STI testing under 'local public health contracts [using a system similar to what were previously Locally Enhanced Services], Chlamydia screening as part of the NCSP, HIV testing including population screening in primary care and general medical settings' (Making It Work, 2014) then the local authority is also responsible for the associated pathology costs. Responsibility for

pathology costs often forms part of the contract agreement with the provider; with the associated costs included in the overall fee.

NHS commissioning responsibility

- As described in *Making It Work*, GPs may undertake STI testing ‘when clinically indicated or requested by individual patients where provided as part of the essential services under the GP contract’.¹ Where this service is delivered as part of essential services (e.g. STI testing in the GP surgery as part of their general medical service work), NHS England is the responsible commissioner. In other words, the practitioner time (but not the pathology costs) is covered by the funding the practice receives from NHS England to deliver essential services to their registered patients. (It is important to note that the responsibility for commissioning primary care general medical services is changing with the implementation of different models of co-commissioning between NHS England and CCGs.)
- CCGs commission direct access pathology services for the GP practices within their localities. These contracts often cover a wide range of tests that GPs may request for their patients (not just STI tests). As such, the pathology costs of any STI tests undertaken within GP practices as part of their essential services (ie. not part of a public health commissioned service) will be the responsibility of the CCG and are likely to form part of large pathology contracts that the CCG holds for a wide range of tests, not just STI tests.

Table 1: Commissioning responsibility – STI testing in general practice:

	General practice time spent on consultation	Pathology costs
STI testing as part of PH response/population level	LA – as part of PH contract (former LES payment)	LA
STI testing when clinically indicated or requested by individual patient	NHS England- part of essential services delivered under GP contract	CCG – as part of direct access pathology costs

¹ The GP contract regulations include, under essential services, the requirement for contractors to provide “appropriate ongoing treatment and care to all registered patients and temporary residents taking account of their specific needs including –

- (a) The provision of advice in connection with the patient’s health, including relevant health promotion advice; and
- (b) The referral of the patient for other services under the Act”.

This could include testing for or referral for further treatment of, STIs – if the contractor feels this is appropriate.