

**YORE-9BWCET
HIV PREVENTION AND COMMUNITY TESTING SERVICE**

**APPENDIX 3
METHOD STATEMENT TEMPLATE**

1. Method Statements Instructions

- 1.1. Tenderers are required to submit a detailed method statement in order to fully describe the services offered and to demonstrate how the bid will meet the requirements of the service specification. This method statement will provide the key information by which submissions will be evaluated.
- 1.2. **You should submit one full method statement submission for each lot that you are tendering for.**
- 1.3. It is important that tenderers refer to the tender evaluation criteria provided within the Tender Instructions document, and ensure the inclusion of all information tenderers want the Council to take into consideration within the method statement. The Council are unable to use any previous knowledge of your organisation to influence our decisions. Points for quality will be awarded based purely on the quality and detail of your method statement.
- 1.4. A separate method statement response is required to support each method statement question and/or sub-question. These method statements will then subsequently be evaluated as part of your bid proposal.
- 1.5. This template has been provided for tenderers to use when submitting their method statement responses. Tenderers should type their responses directly into the pages below. There is a **three page limit** which applies to each individual method statement question and/or sub-question. Please be mindful that the Council wishes to discourage the submission of excessive promotional literature that is not relevant to the requirements of this tender.
- 1.6. Please do not alter the font size or margin settings on this template.
- 1.7. Please note that you can complete 3 pages for your responses to method statement questions 1 and 4 **in addition to** the schedule of proposed premises and staffing model for question 1 and interface schedule for question 4.

Organisation Name:	Yorkshire MESMAC	
Please indicate which service this method statement response is in relation to:		
Lot 1 - Black African Communities (BAC)	NO	
Lot 2 – Men that have Sex with Men (MSM)	YES	

METHOD STATEMENT QUESTION 1

Service Delivery - Please provide a model detailing how you propose to deliver the integrated service. Your response should include key milestones for the service, a detailed plan which includes the mobilisation period, proposed premises and staffing model. (100 Points).

Our delivery model is based on a flexible poly-skilled staff team delivering high quality, evidenced based services from a variety of settings, in partnership with our target communities and other service providers.

Below, each part of the service description is dealt with individually showing the milestones we will meet and the timescales we will work to.

Where ever the timescale lists a milestone as 'in place' this means all the agreements, contracts, staffing and contacts are in place following years of developing and delivering this work and there are no anticipated issues in implementing this new contract. Where not otherwise detailed, these milestones will be reviewed appropriately: quarterly for monitoring; six weekly supervision for staff and volunteer issues; yearly for risk assessments with a check for relevance at every appropriate session. As part of a yearly audit cycle for quality issues; the information standard process is used for all information products created or reviewed. Every six months we will review our communications and interface schedule.

Service delivery	Key milestones	Timescales including mobilisation period where appropriate
Outreach work in public sex environments, sex on premises venues and the commercial gay scene.	<ol style="list-style-type: none"> 1. Identify outreach sites and usage patterns 2. Train staff and/or volunteers; inc. health and safety, brief safer sex interventions, signposting and referring to appropriate agencies 3. Undertake risk assessments 4. Arrange PSE policing protocols with West Yorkshire Police 5. Liaise with sex worker projects, drug and alcohol projects, scene venues, etc. and create referral pathways where necessary 6. Make appropriate literature/resources available for distribution 	<ol style="list-style-type: none"> 1. In place 2. In place 3. In place 4. In place and ongoing; exceptional reporting/ad hoc meetings agreed. 5. In place 6. In place including national resources.
Provision of free lubricant, condoms and other safer sex resources.	<ol style="list-style-type: none"> 1. Condom and lube supplier sourced 2. latex free condoms and latex gloves sourced 3. Condom packs designed, piloted and agreed including having instructions on correct use and packaging materials. 4. Condom pack filling by volunteers arranged and supported 5. Condoms are available and use is promoted at all events, interventions, workshops etc. 6. 100% of LGB&T* commercial venues act as distribution points 7. Website ordering form developed and operational 	<ol style="list-style-type: none"> 1. In place 2. In place 3. In place 4. In place 5. In place 6. In place 7. in place
Equivalent of twice weekly community sexual health testing service, including HIV, Syphilis,	<p>HIV POCT</p> <ol style="list-style-type: none"> 1. Clinical Governance agreed 2. Staff trained and signed off <p>Syphilis screening</p> <ol style="list-style-type: none"> 3. Staff are trained in phlebotomy 4. Clinical governance agreed with ISHS <p>Chlamydia and Gonorrhoea screening (Urine)</p> <ol style="list-style-type: none"> 5. Work with ISHS to provide testing kits and pathways 	<ol style="list-style-type: none"> 1. In place, on-going, review yearly 2. In place, review yearly 3. In place, begin discussions before contract starts: Q1 of ISHS contract agree PGDs 4. In place, continue

Chlamydia and Gonorrhoea (throat and anal testing options to be developed)	<p>for samples.</p> <ol style="list-style-type: none"> Review efficacy of GC & CT screening for MSM GC & CT screening (Anal and Oral swabs) Recruit to efficacy of self-swabbing study Review evidence of study Clinical Governance agreed with ISHS Venues sourced/rooms renovated for swabbing use Staff trained in supporting service users to self-swab <p>All screening</p> <ol style="list-style-type: none"> Community based venues identified and rotated for improved reach, patterns of use by MSM Suppliers sourced Pathways for reactivities/samples agreed with level 3 providers CQC registered Marketing and publicity including; social media, dating/hook up apps, printed paper resources, community media adverts Outreach programme planned and volunteers trained Develop appropriate outreach and pop up clinics with ISHS joint staffed 	<ol style="list-style-type: none"> Q1 review with ISHS Q1 Q3 Begin discussions before study starts Q3 agree clinical governance Q2 Q2 staff trained In place, review each quarter In place, on-going In place, review yearly. New screening requirements in place by Q2 In place In place; updates at least twice weekly on social media, monthly for community news. In place Sauna in place, review quarterly
Advice and information on post exposure prophylaxis following sexual exposure (PEPSE)	<ol style="list-style-type: none"> Accredited Information production system developed and staff trained in its use. Resources created Staff are trained on PEP and understand when to signpost to it & support service user to access it Develop online PEP assessment tool 	<ol style="list-style-type: none"> In place; yearly assessments with Information Standard. In place in place Q3 in conjunction with ISHS
Increase the number of MSM accessing the ISHS	<ol style="list-style-type: none"> Fast track referral systems developed Outreach services used to market ISHS ISHS featured on YM Website Suitability of ISHS for MSM ensured with programme of training and consultancy to ISHS 	<ol style="list-style-type: none"> Liaise with level three provider Q1, launch pathways Q2 In place In place refreshed by Q2 See final section of table.
Counselling to address some of the complex and deep seated issues not addressed by traditional sexual health counselling (to include motivational interviewing)	<ol style="list-style-type: none"> Recruit and train qualified (at least diploma level) counsellors in various settings with a range of approaches and community languages. Develop counselling contract between freelance counsellors and Yorkshire MESMAC to include code of conduct, training, supervision etc. Staff trained by Society of Sexual Health Advisors in motivational interviewing for Sexual health Outcomes measures considered and agreed Marketing and publicity Referral pathways agreed with local partners and within the organisation e.g. from community testing Counsellors and staff are able to refer service users to GU/drug and alcohol teams etc. as appropriate due to local knowledge and links 	<ol style="list-style-type: none"> In place In place In place BDI in place for counselling reviewed quarterly. Pilot measures for motivational interviewing Q1; agree Q2 In place In place In place
To develop mechanisms for the effective dissemination of health promotion information to the target population	<ol style="list-style-type: none"> All LGB&T* commercial venues act as distribution points Have an interactive website which can be updated easily, has information resources available, links to social media presence and can be monitored for use Have social media presence, appropriate policies and staff expertise to use it for delivering safer sex messages. Contribute to national partnerships to ensure the 	<ol style="list-style-type: none"> In place In place In place, quarterly review of social media/new media used by target MSM In place and on-going, Yorkshire MESMAC is the northern partner for HIV Prevention England (HPE)

	<p>needs of Leeds MSM are reflected in national resources</p> <p>5. Harness and utilise local epidemiological data from PHE/GU/HPE research partners</p>	<p>5. In place, look to formalise via proposed Leeds Sexual Health Network</p>
Provision of information on safer sex and risk reduction strategies	<p>1. Accredited Information production system developed and staff trained in its use.</p> <p>2. Resources created</p> <p>3. Staff are trained on safer sex and as qualified Motivational Interviewers</p> <p>4. National resources informed by local needs and distributed in Leeds</p>	<p>1. Yearly assessments with information standard. In place</p> <p>2. In place</p> <p>3. In place</p> <p>4. In place</p>
Provision of information on a range of related services as appropriate:	<p>1. Maintain links with drug and alcohol services, mental health services, youth and community services</p> <p>2. Achieve the domestic violence quality mark level one for referrals and signposting DV cases</p> <p>3. Staff understand when and how to signpost or support services users to access services.</p> <p>4. Budget for resources</p> <p>5. Website provides links to local GU/drug and alcohol teams etc.</p>	<p>1. In place; review communication and interface schedule six monthly</p> <p>2. In place reviewed yearly</p> <p>3. In place</p> <p>4. In place</p> <p>5. In place</p>
Appropriate levels of counselling and support	<p>1. Monitoring and evaluation systems in place to address level of need</p> <p>2. Responsive counselling service available</p> <p>3. Have a care plan system for those who need it</p> <p>4. Maintain an up to date directory of support groups</p>	<p>1. In place review quarterly</p> <p>2. In place see above</p> <p>3. Review systems Q1, start use of agreed system Q2</p> <p>4. Create Q1, review with communications and interface schedule six monthly</p>
Research and development into the needs of local MSM	<p>1. Have a robust monitoring system in use</p> <p>2. Have feedback systems available in all interventions</p> <p>3. Deliver service user and non-service user surveys of need in service and from other services/venues</p> <p>4. Recruit to national & local studies</p>	<p>1. In place</p> <p>2. In place</p> <p>3. In place, questions and venues reviewed each year</p> <p>4. In place</p>
Training and consultancy services to ensure that sexual health clinical services are acceptable to service users.	<p>1. Provide feedback opportunities for MSM who use the ISHS and those who don't</p> <p>2. Collate service user feedback on acceptability of ISHS</p> <p>3. Liaise with ISHS around training need and agree programme of training/consultancy</p> <p>4. Staff are trained appropriately to be able to deliver training workshops for professionals</p> <p>5. Agree training evaluation processes</p>	<p>1. In place, develop specific questions on yearly survey</p> <p>2. In place</p> <p>3. Arrange quarterly updates as standard and additional updates, where serious service user issues are reported.</p> <p>4. In place, reviewed through supervision sessions 6 weekly</p> <p>5. Review current processes, agree April, review 6 monthly</p>

METHOD STATEMENT QUESTION 1	SCHEDULE OF PROPOSED PREMISES
------------------------------------	--------------------------------------

The Council requires details of the tenderers proposals for how it will acquire appropriate property interests in order to deliver the Services. In this regard, tenderers should note the Council's requirements regarding ability to assign property interests to the Council (and, if necessary, future service providers) as detailed in Para 2 of Appendix B of the Contract (Conditions Precedent). Any derogation from these requirements will be evaluated accordingly.

	Address of building	Details of occupation e.g. whole building, number and type of rooms occupied	Property Interest(s) in principle secured?	Form and length of property interest(s)?	How do the premises meet the requirements in the service specification?	Ability to assign property interest to Council/future service provider on expiry/early termination (include appropriate details)
Building 1	60 Upper Basinghall, Street. Leeds LS1 5HR	Whole building comprising: <ul style="list-style-type: none"> • 2 training /meeting rooms • 1 small meeting room • 3 counselling rooms, suitable for testing • 2 office spaces – 1 large 1 small • Kitchen area • Toilet facilities 	Current lease holder	10 year lease until early 2015	The building currently does not meet the needs of the spec for accessibility however we have an ongoing agreement with another city centre service provider which enables us to deliver all our services from wheel chair accessible buildings when	Can be negotiated

					requested. A great number of our services are delivered out of community based buildings, in public spaces such as on the streets and in PSEs or online.	
Building 2	To be confirmed	<p>Comprising, at least 4000Sqft</p> <ul style="list-style-type: none"> • Reception area • 2 training /meeting rooms • 1 small meeting room • 2 counselling rooms • 1 clinical room • 3 office spaces – 1 large 2 small • Storage space • Kitchen area • Toilet facilities 	Not as yet	Buy or lease from early 2015	<p>Building will be accessible for people with mobility problems as well as visual and hearing impairments, as far as is practicably possible.</p> <p>It will be close to Leeds city centre, accessible by public transport with discreet access and the potential to be open from early morning to late evening; with private counselling and treatment rooms as well as training facilities.</p> <p>We will continue</p>	Can be negotiated

					to use community based buildings as above.	

[illegible]

The staffing structure above shows in blue the team who will work directly on this prevention contract. They comprise two full time Community Development Workers. These workers will deliver the bulk of all the services in the service description. They will be supported by a team of three Sessional Workers delivering approximately three hours a week each to this contract. These Sessional Workers will typically work in pairs with each other or with a staff member to deliver late night outreach, PSE outreach, sauna outreach or community testing outreach from any location that the testing is being delivered in. The Counselling Co-ordinator coordinates the delivery of the counselling service by a team of self-employed counsellors from different venues and in various modes e.g. CBT or psychosexual for the whole of West Yorkshire. A proportion of their time and the hours of counselling delivered by this team are to support the Leeds HIV prevention contract alone. Similarly the management and admin teams work across a larger region but have a proportion of their time dedicated to the Leeds HIV prevention contract. Also working from the Leeds office with joint back office functions are the Blast Project: working with boys and young men involved in or at risk of sexual exploitation and the national Online Health Development Worker for African MSM. These two projects bring added value to this HIV prevention contract as they can provide seamless referrals, shared promotion of services and links to other networks. All the paid staff working towards this HIV prevention contract are supported by a dedicated team of volunteers who have roles in the Board of Trustees, as community testing volunteers, as condom packers and as facilitators of online drop ins. The Board of Trustees have overall responsibility for the governance and financial probity of the organisation.

METHOD STATEMENT QUESTION 2

Accessibility - Describe how your organisation will provide all elements of the service in a way which is fully accessible to [MSM/ BAC] and is culturally responsive to the diverse communities in Leeds. (75 Points)

Yorkshire MESMAC's trustees, management, staff, and volunteers constantly review how services are delivered, working with service users to increase and improve access. We are committed to reducing barriers including opportunity costs (time, travel expenses etc.) that fall on our service users. Key to our approach is to ensure that there are multiple entry points into the service, that service users' journey once with us is seamless and that all staff are appropriately trained to delivery effective, safe, culturally appropriate and acceptable services.

Responding to community feedback, our award winning, CQC registered community based HIV testing service, Testing Times, will continue to deliver evening and weekend drop-in sessions as well as early morning sessions or late night when the need is shown by our service users. These sessions run alongside the popular 'As and When' service. Presently, we can usually see a service user within an hour of them making contact with us. Additionally we plan to work with our Testing Time services in neighbouring districts to ensure that there is provision of HIV testing every Saturday for MSM in West & North Yorkshire.

Yorkshire MESMAC has an unrivalled outreach programme to public sex environments and sex on premises venues, virtual online outreach and outreach to bars and clubs. Our outreach programme targets vulnerable younger men, men with high numbers of sexual partners, and MSM that do not identify as Gay or Bisexual. It facilitates the promotion of sexual health through face to face or virtual 1-2-1 contact, resource distribution and gives users an opportunity to directly comment and inform how our services are delivered and developed.

We have observed that the men we test in outreach settings are reporting higher levels of drug and alcohol use. We will continue to deliver pop up sessions in local bars making contact with men who wouldn't normally access health services, who often have high numbers of sex partners and are unhappy about the type of sex they are having.

In partnership with a local gay business and LTHT we have developed and will continue to deliver the Armley Men's clinic - a full GUM service tailored to men with high numbers of sexual partners, the majority of whom have not used traditional sexual health services. This clinic is diagnosing significantly higher levels of STIs amongst MSM than the general GUM clinic. We are in talks with another sauna in the city with a view to establishing an additional clinic, based on the learning from Armley.

Yorkshire MESMAC has achieved the Information Standard for our resources. This Department of Health endorsed standard ensures that all information is written in a way that is accessible, of high quality and is trustworthy. A concrete example of this is our Post Exposure Prophylaxis leaflet, 'Time for a PEP Talk' which is widely regarded as the most accessible resource of its kind and is used across the country and in local GUM settings. This leaflet is also available through dedicated pages on our website and can be made service and location specific. We will continue to work with partners to identify what sexual health promotion materials are needed for local MSM and produce them in line with the Information Standard. In addition to sole and co-produced local resources, Yorkshire MESMAC is the Northern and Central Co-ordinator for HIV Prevention England's MSM work stream. This allows us to lever in national health promotion resources to Leeds that are informed by and are accessible to local MSM.

We will build on our well-established condom & lubricant distribution scheme which is embedded in all the Leeds Gay venues. This cost effective scheme, continues to ensure easy

access and is an excellent mechanism for enforcing sexual health campaigns, promoting and signposting to other services. In addition to our venue based scheme, condoms and lubricant can be ordered via our website, by post or over the telephone. Condoms and lube are sent out in a plain brown envelope to maintain confidentiality and are available in a variety of sizes and in latex free.

A key element to ensuring that our services are accessible is effective use of new and emerging technology for example, we recently produced a series of podcasts in 6 African languages and presently we are developing podcasts in 3 Eastern European languages. Building on our online guide to working with African MSM, 'Altogether Stronger' we have secured resources from the MAC AIDS fund to develop a national, on-line HIV resource and information hub tailored to meet the needs of African MSM and healthcare professionals working with African MSM. This new site will hold information, case studies, videos, activities and interactive features aimed at increasing engagement of African MSM with positive HIV and testing messages. The site will be a central hub for healthcare workers across England wanting information, tools and resources to engage and deliver effective interventions with African MSM.

The Yorkshire MESMAC website www.mesmac.co.uk was designed from the ground up with disabled access front and centre in our plans. Our website attracts over 43,000 visits, 110,000 page views and 700,000 hits per year and is an excellent portal into our services and signposts to other health services across the city. The website is an excellent source of sexual health information including PEP and features links to other local services including <http://www.leedssexualhealth.com>. Our website features a clinic finder widget which allows anyone in the UK to find their nearest, most convenient HIV testing/ GUM service. www.mesmac.co.uk had a recent redesign which was funded by an LGB&T* community event, Drag Idol, and allowed us to ensure that all the features are mobile compatible. We are exploring and experimenting with innovative approaches to increase access including using Google Hangouts to deliver peer support services and training. Given high traffic flows to our website, we want to increase its functionality. For example, we plan to introduce a number of self-assessment tools that will allow visitors to improve self-management and better navigate the sexual health system.

Whilst having a strong online presence is essential it shouldn't been seen as a replacement to traditional communications channels so we are proud of our close working relationship with the local LGB&T* media such as Shout magazine, that regularly features and promotes our services and supports campaigns. Indeed as part of our Community Development approach we are committed to developing, supporting and utilising community infrastructure and networks that increase participation in, and ownership of, local campaigns and develop our collective capacity to deliver and support services by acting as a conduit for information in a culturally sensitive 'authentic' voice. We are committed to continuing supporting the establishment and development of local LGB&T* community groups that allow people to come together to reflect on common concerns and take action to meet these. Where appropriate & safe we will offer tailored STI testing sessions to specific community groups for example, the universities' LGB&T* society.

The Yorkshire MESMAC counselling service is made up of 14 approved, qualified independent counsellors, this spot purchasing method allows us to offer therapeutic intervention using a variety of approaches to meet the needs of the individual/couples. As well as its accessibility and flexibility, one of the greatest strengths of our counselling service is that community based staff can identify the most at risk people, for example through repeat testing, and directly refer them into a service that is culturally sensitive and effective. We can offer choice in terms of gender and sexuality of the counsellor and we have counsellors who can work in a number of languages. We are able to offer therapeutic interventions via Skype reducing time and travel cost incurred by the service user. Our Community Development staff are trained in motivational

interviewing techniques allowing us to deliver short therapeutic interventions in a variety of settings.

We know that MARPs don't always come directly to us and often have needs that our service is not designed to meet. Therefore we want to ensure that other services in the city are acceptable and accessible to our service users, we want to be confident that we are referring on to a quality service and we want to improve the quality of referrals to us. In order to achieve this Yorkshire MESMAC will deliver a training programme for local professionals on working with LGB&T* people and offer consultancy to local delivery agencies who wish to improve access to MARPs.

We will continue to regularly review our services with service users to ensure that they meet their needs. We will carry out questionnaires, focus groups and use other engagement mechanisms to ensure that our service users continue to be involved in the design of our services and inform the design of services of other organisations.

Our present building in Leeds is city centre based and accessible by public transport. That being said it is inaccessible to people with mobility problems, this is unacceptable and our Board of Trustees have committed to relocating to a fully accessible building in or close to Leeds city centre as soon as our present lease expires. The Yorkshire MESMAC Board of Trustees has established a Leeds building working group, made up of senior Trustees, the Chief Executive and staff members. This working group is liaising with service users, local LGB&T* groups other service providers, e.g. Skyline and LTHT together with estate agents to identify the building that will be the best possible fit for the services we are providing now and those that we want to provide in the future. Should we not be able to find a building which immediately meets our needs we have experience of renovating our building in Bradford to meet current accessibility standards including visual and hearing impairment and would use this experience to develop suitable premises in Leeds.

Until a new building is secured we continue to ensure that our services are accessible by maintaining our relationships with other agencies taking our services to accessible venues.

METHOD STATEMENT QUESTION 3

Marketing and Promotion – Outline how you propose to market and promote the service.

(75 Points)

Target Audience (e.g. service users, health professionals etc.)	Communications task (e.g. introduction to the service, consultation, gathering feedback)	Products (e.g. leaflet, article, newsletter)	Measures for success of the Plan	Target dates
1. Men diagnosed with HIV	Virtual Outreach in BBRTS (bareback real time sex) where we know men living with HIV are meeting for sex	Appropriate online profiles created in negotiation with BBRTS	<ul style="list-style-type: none"> • Increase in ability to negotiate safer sex. • An increase in men accessing HIV POCT and other STI tests. • An increase in the interactions on social media profiles (e.g. Facebook 'likes' and private messages) 	Ongoing
	Outreach in LGB&T* venues	Appropriate information products, condoms and lube.		Ongoing
	Outreach in Public Sex Environments (PSEs)	Appropriate information products, condoms and lube.		Ongoing
	Condom and lube distribution scheme. Available free in bars, PSEs, saunas and by post with online/social media/phone ordering	A variety of condoms and lube	<ul style="list-style-type: none"> • Increased numbers of this target group of men accessing condoms 	Ongoing In first quarter review monitoring
	Targeted support to newly diagnosed MSM	Appropriate information products, condoms and lube.	<ul style="list-style-type: none"> • Increase in ability to negotiate safer sex. • A decrease in newly diagnosed MSM involved in onwards transmission 	Develop pathways, referral procedures, and resources first quarter Deliver service second quarter
	Writing articles, editorials and posts	Articles, messages, tweets etc. tailored to this target audience based on research about their information needs /behaviour change	<ul style="list-style-type: none"> • Number of click throughs to articles on website, likes/comments on Facebook, retweets on twitter 	Once a year focus articles/editorials on this target group
2. Younger Men	Condom and lube distribution scheme.	As above	<ul style="list-style-type: none"> • As above 	Ongoing
	Virtual Outreach in online platforms we know are used by younger men meeting for sex: Facebook, Grindr, fitlads	Online profiles, appropriate information products, condoms and lube.	<ul style="list-style-type: none"> • Increase in ability to negotiate safer sex. • An increase in younger men accessing HIV POCT and other STI tests. • An increase in the interactions on such profiles (e.g. Facebook 'likes' and private messages) • Increase in this target group 	Ongoing
	Outreach into areas and venues where we know young men are meeting for sex i.e. student nights on the LGB&T* scene, student nights Basement Sauna	Appropriate information products, condoms and lube.		Ongoing
	Outreach to support the Sauna Clinic/HIV POCT sessions delivered in the saunas/on the LGB&T* scene.	Appropriate information products, condoms and lube.		Ongoing

	Work with LUU and Leeds MET LGB&T* societies.	Stalls at health fairs/events with appropriate information products, condoms and lube. Presentations, workshops on HIV awareness etc.	volunteering with YM. • Increased referrals into counselling service	Ongoing
3. Men with Multiple Partners	Condom and lube distribution scheme.	As above	• As above	Ongoing
	Outreach to support the Sauna Clinic/HIV POCT sessions as above	As above	• As above	Ongoing
	Virtual Outreach in online platforms where we know men are meeting for sex - Facebook, fitlads, Grindr, Growlr, squirt, BBRTS, Gaydar, Hornet etc.	As above		Ongoing
	Outreach in LGB&T* venues	As above		As above
	Outreach in Public Sex Environments	As above		As above
4. Men who have been sexually abused	The Blast project: tailored interventions for boys and young men involved in or at risk of CSE; helpline, online drop in, street outreach, 121 support, resources	Seamless referrals pathways for these young men into HIV prevention services provided by YM and ongoing support around the abuse.	• Increase in referrals from the Blast project to YM HIV prevention services	Ongoing
	Counselling service	LGB&T* affirmative counselling, creating a therapeutic relationship to address	• Increase in ability to negotiate safer sex. • Increase in appropriate referrals into the HIV prevention services.	Ongoing
	Work in Prisons with the Gay and Bi men's networks and individual 121s	Information products and resources written specifically for men who are detained to increase knowledge and skills to prevent HIV transmission including what to do in the event of a sexual assault	• Increased knowledge & skills for men to make informed decisions about how and where to disclose sexual assault. • Increase knowledge & skills for men seeking PEP	
5. Men with lower levels of formal education	Work in Prisons with the Gay and Bi Men's Networks and individual 121s	As above	• As above	Ongoing
	Development of information products in line with Information Standard	Resources appropriate for all target audiences including non-written formats: vodcasts/podcasts in various community languages	• Increase in ability to negotiate safer sex. • Views on YouTube, website etc.	Ongoing
	Training for service users e.g. safer and more enjoyable anal sex, confident cruising training and HIV awareness training.	Interactive, experiential workshops around sexual health open to all MSM using accessible activities/tools/task to MSM with lower formal levels of education.	• Increase in ability to negotiate safer sex. • An increase in men accessing HIV POCT and other STI tests.	One course per year Ongoing
6. Behaviourally Bisexual men	Condom and lube distribution scheme.	As above	• As above	Ongoing
	Outreach to support the Sauna Clinic/HIV POCT sessions as above	As above	• Increase in ability to negotiate safer sex.	Ongoing
	Virtual Outreach in online platforms	Online profiles, appropriate		Ongoing

	where we know men are meeting for sex - Facebook, fitlads, Grindr, Growlr, Squirt, BBRTS, Gaydar, Hornet etc.	information products, condoms and lube.	<ul style="list-style-type: none"> An increase in men accessing HIV POCT and other STI tests. An increase in the interactions on profiles (e.g. Facebook 'likes' and private messages) 	
	Outreach into swingers parties and clubs where these men meet for sex	Appropriate information products, condoms and lube.		Ongoing
7. Men who use class A drugs	Virtual Outreach in BBRTS where we know men who are seeking sexualised class A drug use meet for sex.	Appropriate online profiles created in negotiation with BBRTS	<ul style="list-style-type: none"> Increase in ability to negotiate safer sex. An increase in men accessing HIV POCT and other STI tests. An increase in the interactions on such profiles (e.g. Facebook 'likes' and private messages) Increased number of men given information or supported to access D&A services 	Ongoing
	Late night outreach to venues attended by men who use class A drugs.	Appropriate information products, condoms and lube. Local Drug and alcohol (D&A) service resources and referral pathways		Ongoing
	Development/sourcing of appropriate information resources around drug use in MSM and sexual health in line with Information Standard	Information standard approved resources in appropriate formats online, in podcasts, vodcasts and printed	<ul style="list-style-type: none"> Increased knowledge, skills and resources around class A drug use and HIV risk taking behaviours 	Development during first quarter. Launch, monitoring and use from second quarter.
8. MSM from BA communities	Development of a national online sexual health hub for BA MSM and the professionals working with them in line with Information Standard	<ul style="list-style-type: none"> Interactive website using vodcasts, messaging, social media, games, resources and interventions. A platform for targeted health promotion. 	<ul style="list-style-type: none"> Increase in ability to negotiate safer sex. Views on YouTube, website etc. 	One Year MAC AIDS funded project completing Dec. 2014.
	Condom and lube distribution scheme.	As above	<ul style="list-style-type: none"> As above 	Ongoing
	Outreach to support the Sauna Clinic/HIV POCT sessions as above	As above	<ul style="list-style-type: none"> As above 	Ongoing
	Virtual Outreach in online platforms	As above		Ongoing
	Outreach in LGB&T* venues	As above		Ongoing
	Outreach in Public Sex Environments	As above		Ongoing
	Development of information products in line with Information Standard	HIV information podcasts in various African community languages available to download	<ul style="list-style-type: none"> Increase in ability to negotiate safer sex. Views on YouTube, website etc. 	Ongoing
9. Professionals	Training: to raise awareness of HIV & MSM with targeted professionals: D & A workers, mental health professionals, BME workers, sexual abuse/assault workers, youth workers	LGB&T* awareness training, HIV awareness training, working with the LGB&T* communities training, Blast training around child sexual exploitation of boys and young men.	<ul style="list-style-type: none"> Numbers of professionals by target service attending each course. Increased referrals from target services 	Courses developed first quarter, Course delivered quarter two onwards.
	Development of information products in line with Information Standard	Websites, podcasts, vodcasts, leaflets, posters etc.		Ongoing

METHOD STATEMENT QUESTION 4

Multi Agency Working - How will you ensure that the service works effectively with local networks and partners to achieve positive outcomes for *[MSM / BAC]*?

(50 Points)

We are proud of our effective joint working; we play a central role in key local networks, forums and partnerships.

The most important partnership is with the Leeds LGB&T* community, which is based on 23 years of delivering high quality frontline services to and with local people, we have developed a deep trust and a reputation for delivering excellent, accessible, acceptable and appropriate services to our community. Over the past 23 years we have established and/ or supported over 60 LGB&T* community support/action groups. We are committed to the notion of self-defining self-organising groups, bringing people, especially those from seldom heard groups and most at risk populations together to reflect on common concerns and to take collective action to meet needs and to reduce health inequalities. This approach has some key benefits; evidence suggests that participation in decision making increases the likelihood of any adopted behaviour change being maintained. Community groups act as an efficient mechanism for delivering HIV health promotion and help develop cultural norms; groups reduce isolation and increase a person's sense of community attachment, groups are useful for identifying and taking action on other determinants of health and can be effective in addressing the wider public health agenda.

We have worked with Leeds gay venue owners for over 23 years delivering health promotion services that dovetail into their ways of working and that are sensitive to the needs of their business and customers. Venues range from gay lifestyle stores to saunas, bars and clubs. Having a great relationship with the network of businesses is vital for our work, it's where a large number of MSM continue to meet, socialise and have sex. Therefore having the venues support, with them acting as condom, lube and information distribution points, hosting our community clinics and being advocates for our work is essential for effective work with MSM in Leeds.

Yorkshire MESMAC established Leeds LGB&T* Pride, in 7 years it has grown to be the city's largest mass participation event with over 30,000 people participating in the day. Leeds LGB&T* Pride is now an independent organisation, chaired by Yorkshire MESMAC Chief Executive. It is a partnership between all Leeds LGB&T* venues, the LGB&T* 3rd sector and statutory services in particular Leeds City Council and West Yorkshire Police. Our relationship with Leeds LGB&T* Pride means that sexual health promotion has played a key part in the event with Yorkshire MESMAC having a particularly high profile including leading the city centre parade. This year we were joined by staff from LTHT Centre for Sexual Health and together we carried out research into the accessibility of sexual health services. Based on these findings Leeds LGB&T* Pride have agreed to fund a joint Yorkshire MESMAC and LTHT sexual health tent at next year's event.

Yorkshire MESMAC meets regularly with LTHT GUM and the Public Health England (PHE) to review Leeds epidemiological data, share soft data and grey information in order to identify emerging trends and to devise strategies to meet these. A case in point was a LGV outbreak centred on one of the saunas in Leeds, identified by HPA (now PHE) and Leeds GUM. Yorkshire MESMAC quickly developed easily understandable resources, increased outreach and access to condoms, lube and gloves and the outbreak quickly subsided. Our ambition is to work more closely with the level three partners in order to increase our collective capacity to respond to and avert STI outbreaks, particularly in at risk communities.

Key roles we play are as conduit and connector between Gay businesses, gay communities and health services. We negotiate pathways into settings that traditional sexual health services have not been delivered from, harnessing the good will of local businesses and communities to the skills of local services to create better outcomes for local people.

We have well developed service user pathways with our level three partners, particularly from our community testing service and fast tracking MSM's access to PEP. Occasionally service users raise issues with us regarding the service they receive from the level three provider and we see it as very much part of our role to use our professional networks to advocate for service users addressing concerns regarding access and quality.

We are committed to working with level three partners to develop ways of working that ensure that the right people get to the right service at the right time, our joint initiative developing the Armley Sauna is a model example of how to do this for men at higher risk. On the other side of the scale we want to develop, cost effective, high throughput services for those at low risk and the worried well. We are keen that our services work closely with the proposed new integrated sexual health service for the city. For example, we want to ensure that our community testing services are an option following any online or telephone triage. We can see little purpose for an MSM in Leeds, who only wants a HIV test, to see the inside of a level three service.

We recognise that a number of factors influence the sexual health and wellbeing of MSM and as such we sit on a number of local panels/networks e.g. the LGB&T* Mental Health Forum, the Dual Diagnosis Panel, and Equality Hub etc. Not only does this give us an opportunity to inform and shape other services, membership also informs our practice and delivery. It gives us opportunities to work in partnership when delivering specific pieces of work for example we are presently working in partnership with Leeds Older People Forum, Leeds Care Association, Leeds Irish Health and Homes, Otley Action for Older People and others on a bid to the Big Lottery Fund's 'Fulfilling Lives: Ageing Better' programme that will bring £6,000,000 into Leeds to reduce the social isolation of older people. Being involved in this programme ensures that money will be invested to meet the particular needs of older LGB&T* people including sexual ill health and ageing with HIV.

Our work with HMP Leeds means that we are providing tailored support in an environment where there is a higher incidence of intravenous drug use, sexual assault, unprotected sex and HIV/HCV and HIV/Hep B co-infection. We work closely with the Gay, Bisexual and Trans* Forum (GBT* Forum) and the Gay and Lesbians in the Prison Services representative (GALIPS rep) to meet and individually support MSM who want to engage in motivational interviewing or who are questioning their sexuality. We also work closely with the GBT* Forum and health care representatives to improve the knowledge, skills and resources of men in the general prison population by creating appropriate and accessible information products to reduce the rates of HIV infection and promote regular testing. We sit on the HMP Leeds Hate Crime Scrutiny Panel and advise and assist them in responding to homophobic hate crime by scrutinising particular decisions and advising them on best practice and policy.

We have well developed links with other local 3rd sector specialist providers for example BHA4E Skyline. Our Blast Project workers undertake joint outreach with Genesis to reach men and boys involved in selling sex and at risk of sexual exploitation. In recognising that Yorkshire MESMAC cannot provide for all the needs of MSM in Leeds and that other areas of need often overlap with HIV risk we have developed a number of key partnerships. We are working with BARCA (drug and alcohol agency) to provide joint drop in sessions for MSM who have complex and coexisting drug/alcohol and HIV risk taking behaviours. These sessions will include an opportunity for MSM to talk to a Yorkshire MESMAC worker about HIV and get a test as well as talk to a BARCA worker about harm reduction and drug use e.g. safer injecting strategies. Historically we have worked with The Club Drug clinic to refer MSM who have needed to access support around sexualised drug use. With the Red Cross we developed a service user led

LGB&T* asylum seeker and refugee group; 'ReachOUT'. Consequently we have developed ways of working with PAFRAS as well to support vulnerable MSM around all their needs. As sexual health is often not the highest priority for someone facing deportation to a place where they have faced torture and persecution, these links make referrals seamless when a service user is ready.

Yorkshire MESMAC recognises that some of the people who access our service are at very high risk of homelessness and homelessness can lead to additional vulnerability around sexual health. The two groups which disproportionately carry the burden of this risk are destitute asylum seekers and young LGB&T* people who have lost their housing because of homophobia within the family environment. In the past YM has worked by supporting people from both of these groups in seeking emergency housing by attending emergency housing appointments and acting as advocates for our service users. Moving forward we plan on providing training to housing providers and hostels around working positively with LGB&T* people and developing efficient processes of mutual referral. Similarly we provide training to CAMHS professionals around LGB&T* awareness and working with LGB&T* young people. This supports the referrals we take from CAMHS into our HIV prevention services including to our specialist counselling service which is free to all LGB&T* young people from 16-25. The Yorkshire MESMAC counselling service has years of experience and expertise in supporting MSM who are at high risk for contracting HIV or who might have unresolved psychosexual issues.

Over the past 23 years of delivering services in Leeds we have developed a working relation with West Yorkshire Police, we work with them on a wide variety issues including policing and safety around Public Sex Environments, reporting hate crime (we are a hate crime reporting centre) and the sexual exploitation of boys. We work with Social Workers when service users are looking for support around a specific issue, for example we have worked with social workers in providing brief support and counselling for socially isolated older MSM. We take referrals from social workers into our counselling service and we refer into Adult Social Care when we have a safeguarding concern about a vulnerable client. YM works with the LGB&T* societies in both LUU and Leeds Met. At LUU we are invited to speak at 'Sexposure' which is an event that takes place twice a year where the LGB&T* society meets to discuss and learn about safer and more enjoyable sex. The LGB&T* society at LUU have historically organised trips to YM to get tested in a community setting. At Leeds Met we plan to provide testing to the LGB&T* students with the support of the LGB&T* welfare officer. We use both universities to advertise for volunteers and historically many of our volunteers have been students from these universities.

Yorkshire MESMAC are part of key national bodies including HIV Prevention England and The National LGB&T* Partnership. Membership of these bodies has enabled us to lever in additional resources into the city, ensure that the needs and concerns of local MSM are reflected at the national level and to share national good practice with local partners and networks.

From the above you can see that YM has a long history of using networks and partnerships to achieve positive outcomes for our communities. We are excited by the development of the proposed Leeds Sexual health network and committed to participating in it fully. Equally we feel that the new ISHS offers enormous opportunities for us to work even more effectively with medical and other colleagues.

METHOD STATEMENT QUESTION 4
INTERFACE SCHEDULE

Name of organisation	Brief summary of organisation's purpose and activities	Brief summary of relationship with organisation	Type and frequency of communications / referrals	Impact / benefit for service users
The Viaduct Showbar Queens Court Bar Fibre Blayds Bar The Bridge Inn The Loft Mission The New Penny	LGB&T* Bars	Provide HIV POCT at the appropriate bars. YM undertakes outreach into all the bars to promote services and talk to MSM about HIV prevention/sexual health. All bars are condom, lube and information outlets	Weekly outreach sessions of at least two hours seeing on average 100 men HIV POCT sessions approximately 3 per month seeing on average 3 men per session.	Accessible HIV testing for MSM who are disenfranchised from traditional sexual health services. Promotion of YM services and provision of information resources where service users are. Freely available condoms and lube where service users are.
Nice N Naughty	LGB&T* lifestyle store	Condom, lube & information outlet for YM	Weekly	Promotion of YM services in a community setting
Leeds Centre for Sexual Health	GUM services	Referrals. Partnership delivery of outreach clinics Partnership work around pop up clinics/special events requiring sexual health interventions Partnership work around rising rates of HIV/STI transmission & joint work to address the prevention needs of MARPs	Approximately two reactive HIV POCT referrals & two PEP referrals from YM a quarter. Regular signposting for full STI screens. Partnership delivery of sauna clinic. Pop up clinics twice yearly.	Service users get the most from each contact with a health care professional, as services are proactive to the needs of MSM. Seamless referrals make the journey from diagnosis to treatment quick and efficient. Service users have improved access to expert practitioners and to high quality HIV and STI Treatment & care.
Steam Complex Sauna	Men's Sauna: Commercial sex on premises venue	Providing a full sexual health screening clinic with outreach support from a YM worker. YM undertakes outreach to promote services and talk to MSM about HIV prevention/sexual health. The sauna is a condom and lube outlet.	Weekly outreach clinics. Approximately once a quarter extra outreach clinics to specific MSM e.g. bear/fetish communities on weekend events. Weekly outreach Weekly condoms and lube restocking	MSM reached are those engaging in higher risk behaviours; 25% of those tested have needed to access treatment. Health promotion in a context where we know men are having sex with multiple partners and engaging in high risk behaviours. Freely available condoms and lube.

Basement Sauna Leeds	Men's Sauna: Commercial sex on premises venue	Providing HIV POCT at times to attract younger gay men. YM undertakes outreach at late night/early morning to promote services and talk to MSM about HIV prevention/sexual health. The sauna is an information condom and lube outlet.	Weekly outreach for a couple of hours seeing two or three younger men each time. HIV POCT on Sunday afternoons in the Basement Sauna twice a month Restock condoms and lube weekly	Accessible HIV testing for MSM who might otherwise be disenfranchised from traditional sexual health services. Health promotion targeted at the men who are at the highest risk of HIV infection. Freely available condoms and lube.
Leeds Skyline	HIV support service	Referrals/partnership work	We refer one person to Leeds Skyline a quarter; they refer two a quarter to us for testing.	People living with HIV have access to support and improved outcomes.
Prison	Category B male prison.	Partnership working on GBT* prisoners forum. Provision of 121 support to prisoners. HIV/LGB&T* training to staff Joint creation of resources for MSM prisoners around sexual health	We attend quarterly meetings of the GBT forum, quarterly meetings of the Hate Crime Scrutiny Panel and receive a referral for 121 work around twice a year.	Access to appropriate resources and support for men with lower formal education who are at high risk of sexual ill health.
West Yorkshire Police	Police service.	YM is a Hate Crime Reporting Centre; we work together with the Police to report homophobic & transphobic hate crime. We work with the police around the policing of public sex environments.	We report around two hate incidents a year. React when needed to concerns around PSEs	An LGB&T* friendly and accessible place to report Hate Crime or hate incidents
ReachOUT	A support group for LGBTI refugees and asylum seekers. A safe space to make friends, develop a sense of community & boost confidence and skills. Also for organisations working with members of these communities.	ReachOUT meets at Yorkshire MESMAC's Leeds building. Yorkshire MESMAC helped develop the group and still supports delivery with staff time at sessions.	The group meets fortnightly. YM refer approximately four people a month to ReachOUT and ReachOUT make about 3 referrals to YM a month for support, counselling and /or HIV POCT	ReachOUT is a safe space to gather evidence for asylum cases and share experiences of UKBA practice, a place for mutual advocacy and support. MESMAC has provided safer sex talks for MSM at ReachOUT, which improves the knowledge, skills and resources of vulnerable MSM to negotiate safer sex.
Leeds Gay Community (LGC).	A social group for Gay and Bisexual men. It provides a non-scene community which is	LGC meet at YM's building YM workers attend to provide training and support to the	Leeds Gay Community meet weekly, we promote YM services at their meetings	YM's support of Leeds Gay Community means there is a group for older MSM, who might be disenfranchised from the

	mostly accessed by older gay men.	MSM from this group around HIV prevention and safer sex. Members make use of office to produce a monthly newsletter.	twice a year. They make one referral to a YM service each quarter	commercial LGB&T* scene. This means there is increased access and visibility of YM among older MSM.
Leeds Trans* Support Network	A social and support group for Trans* people around issues relevant to Trans* people's experiences when accessing primary and secondary health care.	The group meet at YM's building. YM workers provide training and support to the people who use the group around HIV prevention and safer sex.	Leeds Trans* Support Network meet monthly, we refer people into the group weekly and take a referral from the group for a YM service monthly.	Leeds Trans* Support Network provides a safe space for Trans* people to meet. Leeds Trans* Support Network means there is greater visibility and acceptability of YM services amongst Trans* communities.
OUT to 25	A youth group open to all Lesbian, Gay, Bisexual, Transgender or Questioning young people aged between 13-25 years old.	Attends OUT to 25 to provide training, and support to the young LGB&T* people who attend around HIV prevention and safer sex. We also promote our services.	A YM worker is in contact with someone from OUT to 25 monthly, BLAST refers onto them once every six weeks. We promote YM services to them every quarter.	Increased knowledge skills and resources amongst younger LGB&T* people to negotiate safer sex and stay safe from CSE.
Leeds LGB&T* Pride	Leeds LGB&T* Pride is the biggest free community participation event in Leeds city centre. The year event attracts over 30,000 LGB&T* people, friends, families and allies to the centre of Leeds	Attend and chair planning meetings At the event we provide an information stall, deliver outreach and distribute condoms and lube. Plan to offer testing at future events	A YM worker attends monthly planning meetings for Leeds Pride; YM undertakes annual outreach and health promotion.	Leeds LGB&T* Pride increases the visibility of LGB&T* people across the city, it is a time for us to celebrate our community. It allows YM an opportunity to increase its visibility and acceptability amongst LGB&T* communities and also collect feedback.
LGB&T* Mental Health Partnership.	Leeds 3rd sector service providers meet to discuss how services can better respond to the MH needs of LGB&T*	Attends and occasionally chairs partnership meetings. We are creating a common LGB&T* MH needs strategy.	The Partnership meets 6 times a year, over the course of the year we provide an event to mark LGB&T* history month.	Improved MH outcome for LGB&T* people across the city.
HIV Prevention England (HPE)	Develops national HIV prevention campaigns for Africans & MSM	Sit on the national Board of HIV prevention England. Commissions MSM activity across Northern & central England	2 days per week. Delivers MSM services in Leeds & African service in Bradford & Wakefield.	National campaign better reflects the needs and concerns of local MARPS. Contributing to a reduction in new infections and late diagnosis of HIV/STIs
National LGB&T Partnership (NLGB&T)	Advises DH & other government departments on policy in relation to LGB&T issues	Sit on the national Board of NLGB&T	3 days per month. National meetings, and reviewing, commenting and informing government proposed policy	Whole system of government producing better outcomes for LGB&T people/

METHOD STATEMENT QUESTION 5

Performance Management - What systems will you put in place to demonstrate that you have delivered the key performance indicators stated in the service specification? (50 Points)

Yorkshire MESMAC have well established, robust recording systems for reporting, monitoring and evaluating activity delivered towards the HIV prevention service contract. Through these systems we can provide quarterly reports and we welcome meetings each quarter with commissioners to scrutinise these along with the opportunity it affords us to review communications and the interface schedule on a six monthly basis. This structure also enables us to provide evidence at short notice or to inspect targeted areas of work in depth for more detailed understanding of an issue or to assess response to an outbreak for example.

Through the use of contact sheets for service user contacts made, whether in training, through outreach, over the phone, in groups, individually or online we record details of activity carried out and demographic details of the service user or group of service users in receipt of a service, wherever possible. This data is entered into the monitoring database where it can be prepared for quarterly reports, any data requests or planning meetings. The data gathered this way uses details that do not identify a service user, so maintaining trust and confidentiality whilst giving us the demographic information needed to evaluate our reach and effective targeting of services. A yearly equality of access audit can be provided using this data compared against the census data for Leeds. The demographics used record number of service users by:

- Age
- Gender
- Ethnicity
- Country of origin
- Sexual Orientation
- LA and out of area residents by using the first part of their postcode
- Vulnerabilities and risk groups.

The recording of vulnerabilities and risk groups in some cases will be through use of data already provided e.g. African MSM can be identified through cross referencing ethnicity and sexual orientation. In other types of vulnerability this can be defined and then a record made when a service user discloses this issue e.g. Class A drug use or experience of sexual abuse. The risk groups might be part of a referral criteria e.g. newly diagnosed men referred from the Integrated Sexual health service (ISHS).

This database will record the activity data which can be cross referenced with the demographics to give us specifics about who accesses which services, in which time frames or venues; e.g. how many under 25s received Chlamydia screens in February. The activity data kept in this way will include:

- Number of HIV POCT offered and accepted and number of reactive results.
- Number of Chlamydia /Gonorrhoea screens offered and accepted by type of test and body location; urine or extra genital (oral/anal) swabs
- Number of referrals from the provider to other services with special focus on specific services, such as drug and alcohol, mental health and housing. As well as the networks, volunteering opportunities and decision making bodies service users are supported to engage with.
- Number of referrals made into the service detailing which services i.e. the Integrated Sexual Health Service
- Number of 1:1 sessions conducted
- Number of group work sessions including number in each group.
- Number of drop ins delivered, where and number of attendees
- Number of outreach sessions undertaken, where and number of contacts made.
- Number of community based testing sessions delivered including location details.

- Number of condoms and lube distributed online, through service user interventions and in appropriate venues and services.

These systems will robustly measure the outputs from the service and in some cases give outcomes too; for example it can be assumed that a person attending a HIV test will have more knowledge about sexual health services as a result of that intervention. However, as well as assuming outcomes we use various measures, usually directly with our services users to elicit measures of the outcomes produced by the interventions delivered.

Outcome measures will typically be used to gain understanding of how far a services user has increased their knowledge, skills and resources with regard to negotiating safer sex. Different methods will be used dependent on the mode of service delivery. In training formal evaluation forms can be used, asking questions such as 'do you feel you have more knowledge about the topic area covered?' and using a Likert scale to place how far improved this knowledge is. In some training courses we will be able to take measures before and after the course to compare the improved knowledge as well as gaining an idea of baseline knowledge in a community. Group work sessions might use a simple target diagram on a flip chart for service users to place a post it with relation to the Bulls eye and therefore how much they have improved the skills they need to make informed choices about their sexual health.

For one to one work (including HIV POCT) and all situations where other evaluation methods are not possible we use a small evaluation sheet. This sheet asks a few core questions to service users and can be handed out to individuals and dropped back into a 'post box' anonymously. The core questions addressed by this evaluation sheet will enable service users to give self-reported change in knowledge, skills and resources regarding sexual health as well as their confidence and competence to negotiate the best sex with the least harm. This form will also ask questions about the service user's satisfaction with the service they received and as such form the basis for the quarterly service user satisfaction sample report.

A form which asks service user satisfaction questions will be used in an annual survey of all access points, through all interventions and in all media used to enable a more thorough and focused satisfaction survey to a larger selection of service users. We will also use this opportunity to elicit patient and public involvement surveys; including those people who don't access the service currently through focus groups, online surveys and interaction with partner organisations. All of our service user feedback systems can be accessed in the appropriate sized font, can be recorded verbally, online or in other ways to ensure all services user feedback is gathered.

Our monitoring systems can provide performance management data to show we are delivering against the KPIs around 'reducing new cases of HIV and STIs' and 'Increase sexual health skills, knowledge and acquisition in MSM'. Although cases studies will also be used to add richness to this data especially around evidencing improved awareness and acceptance of cultural practices/difference that affect sexual health and reduce stigma associated with HIV testing and condom use. A quarterly training audit of professionals receiving training and the learning outcomes achieved will be used along with services user data to demonstrate that we have achieved the KPIs in the 'Organisational development and demographics' section.

To report back our efforts towards the KPIs:

- Reducing late diagnosis of HIV in MSN
- Increasing MSM accessing screening at ISHS
- Longer term decline in undiagnosed STIs in MSM

We need a system to scrutinise the HARS – PHE Data and the GUMCAD data.

This can be achieved through our strong working relationship with the ISHS providers and subcontractors, through attendance and involvement in all the sexual health networks of Leeds and through appropriate work with Dr Andrew Lee from PHE. Taking this nationally

recognised data alongside with our monitoring systems we will be able to give a clear report on who is better off for the delivery of this HIV prevention service and give and assess the impact we make.

It is worth mentioning that KPIs could not be delivered effectively and to targets without structural performance management systems these include; staff meetings, supervision and training. To ensure activity is delivered to the high standards required by the service specification various quality assurance systems are used in the recruitment, training and supervision of staff and volunteers and in the audit and delivery of the services. Such quality enables the efficient and effective delivery of services and is assured in various ways:

- 100% of Community Development staff trained in motivational interviewing techniques allowing SU to develop effective behaviour change strategies to reduce HIV risks
- All information resources that contain treatment outcomes, care advice and cost/benefit information about care choices are subject to Information Standard processes and labelled as such. This means our health and social care information is accessible, unbiased, accurate, balanced, evidence-based & well-written in leaflets, podcasts and DVDs.
- All our counsellors are trained to diploma level or above and are members of British Association of Counselling Practitioners
- All staff involved in clinical services receive regular clinical supervision
- YM use trusted suppliers for clinical equipment and independently check each batch.
- 100% of HIV POCTs are accompanied by a pre-test and post-test discussion
- 100% of Community Development Workers are trained and signed off in delivering HIV POCT.
- 100% of Community Development Workers are trained in safeguarding.
- All our staff and volunteers are DBS checked appropriately
- Continued use of NICE, BASSH, BHIVA, NAM and NAT as trusted sources of information, clinical procedures and policy.
- Maintain quality standards such as Investors in People and the Information Standard and pursue any others that will enable us to standardise, improve and celebrate the services we provide.

We will report back on any aspects of these quality systems too, specifically including:

- A yearly staff engagement survey,
- An audit of staff training, DBS status, supervision and recruitment reviews, on request,
- Complaints and compliments audit each year,
- Information Standard annual audit.

METHOD STATEMENT QUESTION 6

Locality Working - Describe how your organisation will deliver effective, locally based services in Leeds. (50 Points)

We have 23 years' experience of delivering evidenced based, effective HIV/STI prevention and community services to the most vulnerable groups in Leeds. We reject the notion of 'hard to reach groups', rather there are hard to access services, with this in mind we are committed to continuing to take services to where our communities are and where they have the most impact. Working with our communities to ensure they have the knowledge, skills, resources and access to timely, accessible and acceptable services so that they can enjoy the best sex with the least harm.

We will continue to deliver services from a city centre location, Our Board of Trustees have liaised with service users, staff, local community groups and other service providers to develop a clear specification for the new building .

Our approach is based on our Community Development principles which put our communities and their needs front and centre in the design and delivery of services. This effective tailoring ensures the acceptability and appropriateness of services. This entails a constant dialogue with, and taking feedback from service users, and other stakeholders and importantly, incorporating this feedback into our planning cycle. We ensure that local MSM participate at every level of decision making in the organisation, for example the majority of the Board of Trustees (the final decision making arm of the organisation) is made up, in the majority, of local people who are or have been service users. Senior management of Yorkshire MESMAC Group of Services are based in Leeds ensuring that decisions can be made quickly based on accurate local knowledge and sensitivity to local context.

At a grassroots level we deliver direct services to MSM and other MARPs in areas and events where they socialise and/or meet for sex. We will continue to deliver services through a network of established venues including: 8 Gay bars/clubs, 2 saunas, Gay lifestyle shops and 15 public sex environments. We will continue to monitor our services and delivery networks, ensuring that as and when new venues open and patterns of socialising develop we take appropriate and timely action to meet them.

As an Information Standard accredited organisation we will continue to develop high quality sexual health promotion resources in line with best practice including ensuring the involvement of local MARPs.

We will continue to offer high quality, supported volunteering opportunities to local people, building our collective capacity to deliver effective tailored services to our communities.

We are dedicated to maintaining and developing community infrastructure, e.g. groups and networks that bring people together to reduce isolation, and as vehicles for collective action for health. We will continue to offer meeting space to local groups e.g. Leeds Trans* Support Network, Leeds Gay Community group and ReachOUT. We will continue to work with these and other local LGB&T* groups to deliver HIV health promotion and to address underlying issues that prevent MSM from having control over their sexual health and sexual behaviour.

We will maintain and further develop our network of trained and accredited counsellors offering the best therapeutic interventions to our target populations, using a wide variety of approaches and offering choice to the service users. We will continue to use externally validated psychological tools to measure the outcomes of our therapeutic interventions.

We are committed to ensuring a whole system improvement to sexual health services in the City (and wider) and we will work to ensure that our services complement other services, are designed to offer real choice and the best possible outcomes. We will ensure that pathways and referral procedures make the service user's journey as seamless as possible

We recognise that no one agency has the skills, capacity or resources to meet all the needs of every MSM in Leeds. Therefore we are committed to partnership working and have developed good working relationships with a wide range of local services. That being said we will continue to challenge and support other service providers to improve their services to MSM by offering training and consultancy and taking the role of 'critical friend' and 'user advocate.'

The innovative use of technology has been a hallmark of our approach; from peer educators on social media sites to African language podcasts that can be downloaded and listened to on mobile phones. African MSM have been identified as a group that is disproportionately affected by HIV and poor sexual health and we have secured resources from MAC AIDS to look at how we can better engage African MSM using emerging technologies. We will use this learning not only to develop our services but share it with colleagues across the Leeds health economy so that the widest possible number of our public health outcomes can be met.

As a local charity with a national profile Yorkshire MESMAC is able to attract additional resources and services that benefit the city. For example, The Blast Project, part of the Yorkshire MESMAC Group of Services, is the only project in the country that works exclusively with men and boys at risk of, or being, sexually exploited. Blast has recently attracted additional resources from the Department for Education to build the capacity of other agencies involved in Child Sexual Exploitation to recognise and challenge the sexual exploitation of boys.

As one of the six HIV Prevention England partners, we are key to ensuring that the national HIV prevention programmes reflect the needs and aspirations of local MARPS and are not based purely on the narrow experience of being a MARP in London.

We are also a member of the National LGB&T* Partnership, which is funded by the Department of Health, Public Health England and NHS England to inform the policy, practice and actions of Government and statutory bodies, for the benefit of all LGB&T* people and communities across England.

METHOD STATEMENT QUESTION 7.1

Consultation and Involvement - How do you propose to gather feedback on the service from key stakeholders? (25 Points)

Our key stakeholders are the MSM we provide our services to living in and socialising in Leeds. Although there are also networks of stakeholders whose feedback we search out in the commercial gay sector and in the third and statutory sectors.

Service user (SU) feedback and participation is embedded at all levels of the organisation and service delivery. Our Community Development approach recognises the expertise each person has in their own life and seeks to engage people in the development and, where safe and appropriate, delivery of their services.

Feedback is gathered through the most appropriate medium based on the service user and the service. For example short questionnaires are used with each person who receives a HIV POCT, whilst focus groups are convened during the development or review of all leaflets, podcasts and other information resources. Wherever a service is being delivered an opportunity to provide feedback is guaranteed through the provision of feedback boxes allowing confidential comments to be made as well as, or in place of, any specific feedback being gathered. Other methods of receiving service user involvement include feedback forms on our website, electronic surveys through Survey Monkey, engagement in social media discussions, complaints procedure, volunteer roles and becoming a Board of Trustees member. Our visibility on the gay scene elicits direct feedback from end users which we record appropriately. We proactively recruit members to our Board from the communities we work with and it is a recruitment requirement that all staff have a personal understanding of the issues faced by the communities we work with.

In 121 work, goal setting and reviewing enables feedback opportunities; likewise our counselling service currently uses the Beck Depression Inventory as an evaluation tool at several points along the counselling journey. These evaluation points are also used to elicit feedback on the service through formal questionnaires and informal discussion. All group work is evaluated by the group members at least yearly with plans for the next period made based directly on this feedback. A yearly service user satisfaction survey is carried out across all Yorkshire MESMAC's projects, sites and access points, feeding into reports and into the next year's work plans.

Our feedback methods are available in various languages, font sizes etc. so that all service users have adequate opportunities to feedback. There is a responsibility on all staff members to ensure all people are able to provide feedback even if that is a complaint against the staff member in question. Although we rarely receive complaints this approach means we are open with and trusted by our service users.

On top of current provision for feedback, on a yearly basis we will run a 'you said, we did' celebration and evaluation event inviting service users and the commercial gay sector venues to take part. This will provide a formal process for our wider stakeholder groups to engage with our service delivery. This is especially important as we rely on these organisations for their engagement in increasingly innovative methods of designing and delivering services to our joint communities.

As well as local feedback opportunities we encourage our service users to feed into national research, the data from which will provide evidence on which to base service delivery. Such recent opportunities have included the Proud study into PrEP in MSM; an NIHR funded research programme into the acceptability of self-swabbing in MSM; EMIS: Europe's largest

ever collection of data about MSM sexual health and the local branches of the national Chlamydia and Gonorrhoea screening program. Before EMIS, the Gay Men's Sex Survey in England provided us with detailed data about MSMs' understanding of PEP and enabled Yorkshire MESMAC to create a resource based on the needs of MSM in Yorkshire. We will continue to engage local MARPs using a variety of mechanisms e.g. Survey Monkey questionnaires and focus groups in order to inform the development of local and national resources.

Our Community Development approach also means we place great value on facilitating the self-organising capabilities of our communities. As such, we place importance on developing feedback structures and forums such as LGB&T* networks and refugee alliances and then supporting them to become self-organising. In this way, they can offer their feedback into many services including Yorkshire MESMAC.

Sitting on local bodies such as sexual health networks, Child Sexual Exploitation task groups and the Safeguarding Children's Board provide opportunities to reflect on good practice, and on occasion, receive direct feedback on service provision too. We aim to be involved in all the appropriate service provision networks across the city that bring together practitioners or managers to ensure we keep up-to-date.

Our quarterly reporting structure and contract meetings keep us in regular communication with our commissioners for feedback of all types enabling a fast turnaround on any regional issues. Having recently won a GSK IMPACT Award we are using the award to create an online monitoring system that streamlines all our projects and interventions. We will be able to produce reports about various demographic groups, interventions or venues with more ease than previously. This will enable us to give more detailed and timely feedback to commissioners, sexual health networks and other professionals ensuring the development of new initiatives and partnerships use the best data available.

METHOD STATEMENT QUESTION 7.2

Consultation and Involvement - How will you use this feedback to further develop the service?
(25 Points)

All service user feedback is taken seriously and is used to improve or develop services. Where service users suggest ways to improve our services we will always try to find a way to make these improvements to better meet the needs of MSM in Leeds. For example, we have increased the times and locations of service delivery based on the feedback of service users; our Saturday afternoon testing was developed after requests from service users, similarly the 'As and When' testing was made available following service user requests for a more flexible service outside drop in times. In the case of Testing Times (our community based HIV and STI testing service) service user feedback is the primary evidence base we use when considering when and where a new community based drop in will be held. Our annual service user survey last year showed that most MSM wanted to be tested on Saturday afternoons and evenings, Friday afternoons and evenings and Monday afternoon and evenings. All new sessions are now planned for these times and days. Since our latest survey we received further feedback asking for an early morning testing session before work and so have recently piloted 'Testing on Toast' from 6am till 9am this is particularly relevant for men who are shift workers or go to the gym before work. This session had some interest and so we will deliver monthly early morning sessions to fulfil this need. We will continue to use a focused questionnaire to elicit specific feedback on this service as well as providing informal feedback opportunities in all services.

Continuing to take feedback from all our service users enables us to tailor messages and target resources effectively. An example might be in the development of resources; following a focus group session, local LGBTQ young people developed, wrote and designed a Coming Out resource for other young LGBTQ people; 'Thinking Clear'. This involvement of service users goes beyond feedback and wherever possible means participation in delivery of services. We aim for our communities to have ownership of the services. 80% of our Board of Trustees are or have been service users. Evidence suggests that participation in service delivery increases the likelihood of behaviour change being sustained. We will continue to create feedback opportunities in all services and more involved opportunities such as volunteering and focus groups around resource development wherever possible.

We are bringing together a service user group specifically to feedback on the building plans in Leeds. As we come to the end of our current lease and plan to take on a building with improved accessibility and other features, we want our service users' involvement at every step of the way. We value the expertise our communities have in their own lives and want to provide opportunities for this expertise to shape service provision. We aim to help our communities build self-organising groups and forums which can become advocates for change themselves. Where we facilitate groups directly, we start processes of feedback and consultation in these groups with the aim of them taking forward good practice and become self-defining. All our group work is evaluated by the group members at least yearly with plans for the next period made based directly on this feedback. We also see our role as supporting the LGB&T* communities to be involved in all the services they receive and so we regularly invite people to take part in surveys, consultations and focus groups for other organisations as well as supporting our own service users to attend these feedback events too. We will continue to develop good feedback practice in the delivery of groups we facilitate whilst also supporting our communities to become advocates for their own needs through all means possible.

As part of our service planning processes we hold yearly meetings and these are a time to review service user feedback, especially the yearly survey, and use the responses to direct our work over the following year. We will only develop new services where we have had involvement of service users to address the acceptability of these services. Our quarterly

planning meetings also have service user feedback as a standing item. By embedding service user feedback and consultation at every level of our work we will continue to provide the services most responsive and acceptable to service users' needs. In the counselling service we will tailor the type of sessions to men's needs and wishes; in groups we will provide the best activities to promote shared learning and in Testing Times we will be where men want us to be at the times they want us to be there to provide HIV POCT.

We will use service user feedback to further develop our services, as above, but also we will use service user feedback to help other services develop too, where necessary. For example feedback from men who use the Armley sauna demonstrated that they found accessing the GU in the centre of Leeds unacceptable. We worked with Leeds Centre for Sexual Health around this and so developed the Sauna clinic enabling these men to access a service they find more acceptable. We will formalise feedback from our service users into information that is useful for commissioners to feed into the wider commissioning strategy for the city. We will continue to act as advocates for those experiencing inequality in the appropriate forums. We will continue to view our role in HIV Prevention England as important in ensuring that MSM from the North of England have their views, needs and concerns raised in a national arena enabling resources to come into the area which responds to these needs.

It is important we use our other stakeholders' feedback in the development of services as well as our services users'. The gay scene venues will continue to be involved in Leeds Pride planning meetings, as well as National HIV Testing Week meetings, and meetings around the delivery of any services in the Lower Briggate area, such as HIV POCT, outreach, marketing and condom and lube distribution. We will increase this involvement to include yearly scene 'you said, we did' events enabling celebration of our improving partnership work in supporting health promotion activities for Leeds MSM. Our yearly celebration event will also take on a role of reflection on feedback received throughout the year, especially from other professionals who are invited to hear about our successes, developments and improvements over the year.

METHOD STATEMENT QUESTION 8.1

Community testing - Describe how your organisation would set up a community testing services targeting MSM/ BAC to encourage HIV testing and testing for some STIs. (30 Points)

'Testing Times,' Yorkshire MESMAC's multi-award winning community testing service was established in 2007. It was set up as a direct response to community demand and community based research carried out by Yorkshire MESMAC. From its inception we have worked in partnership with key stakeholders, in particular local LGB&T* venues that market the service for us and allow us to deliver services from their venues. This means that Testing Times is embedded in and is owned by the local community.

Testing Times has won an NHS Leeds 2011 Health Stars award in recognition of excellent partnership working and has been a major factor in Yorkshire MESMAC achieving nationally recognised awards in the King's Fund GSK IMPACT Awards 2013 for charities achieving excellence in healthcare and the Charity Times 2013 Awards as Charity of the Year. Testing Times operates on the principle of proportionate universalism; that is to say services are universal, but with a scale and intensity that is proportionate to the level of risk and sexual ill health.

Safety and quality are key, therefore Testing Times is registered with the Care Quality Commission which independently monitors and reviews our service ensuring that we continue to offer excellent standards of care. In all reviews Testing Times has passed with flying colours and with no areas of concern.

Testing Times' clinical governance is currently with the Trinity Centre, Bradford's Sexual Health clinic, and this means that an independent level three provider reviews and monitors our policies relating to infection control, safeguarding & untoward incidents etc. All of our staff involved in delivering Testing Times access training and supervision sessions and clinical advice to ensure high standards of care. The Trinity Centre provides us with clinical supervision so we can ensure that any clinical issues or training needs can be addressed and the quality of service provision can be assessed and monitored.

A defining strength of Testing Times is that it is delivered in a non-clinical LGB&T* affirmative environments with trained MSM staff testing MSM service users so the traditional barriers towards disclosure due to possible judgement or having to explain MSM culture are not present. With this in mind, Testing Times is able to effectively reduce anxiety and fear of judgement for our service users, with our service user feedback demonstrating over a 99% satisfaction rate based on the friends and family test. We routinely collect feedback from our services users in the form of a simple questionnaire; we do this to make sure that the service continues to be accessible and acceptable to MSM. We respond to this feedback by providing the service at times and in environments where MSM say they would like us, for example we have provided early morning testing to meet the needs of MSM who can only access testing at this time.

Testing Times is delivered in confidential sessions and events in various locations including the Yorkshire MESMAC Leeds building, Universities, LGB&T* bars and at special events. Records are kept secure and confidential when in transit between venues. Our record keeping practice means that we keep the minimum of information about people, in a secure format that means that any interested third party would not be able to extract any identifying data about service users. Our work in non-traditional settings means that we have become skilled at managing cleanliness and infection control and conducting risk assessments to ensure quality of service.

We have well developed skills that allow us to work with private and public bodies bringing together, and mediating between, stakeholders from both fields for example establishing a full GUM service at a local MSM sauna.

Our experience in delivering the service in both urban and rural areas has contributed to our ability to deliver services safely while maintaining our high levels of service user confidentiality, accessing MSM/BAC that do not access conventional sexual health clinical services. For example, working with universities and LGB&T* bars, we are able to access young MSM and other high risk MSM including habitual alcohol and Class A drug users.

Access to the service is flexible with 121 appointments available on a day and time convenient to the service user; appointments are booked by telephone, through online outreach or email. Our long running drop-in sessions on Thursday evenings between 6pm - 8pm and a Saturday drop-in session every second Saturday of the month between 12pm and 3pm allow further access for service users. If a service user drops in to the Yorkshire MESMAC building without an appointment, the worker will see the service user if available, otherwise an appointment will be made.

Yorkshire MESMAC has special all-day HIV testing events throughout the year typically centred on World AIDS Day and National HIV Testing Week. The sessions are delivered in partnership with LGB&T* scene venues, staff from LTHT and other third sector providers.

Testing Times is experienced in working within MSM saunas; we have a long history of partnership with the saunas offering Chlamydia and Gonorrhoea testing and sexual health advice with the option to book HIV tests at a later date in sauna outreach sessions. Sauna outreach enables Yorkshire MESMAC to respond quickly to STI outbreaks and communicate updated sexual health messages, i.e. a number LGV infections were linked to the sauna and our response led to increased awareness of LGV amongst MSM which resulted in no further outbreaks in that year. Yorkshire MESMAC continues to offer outreach, supporting the new full sexual health screening service now available at the Steam Complex Sauna on Wednesdays and other special events encouraging MSM to access a full sexual health check-up. There has been a high level of service user uptake.

Testing Times sessions are supported by trained outreach volunteers who go out to the local LGB&T* venues to talk to service users about Testing Times. Further promotion of the service in the gay press, on posters, in leaflets, through our partnership work, using social media such as Facebook and Twitter, and on MSM focused social networking/dating sites such as Gaydar, Growlr, Squirt, Fitlads and BBRTS.

Our website carries an up-to-date calendar of Testing Times drop-in clinics.

Testing Times currently offers our service users the ability to test for HIV and have urine screening for Chlamydia and Gonorrhoea. The HIV test offered is the Determine HIV-1/2 Ag/Ab Combo, using a finger prick sample of whole blood to detect the p24 antigen and/or antibodies to HIV-1 and HIV-2. After the test has been carried out, the result of the test comes back in 20 minutes and reliably detects HIV after 12 weeks of possible exposure.

The benefits to the service user are the visual interpretation of the results meaning that it provides the service user with a simple visual display of the result; the high sensitivity of the test gives a reliable result and peace of mind, and the short time taken for the result reduces service user anxiety levels.

In line with best practice the service user pathway through the Testing Times service is based on the concept of one contact, one professional. The same worker will conduct the pre-test discussion, administer the test, give the results conduct the post-test discussion and arrange

any referrals. Our pre and post-test discussions are done in accordance with BASSH guidelines around administering an HIV test; this means that YM workers are careful to get informed consent from service users and are trained in making complex information about the possible outcomes of a test accessible to all.

Our staff members are trained in motivational interviewing techniques to effect change in MSM who engage in risky sexual behaviour. They are highly skilled at working with service users in a non-confrontational manner to identify their own ambivalence and resistance to change and then to develop strategies to reduce risky sexual behaviour, e.g. referrals to our counselling service or other specialist services. Our staff members are also trained in safeguarding and should a safeguarding issue arise they are able to proficiently work within organisational and national policy.

Yorkshire MESMAC strongly believes that through experience and rigorous quality control of both quality of care and clinical care, including its feedback surveys amongst our service users, that the Testing Times service continues to be a model of excellence of community based testing that is replicated nationally; providing a friendly non-judgemental, person centred and community based service for our MSM/BA communities to access free, fast, flexible and confidential HIV/STI testing.

METHOD STATEMENT QUESTION 8.2

Community testing - Describe what your aspirations and expectations would be for the testing service? (20 Points)

We are committed to maintaining and increasing the high levels of access to our award winning community testing service. Key features that we want to maintain of this friendly, culturally sensitive, sexual health screening service include.

- Evening drop-in sessions
- Weekend drop-in sessions
- As and when appointments
- Full GUM service in sauna with level 3 provider
- Pop-up sessions in, and supported by, local LGB&T* venues/events
- Support by an assertive outreach programme
- We would also want to work with level three providers to offer a full GUM pop up clinic at key events e.g. Leeds LGB&T* Pride.

Our ambition for expanding the tests we offer is based on service user feedback, overcoming barriers to access, and the effective use of proven technology. In addition to the tests we currently offer we want to introduce:

- Self-taken swabs of extra-genital sites to screen for Chlamydia and Gonorrhoea
- IV blood sampling for Syphilis, Herpes and Hepatitis B&C
- PEP starter packs from a range of community settings.

In the longer term, we would explore with our level three partners and service users how this service might be used in HIV care management.

Self-taken swabbing for rectal/pharyngeal Chlamydia and Gonorrhoea is acceptable and studies have shown that MSM are able to collect self-taken rectal and pharyngeal swabs that are comparable to those taken by health care professionals.¹ Yorkshire MESMAC would like to offer self-taken swabbing to service users to do either at home and/or in our testing sites. Health Protection Agency figures in MSM diagnosed with Gonorrhoea in 2011 state that out of 7,500 diagnoses, 20% of cases had rectal infection (likely under-reported) and 19% were pharyngeal-only². Increased testing of extra-genital sites (especially rectal) will enable Yorkshire MESMAC to reduce onwards transmission of Gonorrhoea and Chlamydia, increase LGV detection rates

¹ Self-taken pharyngeal and rectal swabs are appropriate for the detection of Chlamydia trachomatis and Neisseria gonorrhoeae in asymptomatic men who have sex with men. Alexander S, Ison C, Parry J, Llewellyn C, Wayal S, Richardson D, Phillips A, Smith H, Fisher M; Brighton Home Sampling Kits Steering Group. November 2008 <http://www.ncbi.nlm.nih.gov/pubmed/19028953>

Evaluation of Self-Collected Versus Clinician-Collected Swabs for the Detection of Chlamydia trachomatis and Neisseria gonorrhoeae Pharyngeal Infection among Men Who Have Sex with Men. Alexandra H. Freeman, BA, Kyle T. Bernstein, PhD, Robert P. Kohn, MPH, Susan Philip, MD, MPH, Leah M. Rauch, PHM, and Jeffrey D. Klausner, MD, MPH. November 2011 http://www.sfcityclinic.org/providers/FreemanAH_EvaluationSwabs.pdf

² Gonorrhoea figures for 2011, Health Protection Agency, Gwenda Hughes, HIV & STI Department, HPS – Colindale, 26 September 2012 http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317136485598

as the dominant site of infection in men is rectal³, and identify MSM most likely to acquire HIV in the near future⁴ for further support.

Working with level three partners, Yorkshire MESMAC has the goal of offering screening for BBVs such as Syphilis and Hepatitis B and C in addition to HIV. Staff have been trained in phlebotomy in anticipation of this service being developed.

Yorkshire MESMAC staff taking IV blood samples will be able to contribute to: reduced time between infection and diagnosis of HIV, greatly expand the range of tests for MSM and reduce the risk of both acquisition and transmission of HIV as a result of having an untreated STI by a factor of up to two- to three-fold⁵. Service users are more likely to take up the offer of a full blood and swab screening service if it is in a location that is convenient to them and is MSM targeted; the Steam Complex Sauna sexual health clinic offering a full HIV/STI screen has accessed MSM who will not use conventional GU services because they are unwilling to disclose homosexually high risk sexual activity and are concerned about their confidentiality being breached if seen by the general public accessing conventional GU services.

Yorkshire MESMAC aims to be able to offer full blood and a comprehensive screening programme to our service users in saunas and other venues because we know that we will be able to deliver best value and flexible interventions with excellent standards of care. This will fit in with the Select Committee's report on HIV and AIDS in the United Kingdom – 'No vaccine, no cure: HIV and AIDS in the United Kingdom' and the NICE guidelines, to increase the uptake of HIV testing in men who have sex with men⁶.

In addition to screening for HIV/STIs through IV blood samples, we can see a real benefit to offering viral load and CD4 count tests to HIV+ MSM. Being able to offer a simple, free, and fast means of service users monitoring their viral loads/CD4 counts will help with their health goals of achieving and maintaining their undetectable status and reducing higher infectivity. The Swiss Statement⁷ is becoming widely known amongst the HIV positive MSM communities as well as the HIV negative MSM communities; this is having an impact on MSM sero-sorting on HIV status and/or viral load sorting on detectability. HIV positive MSM may not always be using their information from the GU about their undetectable viral loads correctly as this can change between their routine appointments, and think that they are still undetectable whilst they are not and are having unprotected sex in the meantime.

During community testing, Yorkshire MESMAC encounters high risk MSM who could potentially benefit from PEP. While staff encourage MSM to present for PEP and assist in making referrals for this purpose, many MSM may not present in time, report an inability to access PEP fast enough and barriers to care around confidentiality, i.e. PEP presentation will go on the service user's general medical record. Ideally Yorkshire MESMAC would like the ability to offer three or five day PEP starter packs linked with HIV POCT/IV blood sampling to reduce the time and barriers to accessing PEP for our service users. We envisage using a PGD to act as 'a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment'. A PGD will allow for a named, regulated health professional such as a registered nurse to supply and/or administer a named medicine to anyone who fulfils a pre-determined set of criteria described in the PGD, without the need for a

³ LGV (lymphogranuloma venereum), Michael Carter, Selina Corkery. 22 October 2013
<http://www.aidsmap.com/LGV-lymphogranuloma-venereum/page/1197604/>

⁴ Gay men diagnosed with a rectal STI have a very high risk of subsequent infection with HIV, Aidsmap, Michael Carter, 23 July 2013. <http://www.aidsmap.com/Gay-men-diagnosed-with-a-rectal-STI-have-a-very-high-risk-of-subsequent-infection-with-HIV/page/2709630/>

⁵ Sexually transmitted infections (STIs) Fact sheet N°110, World Health Organisation, May 2013
<http://www.who.int/mediacentre/factsheets/fs110/en/>

⁶ Increasing the uptake of HIV testing among men who have sex with men, NICE, March 2011
<http://publications.nice.org.uk/increasing-the-uptake-of-hiv-testing-among-men-who-have-sex-with-men-ph34>

⁷ The Swiss Statement, Aidsmap, accessed: 01 November 2013 <http://www.aidsmap.com/page/1322904>

specific prescription for a specific patient. Currently there is guidance on PGDs for non-NHS sectors⁸ and Yorkshire MESMAC would like to explore this further.

Increasing the number of sites that Yorkshire MESMAC can provide community testing from is a key part of reducing the barriers for MSM to testing for HIV/STIs. Yorkshire MESMAC will hold a series of testing events and pilot drop-in sessions in a variety of locations where high risk MSM can access HIV/STI testing. Yorkshire MESMAC aims to double our current testing sessions to 100 sessions provided a year using venues such as LGB&T* bars, universities, colleges, community venues and linking in with existing social groups/forums to deliver this goal.

PPI activity undertaken by Public Health Leeds suggests that MSM did not like waiting in clinical environments. Equally we want to ensure that the right people get the right service at the right time. Further, we want to ensure that resources are invested in the most effective way. With this in mind, we want to work with the level 3 providers to develop the 3Q concept for MSM in Leeds.

Quickie with MESMAC (MESMAC offices, sauna, LGB&T* venues/events/groups)

- HIV POCT
- Urine and Self Swab GC, Chlamydia
- Bloods for Syphilis, Herpes and GC
- PEP starter packs
- Referral to level 2&3 providers and external services

Queeries (online, telephone)

- Online self-assessment tools
- Online ordering of tests
- Online ordering of condoms, lube
- Live online and telephone enquiries and triage
- Could possibly be diagnosis via video hook up to virtual clinics or MESMAC quickies
- Referral to all levels and external services

Queue (Level 3 provider venues)

- Walk-in sessions at level 3 providers
- Full sexual health screen
- Partner notification
- Referral to all levels and external services

⁸ Patient Group Directions in the private, prison and police sectors, Medicines & Healthcare Products Regulatory Agency, accessed: 01 November 2013
<http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingandsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/PatientGroupDirectionsinthepriatesector/index.htm>