

(Name and address removed)

10/02/2026

Dear (name removed)

Our Response to your Freedom of Information Request: FOI 25681

Thank you for your email received on 14 January 2026.

As previously mentioned, we would respond to your email as an FOI request. I have listed each question you have asked separately below with a response.

Before addressing your specific questions, we wish to clarify that all commissioning and procurement decisions were made in accordance with the law and with the sole aim of providing the best possible service based on local needs and evidence. There was no ideological agenda (such as the “privatisation” of services) driving these decisions.

Questions:

- 1) Why wasn't Newcastle Hospitals enabled to start a digital service alongside their excellent Face-to-Face service, rather than splitting the service into 2 separate arms, both of which were handed over to private companies? We understand that Newcastle Hospitals had developed a better test kit for posting out to those who wanted to be screened but did not want to attend a clinic.**

Response: Newcastle Hospitals was not prevented from delivering a digital service. During the procurement process for the integrated sexual health service, Newcastle Hospitals had the opportunity to bid for both the face-to-face clinical service and the digital service elements.

The Council structured the tender so that bidders could offer to run the clinical (in-person) service, the digital testing service, or both together as an integrated provision. Newcastle Hospitals chose not to submit a bid for the digital service contract (nor for the combined service) when the service was put out to tender.

Ultimately, the contracts were awarded to external providers (one for the clinical service and one for the digital home-testing service) simply because those were the bidders who came forward and met the requirements; this was not a predetermined outcome. We acknowledge that Newcastle Hospitals had developed a model for mailing out test kits, and they were free to propose that as part of a bid, but they opted not to participate in the tender for the digital component.

2) Can you explain why it took so long to terminate the contract with S4H, and was the Health Scrutiny Committee advised of the problems?

Response: The timeline for ending the contract with Solutions 4 Health was dictated by both contractual obligations and the need to follow due legal process. Throughout 2025, concerns about S4H's service were addressed via formal contract management steps.

Following quality inspections in summer 2025 (including an inspection by the Care Quality Commission in July 2025), it became clear that improvements were not sufficient, and discussions began to mutually exit the contract. The Council considered that reaching an agreement with S4H to mutually terminate the agreement with an orderly handover to a replacement provider was a better option for staff patients and other stakeholders, rather than an immediate unilateral termination of the contract by the Council, as the mutual exit with a handover period would ensure service continuity while transitioning to a new provider and minimise disruption to staff and patients of the service.

The process inevitably took some time because it involved negotiations and complex logistical discussions regarding the orderly handover of the service to the replacement provider.

Regarding the Health Scrutiny Committee: yes, the Scrutiny Committee was kept aware that there were performance concerns with the sexual health service. The committee had been advised through regular reporting that the service was under close monitoring.

3) What work is being done to reconsider the commissioning process, which was supposedly “shaped by local needs, evidence, and engagement”, and which was meant “to balance service delivery across both clinical and digital platforms”? Apart from the ideology of privatisation what was the evidence that underpinned this approach?

Response:

Once the handover from S4H to the replacement provider has been finalised, the Council intends to reflect on the procurement and subsequent management of the contract. We will also consider whether there are any necessary changes that need to be made in how we commission such services going forward to ensure the Council continues to comply with best practice.

With respect to how the original commissioning was shaped: the approach was absolutely based on local needs, evidence, and engagement rather than any ideology. Prior to procuring the new service model, the Council carried out extensive engagement with local residents and service users. In 2022, a public consultation was conducted via the “Let’s Talk Newcastle” platform to gather views on sexual health service needs and preferences in the city (<https://www.letstalknewcastle.co.uk/consultations/373/participate>).

In addition, a comprehensive Sexual Health Needs Assessment (2023) was produced by the Public Health team, using local health data, evidence of best practice, and feedback from stakeholders (<https://newcastle.gov.uk/sites/default/files/FINAL%20SHNA%202023.pdf>). This needs

assessment identified a clear demand for improved access to services, including the convenience of digital options alongside traditional clinic-based care.

The evidence from these sources underpinned the decision to design the service with two complementary arms: a face-to-face clinical service and a digitised testing service. The goal was to “balance service delivery across both clinical and digital platforms”, meaning we wanted to maintain strong clinic-based provision for those who need in-person consultation or treatment, while also making screening and advice more accessible to people who might not come to a clinic (through an online service for ordering home test kits, information, etc.).

This approach was not driven by any ideological desire, including privatisation; it was strictly driven by the procurement guidelines and legal processes that had to be followed, along with what residents told us and what the data showed.

For example, many young people and others indicated they would use an online testing service for convenience and privacy. The popularity of the digital testing service has validated this evidence. This demonstrates that a substantial number of individuals, who might not have otherwise been tested, engaged with the service via the digital route.

Meanwhile, the clinical arm of the service continued to provide essential face-to-face clinics, including specialist drop-in sessions for young people and LGBTQ+ clinics, as well as “express” clinics. These service elements were specifically included in the model as a result of the consultation feedback (for instance, young people wanted dedicated clinic times and easier testing options).

NHS bodies were free to submit tenders for both arms of the service at the time, but none did so.

4) How much money has been wasted through this privatisation exercise undertaken by the Council, and what has been the impact on clients?

Response:

First, in terms of financial cost: The contract with Solutions 4 Health (for the clinic-based service) was valued at £3,697,920 per year, plus a mobilisation fee of £500k. This was similar to the previous contract with NUTH valued at £3,770,981 per annum. The funds were used to deliver sexual health services in Newcastle, covering staffing, testing, and treatment. It is difficult to characterise this as “wasted” money, because these funds did contribute to public health services that were available to residents throughout the contract period.

With regard to the impact on clients: We acknowledge that there were challenges for service users during the tenure of S4H. In the latter part of the contract, clinic staffing shortages and other issues meant some people experienced delays in accessing face-to-face appointments or had to be referred to alternative providers. This was far from ideal, and we regret any difficulty or distress caused to residents who could not be seen promptly in Newcastle. To mitigate this, the Council and NHS ensured that anyone who needed urgent care (for example, for HIV post-exposure prophylaxis or treatment for an acute sexually transmitted infection) was signposted to appropriate alternative services immediately.

On the positive side, residents continued to access free postal STI testing at scale, with over 10,000 tests completed each year through the digital service provided by Preventx. Thus we made the service more accessible for a large number of our residents. There

were also no identifiable adverse health impacts during this period, with no spikes in STI rates or unintended pregnancies linked to the service difficulties.

5) How many expert staff moved on or were lost to the NHS over the past 2 years?

Response: We do not have exact information on the subsequent employment destinations of staff. However, we can provide information on staffing changes during the contract period. Between October 2023 and October 2025, staffing levels reduced by approximately five. Despite recruitment efforts, a number of posts remained difficult to fill, which contributed to the service challenges. Unfortunately, we do not hold data on how many of the staff who left during S4H's management of the service took up roles in the NHS elsewhere, but it is reasonable to assume some moved on to other NHS positions given their expertise.

6) How much has it cost the Council to take back the Sexual Health Service from the private contractor, and what has been the cost for clients who have sought help out of area due to the lack of local availability?

Response: The process of transitioning the service back from S4H to an NHS provider is still ongoing in terms of final financial reconciliation. As such, we cannot yet provide a final figure for any exit or transition costs.

Further, the terms mutual exit agreement between S4H and the Council are confidential and both parties are subject to contractual confidentiality obligations. To the extent the council is permitted to do so, any settlement or transition costs will be reported in due course through the Council's normal financial reporting channels.

Regarding the cost for clients who sought help out of area: When Newcastle residents use sexual health services in other local authority areas (for example, if someone went to a clinic in North Tyneside or Gateshead because of issues getting seen in Newcastle), the treating authority will charge Newcastle City Council for that service under inter-authority payment arrangements. We have data on these "out of area" costs. Between October 2023 and 27 September 2025, Newcastle City Council received invoices totalling £1,035,721.96 for sexual health services provided to our residents by other areas. Please note that some invoices received in that period may relate to treatments that actually took place before October 2023 (due to billing cycles), but this is the amount we were billed during that two-year window.

This out-of-area expenditure is a normal part of how sexual health services operate (even in good times, some residents choose to attend services outside their home authority for convenience or preference, and councils reimburse each other for those cross-border attendances). It is also important to note that this figure does not necessarily represent "additional" cost due to the contract issues; to some extent, there are always out-of-area costs. However, it is likely that the difficulties with the local service in 2024/25 led to an increase in residents going elsewhere, thus increasing those costs somewhat. We are analysing these patterns as part of our service review.

7) Is there any record of the consequences of the failed service? How many patients will have had unintended pregnancies or terminations of pregnancies, sexually transmitted diseases, or undiagnosed illnesses, e.g., missed cancers of the reproductive organs? How much has been spent on helping those clients?

Response: The Council does not hold specific records that directly link the sexual health service's performance to individual outcomes such as unintended pregnancies, terminations, undiagnosed illnesses, or missed diagnoses of serious conditions.

It's important to clarify that sexual health outcomes (rates of STIs or unplanned pregnancies) are influenced by many factors and are monitored at a population level by various means (for example, Public Health England, now the UK Health Security Agency, collects data on STI rates and local authorities monitor under-18 conception rates, etc.). Any changes in these indicators can rarely be attributed to a single cause in the short term.

We have not seen any evidence of a sudden or unusual increase in such adverse outcomes in Newcastle that could be attributed to the period when the service was underperforming. For instance, the rates of new STI diagnoses and under-18 pregnancy rates in Newcastle for 2024 did not show a significant spike outside of expected trends. Likewise, diagnoses of reproductive-organ cancers (like cervical cancer) are primarily detected through national screening programmes and GP referrals, and there's no indication of a change in detection rates linked to the sexual health service issues.

Because we cannot identify specific individuals whose health was harmed as a direct result of the service difficulties, we also cannot quantify an amount "spent on helping those clients." Anyone who needed care, whether it was for an STI, a contraceptive issue, or something like HIV treatment, would have received it through the NHS, either at our service or via an alternative clinic or hospital. Those costs would be part of the normal NHS operational budgets and not separately tallied as a consequence of the contract.

8) We would like to know whether there was a breach of contract and what measures are possible to recoup money that was being paid for an inadequate service.

Response: The issues with the service were addressed through the contract's performance management mechanisms, and ultimately the contract with S4H was terminated by mutual agreement, as both parties agreed it was in the best interest to end the agreement early and transfer the service to a different provider. This approach focused on swiftly improving the service for residents (by enabling a handover to a new provider).

The terms mutual exit agreement between S4H and the Council are confidential and both parties are subject to contractual confidentiality obligations. The Council is therefore unable to comment further on this question.

9) What oversight is being undertaken to ensure that the privatised digital service, Preventx, continues to perform well and help improve access and outcomes across the city? How is this service being monitored, or do we have to wait for another CHQ inspection to find out?

Response: The digital service provided by Preventx) is subject to robust ongoing oversight by the Public Health team. We do not rely on infrequent inspections alone; instead, we have a monitoring regimen in place:

Regular Performance Meetings: Commissioners hold quarterly meetings with Preventx management. In these meetings, we review detailed performance reports, including data on KPIs such as the number of test kits ordered and returned, turnaround times for results, positivity rates, patient feedback, and any complaints or incidents. Preventx has

been consistently transparent and responsive during these reviews, sharing full data and cooperating on any improvements.

Key Performance Indicators: The contract with Preventx includes specified KPIs and quality standards. To date, Preventx has met all its KPIs. For example, the timeliness of sending out kits and providing results meets the standards, and user satisfaction measures have been positive. We also track outcomes such as the proportion of positive tests that are followed up appropriately. Newcastle data: (<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000035/pat/6/ati/502/are/E08000021/iid/91307/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>).

Feedback and Engagement: We have also engaged with service users to gather feedback on the digital service. The feedback has been overwhelmingly positive, particularly among young people who were instrumental in shaping the service model. Many users appreciate the convenience and privacy of the home testing system. The strong usage speak to its acceptance and reach.

Integration with Clinical Services: Another aspect of oversight is ensuring that the digital service is well-integrated with the clinic-based services. If a resident has a complex issue or tests positive and needs in-person care, Preventx coordinates with the local clinic provider to hand over that individual for treatment seamlessly. This coordination is monitored and has been working effectively.

10) Did S4H and does Preventx have a suitable qualified contract tracer and how does this work, bearing in mind your responsibility for the provision of safe and comprehensive contact tracing?

Response: Yes, both providers have had suitably qualified staff for contact tracing (also known as partner notification in sexual health services). During S4H's contract running the clinical service, they employed a team that included experienced health advisors whose role encompassed contact tracing for STIs. These staff members are typically trained in sexual health advising and partner notification, often coming from a nursing or health advisor background. Their job was to ensure that when a patient was diagnosed with an infection like syphilis, HIV, chlamydia, or gonorrhoea, any partners who might have been exposed were confidentially informed and offered testing and treatment, in line with national guidelines for partner notification.

Preventx, as the digital service provider, also has contact tracing in place. While Preventx's primary function is to provide home testing kits and results, they do collaborate with the clinical services for contact tracing. If an individual tests positive through the Preventx system, that person is given appropriate advice and support to notify partners. In practice, Preventx's clinical team (which includes nurses or health advisors) reaches out to the individual to either undertake the partner notification directly or, with consent, facilitates referral to local health advisors who can carry it out. The Council's contract stipulates the requirement for effective partner notification, and we monitor this through our contract management.

If you are unhappy with our response to your request, you can ask for an internal review of our decision. Please send details of your request for review to the following address:

Freedom of Information
Newcastle City Council
Civic Centre
Newcastle upon Tyne

NE1 8QH

Phone: 0191 211 6500

Email: freedomofinformation@newcastle.gov.uk

If you are still unhappy with how we have handled your request following our internal review you can complain to the Information Commissioner. Contact details are as follows:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Phone: 0303 123 1113

Email: mail@ico.gsi.gov.uk

Yours sincerely,

Alice Wiseman

Director of Public Health

Newcastle City Council