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**Report To:** Inverclyde Integration Joint Board      **Date:** 28 January 2020

**Report By:** Rhoda Macleod - Head of Adult Services (Sexual Health, Prison & Police Custody Health Care)      **Report No:** IJB/12/2020/RM

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**Subject:** **TRANSFORMATIONAL CHANGE PROGRAMME SEXUAL HEALTH SERVICES IMPLEMENTATION PLAN (UPDATE)**

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to inform the Integration Joint Board of the service changes and implications for Inverclyde of the above Transformational Change Programme

## **2.0 SUMMARY**

- 2.1 As part of the Transformational Change Programme for Sexual Health services, a new service model is proposed which will provide services in a tiered way with routine, scheduled and unscheduled, urgent and complex, and highly specialist services being provided in the tiers. The current Inverclyde sexual health service will be developed into a tier 1 service providing routine scheduled and emergency on 2 full days each week with enhanced staffing levels and increased service provision. This service will improve access to routine sexual and reproductive health care and will have clear pathways to specialist and consultant support as required. The new tier 1 model of service will be established in the current location in Greenock Health Centre. A young people evening service will be provided from a suitable location, to be agreed with our HSCP partners.
- 2.2 The proposed changes outlined in this paper will be implemented throughout 2020, and the developments in Inverclyde will be put in place by September 2020.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the IJB notes the proposed timescale for implementation of the service changes as part of the new service model.

## 4.0 BACKGROUND

4.1 The plan for the next 3 years to remodel sexual health services in Greater Glasgow and Clyde (GGC) is set out in the Transformational Change Programme – Sexual Health Services (March 2018) which has been endorsed through engagement with our partners and with the public, and was approved by Glasgow City Integrated Joint Board (IJB) in March 2018.

The objectives of the Transformational Change Service Review were to:

- Improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skill mix, localities and patient pathways.
- Encourage those who could be self-managing to be supported differently.
- Ensure that Sandyford services are accessible and targeting the most vulnerable groups.

4.2 Key service improvements which will be delivered as a result of the Service Review are:

- Access to service for young people aged up to 18 will be improved with new and more service locations established for them, including early evening and a Saturday afternoon service, resulting in better outcomes for young people.
- An improved model of service for adults allowing more appointments to be offered across fewer service locations, more people able to be seen each year, and to have more of their needs met in ways that better suit them and by the right staff at the right time.
- People will be able to virtually attend services and access sexually transmitted infection (STI) testing.
- Improved access to long acting and reversible methods of contraception (LARC) by providing these appointments at all Sandyford locations.
- Improved access to oral hormonal contraception at some community pharmacies throughout Glasgow.
- Access to sexual health services will be improved by expanding the provision of Test Express services (fast access testing service provided by Health Care Support Workers for people without symptoms) across all Sandyford locations.
- Quicker and easier telephone booking and access, and a comprehensive online booking system introduced.

4.3 A full and detailed paper on the Transformational Change Programme – Sexual Health Services Implementation Plan was presented to Glasgow City IJB in November 2019 for approval. The full report can be viewed [here](#)

4.4 Future Service Model

The Transformational Change Programme has recommended that the future service model should comprise of 3 tiers of service provision for clients who need to see specialist sexual health services:

- **Tier 3** - one specialist service which will deliver routine scheduled, emergency and urgent/undifferentiated care, and all specialist services; located in Glasgow city centre / North West
- **Tier 2** – four larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care; located in Renfrewshire and Glasgow North West, Glasgow South and Glasgow North East. The South and North East services will also integrate tier 1 services to establish a more comprehensive service provision including evenings.

- **Tier 1** - smaller, local services which will offer routine scheduled and emergency care, located in Inverclyde, East Renfrewshire, West Dunbartonshire, East Dunbartonshire and Glasgow City.
- **Young people's services** for those aged up to 18 (and older if care experienced) will be improved to allow easier access to services designed for and with them, and better outcomes for those young people. We will provide routine and emergency care in early evening sessions for young people across all HSCP areas, and will work in partnership to develop these. Over time some of these services may be delivered by appropriately trained staff from within the HSCPs.
- **Online services** will support people with simpler and more straightforward clinical needs to navigate access to the services they need in a timely manner. People who ordinarily use Sandyford services for routine STI tests and oral contraception will be able to access this online as a fully integrated service to ensure a seamless and fast-tracked pathway for people who need treatment and/or follow up. This online service will be established initially as a demonstration project for people living in East Renfrewshire and East Dunbartonshire as well as in Castlemilk, Drumchapel, Springburn, Pollok and Easterhouse. Testing the service in these areas for 12 months will also allow further assessment of the physical service provision in other areas.
- **Pharmacy Contraception provision.** We are working with colleagues and will initially establish and test 7 day a week delivery of oral hormonal contraception in sites across Glasgow, East Renfrewshire and East Dunbartonshire.

#### 4.5 Changes to services in Inverclyde.

The current service in Inverclyde is provided over 3 days from the clinic in Greenock Health Centre. This service will be developed into a tier 1 service, providing routine scheduled and emergency on 2 full days each week, with enhanced and increased nursing staffing levels. In line with the development of a tier 3 service in Glasgow with the centralisation of all specialist services, there will be no medical staff providing clinics in Inverclyde. The new service will have Advanced Nurse Practitioner leadership, and access to senior clinical decision making and support and specialist advice from the tier 3 service.

An evening service for Young People will be provided from a suitable and accessible location, to be agreed with HSCP partners.

The proposed changes outlined in this paper will be implemented throughout 2020, and the developments in Inverclyde will be put in place by September 2020

#### 4.6 **ENGAGEMENT AND PARTNERSHIP WORKING**

- 4.6.1 We have engaged with Inverclyde HSCP about the service changes in the local area and have met to discuss the specific service model and the development of the current service into a tier 1 service with increased service provision and enhanced staffing.

4.6.2 Development of the Implementation Plan for the Transformational Change Service Review has had multi-partner and multi-agency involvement. The Staff Partnership Forum has been represented on the Implementation Board and Sandyford staff have been involved and informed. We have engaged in discussions with partners in all HSCPs in GGC in order to agree the number and locations of future tier 1 and tier 2 services. These discussions are ongoing and in some cases will continue throughout the life of this Implementation Plan to determine the exact shape of the future Sexual Health service. We will continue to engage with staff through the Staff Reference Group which was established as part of the Service Review implementation phase. This acts as a forum for the exchange and development of ideas, views and concerns, to enable staff to discuss the emerging Implementation Plan, and to test out the implications of service change proposals for staff.

4.6.3 A public engagement process was undertaken between 5th August and 13<sup>th</sup> September 2019. We worked with Glasgow City HSCP and the Scottish Health Council to develop the public engagement in order to gather views on our proposals from a wide range of stakeholders including service users, members of the public, partner organisations, staff, and other interested parties. The engagement process included the following:

- A summary document outlining the proposals was available as a pdf online on the HSCP and sexual health websites and via Sandyford Twitter, and printed copies were available in all Sandyford services (1500 printed).
- A short animation was developed, highlighting the proposals of the summary document in a more accessible format.
- Feedback was sought via a short online survey and also available in paper copies with prepaid envelopes to support returns.
- Electronic copies of the summary were emailed to 3000 Sandyford service users, 180 voluntary sector and community groups, NHS and partner organisations, and to Sandyford staff.
- Face to face briefing meetings were held with local groups and forums on request.

4.6.4 Conclusions of the Engagement

- There was a good level of engagement with the online survey from the public, staff and other professionals.
- Most respondents were positive about the proposed service changes with the public viewing the overall proposals more positively than staff.
- Measures to facilitate faster and easier access to the service were well received and many reported frustrations at the current service access barriers.
- There is a high level of support for some of the innovative approaches and service provision elements.
- The online booking facility is more important to public whilst still rating high for staff and others.
- There is some concern about people needing to travel further to access service especially from staff in a range of services. Alongside this sits concern about relocating services from some of the areas in Glasgow City, especially from areas of deprivation.
- There was a good level of engagement with young people in a separate survey.
- 91% of respondents (YP) said the proposed opening times 3.30-7.30 pm were ok for them.
- Overall, the majority of respondents (YP) considered the proposed location of the young people's clinic, within their locality, to be acceptable.

The full engagement report can be viewed at <https://www.sandyford.org/about-us/sexual-health-services-developments/>

4.6.5 Further engagement and evaluation will take place throughout the life of the Implementation Plan and will focus on issues including:

- Service user confidence and satisfaction with new services.
- Staff/professional confidence and satisfaction with new ways of working.
- Primary Care and other Partners' confidence and satisfaction with new services.
- Equity.
- A shift of non-complex work away from most senior specialist clinicians.
- Impacts on the wider healthcare system.
- Any emerging issues which could be addressed in the short term and/or any major issues or risks which may impact on long-term implementation..

## 5.0 IMPLICATIONS

### FINANCE

5.1 There are no financial implications for Inverclyde HSCP.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

### LEGAL

5.2 There are no specific legal implications arising from this report

### HUMAN RESOURCES

5.3 There are no specific human resources implications for Inverclyde HSCP arising from this report.

### EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

YES  
The EQIA can be viewed here [EQIA](#)

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The new service model will improve access to services in various ways. There will be more appointments available at the tier 1 Inverclyde service than currently; routes into specialist

	care will be clear and accessible, including information about who should go elsewhere and how to do this; people will be further supported to access care through an expansion of test-only services, quicker and easier telephone access, and comprehensive online booking.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The new service model will reduce discrimination through better access to information and services when and where people need these. There are no considered disproportionate barriers created by the move to a new service model or change of locations
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	Public consultation has taken place and was accessible online and hard copy. A consultation was carried out with young people who stated that previous opening hours were not suitable for their needs. A specific young person's service with later opening hours will be implemented and the young people's council will be consulted regarding the location.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Sandyford staff undertake equality and diversity statutory training.
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	There will be increased staff awareness and training in Routine Sensitive Enquiry to identify gender based violence.
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	The HSCP have undertaken sessions for the New Scots community on using a range of services and specific health related sessions including men's and women's health topics.

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications for Inverclyde HSCP arising from this report.

## 5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

This report supports ongoing commitment to all 9 national health and wellbeing outcomes.

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The transformational programme is designed to ensure people can access improved health information and improved sexual health services in a variety of ways.

People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	There will be improved health information and improved sexual health services for all.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Experience of service users will continue to be recorded and should be monitored following service changes.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Improved health information and improved sexual health services will directly contribute to improved quality of life for service users.
Health and social care services contribute to reducing health inequalities.	Unlike in Glasgow, people from Greenock are less likely to travel to access Sandyford services. During 2018, 67% of people who attended the service in Greenock came from the local area. Sandyford data showed that 16% of those from Greenock travelled to Sandyford Central and 8% to the Paisley clinic, and whilst there are good public transport routes to both services this should be kept under review.
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Longer opening hours across the 2 days should offer greater flexibility to those who are carers.
People using health and social care services are safe from harm.	There is a comprehensive plan in place to ensure staff are appropriately skilled to carry out new roles within the service.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Sandyford are utilising a number of ways of communicating and engaging with staff during the service transformation. There is a Staff Reference group established as part of the service review and staff are part of this group.
Resources are used effectively in the provision of health and social care services.	An improved model of service allowing more appointments to be offered across fewer service locations, more

	people able to be seen each year, and to have more of their needs met in ways that better suit them and by the right staff at the right time.
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## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 As per section 4.6

## 8.0 BACKGROUND PAPERS

8.1 None.