



# Item No: 7

Meeting Date: Wednesday 20<sup>th</sup> November 2019

## Glasgow City Integration Joint Board

**Report By:** Jackie Kerr, Assistant Chief Officer, Adult Services and North West

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<b>TRANSFORMATIONAL CHANGE PROGRAMME – SEXUAL HEALTH SERVICES IMPLEMENTATION PLAN</b>
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<b>Purpose of Report:</b>	To seek IJB approval for the Implementation Plan and timetable set out in this sexual health services transformational change programme, including financial framework, and service locations.
<b>Background/Engagement:</b>	The Implementation Board overseeing the development of this Implementation Plan has included representation from all GGC HSCPs, NHSGGC, staff-side and professional body representation. The change proposals contained in the Implementation Plan have been informed by commissioned engagement work with young people, and have involved sexual health staff throughout their development. A public engagement process was undertaken on these proposals with a wide range of people including service users, members of the public, partners, staff, organisations that we work with and other interested stakeholders between 5 <sup>th</sup> August and 13 <sup>th</sup> September 2019. Details set out in section 11.
<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) Approve the new service model proposals contained in this report; and b) Note the proposed timescale for implementation of the new service model (section 12).

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**Relevance to Integration Joint Board Strategic Plan:**

Consistent with Partnership key priorities (p23-24) and Sexual Health priorities (p30).  
<https://glasgowcity.hscp.scot/sites/default/files/publications/Glasgow>

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	All 9 national health and wellbeing outcomes
<b>Personnel:</b>	Workforce implications are set out in section 8.
<b>Carers:</b>	None
<b>Provider Organisations:</b>	None
<b>Equalities:</b>	In developing this new service model we will aim to ensure services are equalities sensitive and targeted appropriately. In line with policy, an assessment of the impact of any service changes on protected characteristic groups has been carried out as part of this Implementation Plan ( <a href="https://glasgowcity.hscp.scot/publication/eqia-sexual-health-services">https://glasgowcity.hscp.scot/publication/eqia-sexual-health-services</a> ). Specific work looking at transport and public transport routes to the proposed locations for future services has also been carried out as part of the EQIA process.
<b>Fairer Scotland Compliance:</b>	The proposals outlined in this report will contribute to the alleviation of the impact of socio-economic disadvantage experienced by members of the public in the city.
<b>Financial:</b>	Financial implications are set out in section 10.
<b>Legal:</b>	None
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	Development and implementation of the recommendations will improve the longer term sustainability of services
<b>Sustainable Procurement and Article 19:</b>	None

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<b>Risk Implications:</b>	Risk implications are detailed in section 14.
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<b>Implications for Glasgow City Council:</b>	GCC will wish to be assured that the recommendations arising from implementation of the review continue to make a significant contribution to improving the public health of its population.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	NHSGGC will wish to be assured that the recommendations arising from implementation of the review continue to make a significant contribution to improving the public health of its population.
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<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

**1. Purpose**

- 1.1 To seek IJB approval for the Implementation Plan and proposed timetable set out in this sexual health services transformational change programme, including financial framework, and service locations.

**2. Background**

- 2.1 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 Integration Joint Board (IJB) in [March 2018](#).

- 2.2 The Sexual Health Strategic Plan (2017-2020) vision is **that the population enjoys good and positive sexual health and wellbeing. Where people need support, care or treatment they can easily access specialist sexual health services.**  
**Our focus will be on prevention of poor sexual health, early intervention and supported self-management.**

- 2.3 The objectives of the Sexual Health Services Review are 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.

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- 2.4 The Transformational Change Programme has been developed in parallel with NHS Greater Glasgow and Clyde's Moving Forward Together (MFT) programme and reinforces the principles set out in it. MFT has a focus on developing a tiered level of service delivery through the entire health and social care system across primary, community and social care as well as acute scheduled and unscheduled care, and the tiered sexual health model mirrors that.

Key service improvements to be delivered are:

- Access to services 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.

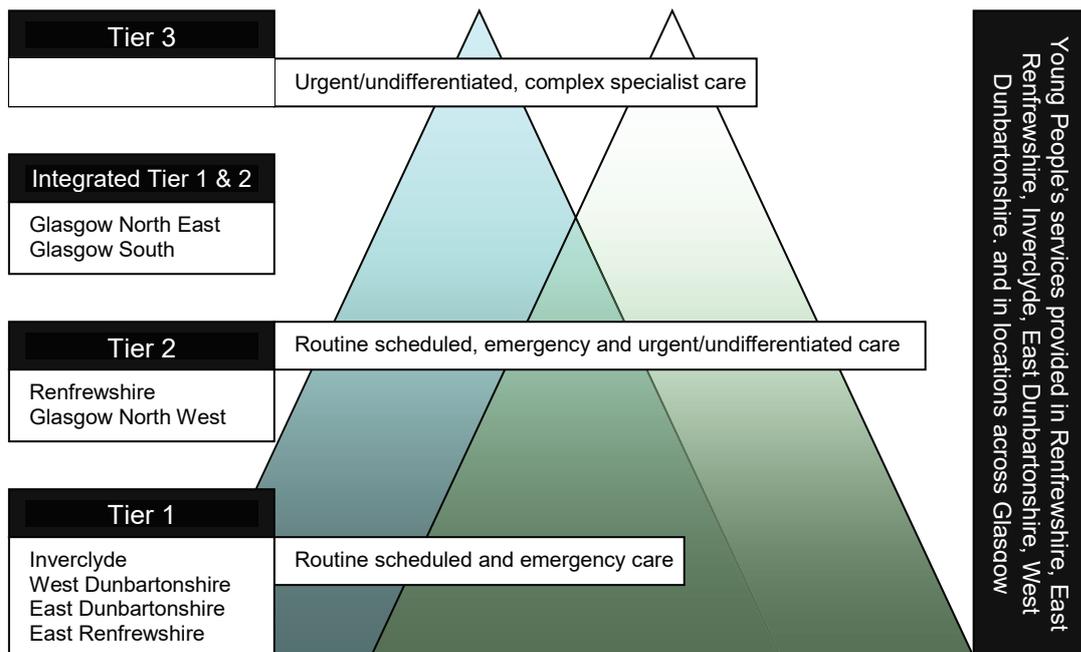
### 3. Scope

- 3.1 The service model agreed at the IJB in March 2018 focussed on core sexual and reproductive health clinical services. The financial framework for the service review includes all Sandyford services except Archway and Gender Identity services. The review of Health Improvement has been completed, the Business Support service will be included in the Health and Social Care Partnership (HSCP) admin review, and the Counselling service review will be addressed over the next 2 years. Archway rape and sexual assault services are being developed regionally as part of the work coming from the National Task Force. The Gender Identity service is not a core sexual health service; it is developing with a national agenda, and is delivered under a separate financial framework.
- 3.2 This Service Review Implementation Plan sets out the service's delivery contribution to the Transformational Change Programme and sets out the proposed activities which will achieve service modernisation. It outlines the financial framework for the new model of service and the communication and engagement responsibilities. It also recognises the need for specific service proposal equality and human rights impact assessments to be undertaken to ensure any service change is compliant with the IJB and NHS GGC health board's legal duties in respect of their Public Sector Duty.

4. New Service Model

- 4.1 The Service Review recommendations included the development of a tiered level of service delivery which reflects the Moving Forward Together objective of **care delivery models which provide safe, effective and person centred care which maximises available resource, provides care in the most efficient and effective way, and makes the best use of innovation and the opportunities presented by new technology and the digital age.**
- 4.2 Sandyford is the lead provider of STI diagnosis and treatment in NHS GGC and is a significant provider of contraception, in particular LARC. Sandyford does not provide these services in isolation and alongside GPs providing contraception is a contributor to the whole Primary Care system. In recognition of this, we are committed to work together to try to maximise opportunities and benefits to the users of all our services.
- 4.3 The new service model will comprise of 3 tiers of service provision for people who need specialist sexual health care. Services will be developed according to this model; however they will also need to respond to local needs and priorities, including the demographics and specific health profile in each area.

Diagram 1 New Service Model



- 4.4 The new service model for adults will be delivered across fewer locations but will improve access to services, improve quality of the care journey, and allow people to access the right care and treatment with the right professional. The service is currently provided from 14 locations across GGC, 8 of these within Glasgow City HSCP area. The new model of service will see the core service provided from 10 locations. Over and above this there will be young people’s dedicated services provided in the early evenings from 9 locations as well as a city centre site on a Saturday afternoon. The reconfiguration of services and skill mix will increase the capacity of the service to provide care and treatment to more people. In total,

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capacity will increase by 9% from 176,000 appointments offered to 193,000 appointments offered; see appendix 1 for detail. The impact on the service user experience will be reviewed and evaluated as the service model is implemented.

- 4.5 **Sandyford Tier 1.** Services will provide routine scheduled and emergency care on 2 full days each week with enhanced staffing levels. These services will improve access to routine sexual and reproductive health care and will have clear pathways to specialist and consultant support as required. Tier 1 services will be provided differently in Glasgow city (see section 5 below).
- 4.6 **Sandyford Tier 2.** Services will provide routine scheduled, emergency and urgent care on 5 full days each week with enhanced staffing levels. These services will improve access to integrated sexual and reproductive health care, including routine and urgent care services, in 4 main sites each open on 5 days. Two of the sites will also have evening provision (see section 5 below). They will also provide a tier 1 service, with appropriately skilled staff and with senior clinical support and advice available in order to remove unnecessary delays for clients.
- 4.7 **Sandyford Tier 3.** Service will provide all specialist services as well as routine scheduled, emergency and urgent care on 5 full days each week. Some specialist services (counselling, TOPAR and SRP) will also be provided in evenings. This will be a responsive specialist service for people who present with complex clinical needs in a specialist hub with access to senior clinical decision making and support and specialist advice. Tier 1 services will be provided which will allow a focus to be maintained on staff training and development. There will be a focus on training undergraduate and postgraduate clinicians from a range of disciplines, as well as Public Health, research and training expertise. Service Management, clinical leadership, and governance for the whole service will be centralised here.
- 4.8 **Young people's services** will provide routine and emergency care on Saturday afternoon in the city centre and weekday early evenings from locations across GGC. Services for young people 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. In Glasgow city, we will work in partnership with the HSCP to establish sexual health services alongside the developing Youth Health Service model, and provide a Saturday afternoon service in Glasgow city centre (initially at Sandyford Central but moving to another location). We will provide early evening sessions for young people across all other 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 HSCPs.

## 5. Options Appraisal for Glasgow

- 5.1 An options appraisal was carried out to consider options for providing services in Glasgow differently, for several reasons:
- The population of Glasgow city experiences the majority of sexual ill health within Greater Glasgow & Clyde;

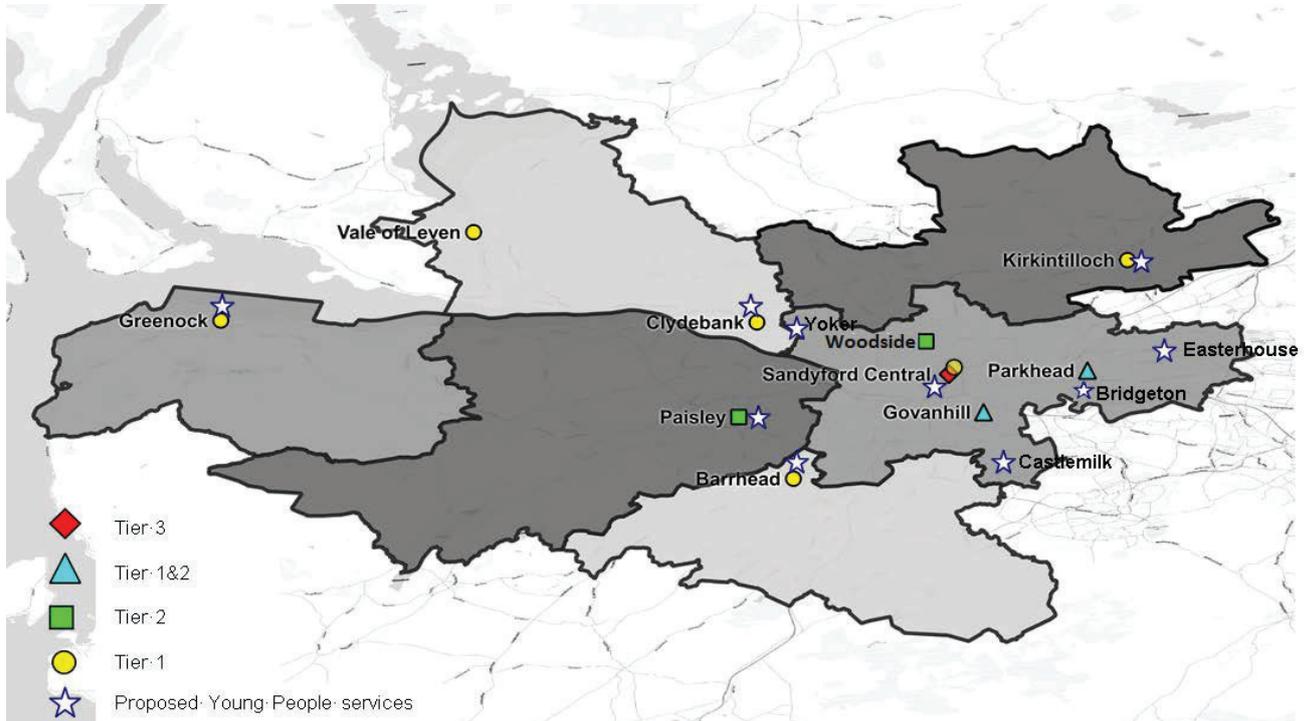
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- The city population is spread across many discreet communities and it would be inefficient to provide local tier 1 services equitably in all communities across the city;
- It has been increasingly difficult in recent years to deliver services effectively and consistently over the multiple sites across the whole of GGC.

5.2 Stakeholders and partners were brought together to appraise a set of options against the 6 NHS Quality dimensions (safe, effective, person centred, efficient, equitable and timely). Service users were not included specifically in this part of the process, however there was a public engagement process undertaken on the full set of proposals (see section 11 below). A preferred option emerged from this stakeholder event (see the full report at Appendix 2). This option will sit within the tiered model, but will integrate the tier 1 service with tier 2 service to establish a more comprehensive service provision. The tier 1 services which had been recommended for the North East and South areas will be integrated with the tier 2 services in these same areas, providing the full range of tier 1 and tier 2 services across the whole week. This will mean reconfiguring the resource allocated to these sites and spreading service provision into some early evenings (this is in contradiction to one of the key principles set out in section 4, but is to maximise accommodation at the locations). The tier 2 service in North West would go ahead as planned. This means a total of 3 sexual health service sites for adults in Glasgow city (in addition to Sandyford Central).

## 6. Boardwide Service Locations

Diagram 2 New Service Locations



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### 6.1 Glasgow

**South** – the integrated tier 1&2 service will be established in the current Govanhill location across 5 full days and 4 evenings each week. The current Castlemilk and Pollok services will close, and a Young People service will be established in Castlemilk.

**North East** – the integrated tier 1&2 service will be established in the current Parkhead location across 5 full days and 4 evenings each week. The current Easterhouse and Springburn services will close.

**North West** – the tier 2 service will be established in the new Woodside Health Centre across 5 full days and 4 evenings each week. The current Drumchapel service will close, and a Young People service will be established on a Saturday afternoon in Sandyford Central. We will work with partners to identify a city centre location for this service.

**Young people service** – in Glasgow, we will develop a plan to establish 4 dedicated young people services in areas of high teenage pregnancy. These need to be agreed to co-ordinate with the expansion of the HSCP Youth Health Service but are likely to be Castlemilk, Easterhouse, Parkhead and Yoker areas.

6.2 **Renfrewshire** – the new tier 2 model of service will be established in the current Paisley location. Young people service will be provided from a suitable location, to be agreed with our HSCP partners.

6.3 **East Dunbartonshire** – a transitional 1 day tier 1 service will be established in Kirkintilloch alongside the testing of online services for East Dunbartonshire residents (see 7.1 below). Young people service will be provided from a suitable location, to be agreed with our HSCP partners.

6.4 **East Renfrewshire** – a transitional 1 day tier 1 service will be established in Barrhead alongside the testing of online services for East Renfrewshire residents (see 7.1 below). Young people service will be provided from a suitable location, to be agreed with our HSCP partners.

6.5 **Inverclyde** – the new tier 1 model of service will be established in the current Greenock location. Young people service will be provided from a suitable location, to be agreed with our HSCP partners.

6.6 **West Dunbartonshire** – the tier 1 service will open in the current Vale of Leven location on a transitional basis until accommodation for part of the service can be found in Clydebank (the HSCP's preferred model is for a split site). Young people service will be provided from a suitable location, to be agreed with our HSCP partners.

## 7. Service Improvement and Development proposals

7.1 In order to take forward the recommendations of the Service Review, the Sexual Health service has developed a range of proposals and activities alongside or as part of the new service model which will mean increased provision of information,

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prevention and early intervention services; improved access to specialist sexual health care and treatment and appropriately skilled staff; and a better, more efficiently organised service.

### 7.1.1 Online Testing Services

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 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.

The demonstration service will be commissioned and provided by an external provider, with a view to extending and developing our own services in the longer term. This will mean developing the online service which may ultimately include remote STI testing and partner treatment consultations, contraception prescribing, PrEP monitoring, and information and advice - all 24 hours a day which will increase rapid access to testing and treatment of STIs, improve access to contraception, and free up capacity to deal with more complex cases in clinics. There could be additional benefits for General Practice partners who may have this routine sexual health work diverted from them into the online service.

### 7.1.2 Pharmacy Contraception Provision

We are working with Community Pharmacy colleagues and will establish and test 7 day a week delivery of oral hormonal contraception in sites across Glasgow, East Dunbartonshire and East Renfrewshire.

### 7.1.3 Better self-management

There will be further improvements to support people to access services to include an expanded provision of test express services, quicker and easier telephone access and comprehensive on-line booking system.

We will ensure routes into specialist care are clear to everyone – including information about who should go elsewhere, and where and how they can do this, and fully developed pathways through care. This includes ensuring people who are capable of managing their own care have access to the right information and tools in order to empower them to make informed decisions and seek appropriate treatment and care.

We will develop efficient ways of enabling people to better manage their own sexual health care, making the most of online opportunities for people which support them to engage more effectively and consistently in determining and accessing the right care for them in the right place by the right person at the right time. This will have a positive impact for our partners in primary care and other

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services. For example, the specialist menopause service provided at Sandyford is currently open referral, and women who do not have complex menopausal symptoms are able to access the service. This can lead to long waiting times and delays for women who are in more need of specialist care, some of whom will attend their GP in the meantime. Changing to a referral only service will ensure the highly specialised service is offered in a more targeted way, will ensure priority access to the service for GP referrals, offer online and telephone specialist support to GP colleagues, and will encourage women to self-manage where possible. This will mean the women with more complex symptoms will be seen earlier by the specialist service and allow GPs to shift their care to women with more general menopausal needs.

### 7.1.4 Services for gay and bisexual men

Gay and bisexual men continue to be a service priority. The Steve Retson Project will continue to provide a specialist clinical service for gay and bisexual men who are at risk of HIV or STI acquisition or men who have additional vulnerabilities which require an enhanced service response. Outreach near patient HIV testing and STI testing will be provided in community settings in Glasgow city.

The introduction and subsequent demand for PrEP has created additional service pressures since July 2017. A strategy and service model is being developed to appropriately address delivery of this new service efficiently and effectively.

## 8. **Skilled and Transformed Workforce**

- 8.1 To deliver this new model of service we will ensure the sexual health workforce have the skills, confidence and capacity to work to the full range of their competencies.
- 8.2 The new service model is based on the development of new and expansion of current roles, particularly for the nursing workforce. New posts will be created, and there will be a shift from a medical to a nurse-delivered model with appropriate and consistent medical support and leadership provided. Job planning for doctors will be used to support the development of the workforce in the transition to the new service model.
- 8.3 In the new model, the total medical workforce will decrease by 16% (4.0wte medical staff) and the total nursing workforce will increase by 23% (net increase of 12.5wte nursing staff including non-registrants). Clinical administrative support will also increase by 15% (3.5wte). New team structures will be put in place to support the new and expanded roles and the new ways of working.
- 8.4 All of this requires robust workforce planning, and will create an efficient, flexible, multidisciplinary workforce responsive to the needs of service users. It is anticipated that much of this will be achieved through natural turnover of staff. However, where this is not possible, any workforce changes will be subject to Organisational Change Policy. We will continue to support staff to develop and enable themselves for the future through extension and development of appropriate training.

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### 9. Out of Area Attendances

- 9.1 NHS Boards are required to provide services (pre- and post- test counselling and testing for STIs and HIV, and treatment of STIs) to people who ordinarily reside outside of their own areas, in order to fulfil their public health responsibilities. There is no statutory requirement to see clients from other Board areas for contraception, however custom and practice has meant that Sandyford has always provided this service to people from other Board areas. In 2018, 13% of people attending all Sandyford services lived outside Greater Glasgow and Clyde area. Of this, 7% were provided (in around 1000 attendances) with routine hormonal contraception or LARC (long-acting reversible contraception). Sandyford receives income from other Boards for providing these services. Stopping out-of-area attendances for contraception would mean around 250 appointments freed up each quarter, or 14% capacity added back to allow women from GGC to attend the sexual health service in their own area. This would prioritise GGC clients attending the specialist service and free up this capacity in Primary care (where they may be currently attending). Opening up this dialogue with other NHS Board partners may also lead to future regional planning opportunities.

### 10. Finance

- 10.1 The scale and pace of change is linked to available finance and workforce, and further modelling will be required as budgets are agreed.
- 10.2 Financial Framework

<b>Total SHS Payroll budget</b>	<b>9,523,8667</b>
Exclude externally funded services:	
Archway	(623,258)
Gender services	(591,261)
WOS MCN	(52,046)
<b>revised financial resource available for new model</b>	<b>8,257,302</b>
<b>Costed models</b>	
Tier 1 SF Local sites	275,933
Tier 2 SF Connect - 2 sites	572,266
Integrated Tier 1&2 service - 2 sites	737,619
Tier 3 Specialist	4,423,713
Management team	469,980
Team Leaders B7x5.5wte	324,676
YP service	232,459
SRP service	331,214
Other services	660,603
	<b>8,028,464</b>

- 10.3 Implementation of the model will commence from financial year 2020/21 with the expansion of the nursing, HCSW and admin workforce, funded within the existing budget.

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### 11. Engagement

11.1 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
  - locality engagement forums in Glasgow North West and North East
  - Castlemilk Community Breakfast
  - Inverclyde Your Voice Community Care Forum
  - Elected members of Glasgow City Council.

11.2 Responses to the engagement proposals

Analytics from Glasgow City HSCP website show that 3823 page views occurred on the web page, resulting in 732 downloads of the summary document. There were 1188 click-throughs to the survey, 405 click-throughs to the YouTube video and 82 to the Sandyford website.



A total number of 592 individuals completed the survey. Of these, 338 (57%) were members of the public, with 315 from the NHSGGC area. The majority of the public respondents were from Glasgow City Council (58%).

There were 254 responses submitted by staff of which 55 (9%) worked for Sandyford and 199 (34%) worked in another service or organisation. The majority of these identified as working in primary care (41% GPs, 15% other primary care staff).

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### 11.3 Results and Views

The survey first sought to assess individual's views on the overall proposals. The public viewed the overall proposals more positively than staff, however over 60% of all respondents agreed or strongly agreed that the proposals would lead to a better service with 15% disagreeing.

The survey then sought people's views on individual elements within the proposals to gauge their relative importance. Members of the public responded most positively to the following (% response 'Important to me'):

- Having shorter waiting times to get appointments (96%)
- Having more appointments available meaning more people can be seen (94%)
- Being able to book and cancel appointments online (92%)
- Evening appointments being available (88%)
- Being easier and quicker to get through on the telephone to book appointments (86%).

The responses from staff to these proposals were similar. However, staff from Sandyford and other parts of the NHS responded more positively than the public did to the following service change proposals:

- A service which means women can get their oral contraception pills from their Community Pharmacies (90%)
- Having a Test Express service (fast access HIV and STI testing service for people without symptoms) available in every Sandyford service location (92%)
- Long acting contraception (Implants and Coils) available at every Sandyford service location (89%)
- Online service providing postal testing kits for HIV and STIs for people with no symptoms (81%).

Both staff and members of the public rated "Having to travel a bit further to get the right service for me" as the least important element (36%). Fewer people overall answered this question and it is slightly more important to Sandyford staff than other staff or members of the public. However, the public have raised concern with regard to travel in the free text.

### 11.4 Analysis of Free text

The free text questions asked individuals 'Is there anything else you would like to say about the proposals'. 308 respondents answered the free text question, about half of all survey respondents. Of these 161 were members of the public.

A wide range of views were recorded, and the comments which have been analysed and thematically grouped, are listed below in order of frequency of occurrence.

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	Responses
Positive feedback about the proposals	81
Concern that some individuals will have to travel	65
Needing to address waiting times and inability to get through on the phone	54
Concerns about reducing or closing of specific services	43
of which several specifically referenced removing services from areas of deprivation	18
Suggestions for improvements that are not included in the current proposals	16
Support for greater evening provision	15
Staffing specific issues	12

### 11.5 Engagement with Young People

The public engagement was open to all people 13 years and above, however Sandyford recognised that targeting for 13-18 year olds was also required. A separate online survey ran from 23<sup>rd</sup> September until the 7<sup>th</sup> October 2019 on young people friendly digital platforms. The aim of the survey was to test the acceptability of the proposed changes to locations and opening times of the Sandyford Young People clinics.

346 young people completed the survey, 80% were aged 16 and over, and the majority (51%) was from Glasgow City. Young people overwhelmingly agreed that the proposed evening opening times were acceptable (91%) and that a Saturday afternoon service in the city centre was agreeable (78%). Overall, the majority of respondents considered the proposed location of the young people's clinic, within their locality, to be acceptable.

### 11.6 Conclusions

- 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

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- 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.

### 11.7 Feedback to Respondents

Sandyford acknowledges that engagement must be a continuous partnership with service users, members of the public, partners, staff, organisations that we work with and other interested stakeholders. Therefore, the full engagement report will be shared widely with those who participated in the survey and indicated that they would like feedback, as well as being shared through a variety of communication channels, the engagement forums where face-to-face meetings took place and via the HSCP and Sandyford digital platforms.

### 11.8 Other Engagement

Development of this paper has had multi-partner and multi-agency involvement. Staff Partnership Forum has been represented on the Implementation Board and Sandyford staff have been involved and informed.

11.9 This paper has been approved by the Implementation Board, and noted by the Chief Officers Group, Corporate Management Team, GP Sub-committee and Area Partnership Forum.

11.10 Further engagement and evaluation will take place throughout the life of this 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

We will also carry out a marketing engagement exercise to establish the new names of the tiered services that are recognisable and meaningful to service users, partners and professional colleagues, staff and the public.

## 12. Implementation Plan

12.1 The proposed changes outlined in this paper will begin to be put in place from February 2020, and the move to new locations (with the exception of new-build premise for tier 3 service and an alternative city centre location for Saturday afternoon Young People service) will be concluded within Year 1. Appendix 3 shows the detail of this, and the table below shows the key implementation dates.

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<b>IMPLEMENTATION DATES</b>	<b>Oct 19</b>	<b>Jan 20</b>	<b>April 20</b>	<b>July 20</b>
Online booking established for routine care clinics				
Online booking established for all other eligible services				
All tier 2 services established (Paisley, Woodside, Parkhead, Govanhill)				
Centralise specialist services to establish Tier 3				
Online service established in East Renfrewshire and East Dunbartonshire				
Community pharmacy contraception provision expanded				
1-day Tier 1 service established (Barrhead, Kirkintilloch)				
Young people's services begin to be established incrementally				
Establish remaining Tier 1 services (Inverclyde, West Dunbartonshire)				

12.2 The scale of change required may result in implementation beyond 2022. The detailed plans and anticipated timescales and outcomes will continue to be reviewed over the next 3 years to monitor affordability, as well as progress against any performance indicators agreed.

**13. EQIA**

13.1 In line with policy, an assessment of the impact of any service changes on protected characteristic groups has been carried out alongside this Implementation Plan. Specific work looking at transport and public transport routes to the proposed locations for future services has also been carried out as part of the EQIA process.

13.2 The Travel Impact Assessment considered whether the closure and relocation of services would have a detrimental effect on the people in local communities who would now be required to travel further to access tier 1 and tier 2 services. We wanted to ensure that public transport options were still available for those who do not or choose not to drive to services. We looked at data to see where people who live in the areas of Glasgow where services will close attended during 2018, and cross-referenced this with an analysis of the public transport routes to the services in other areas they attended in 2018 and/or where they may have to travel to in the future model. It showed that in each of these areas (Castlemilk, Easterhouse, Drumchapel, Springburn and Pollok), fewer than 40% attend their most local service (ranging from 22% in Easterhouse to 39% in Pollok), and more than 40% attended Sandyford Central (ranging from 42% of people from Pollok to 65% of people from Drumchapel). It also highlighted that there are direct bus or train routes, and often a choice of transport, from each of the local areas to Sandyford Central and also to the nearest Sandyford service. The exception to this is the Castlemilk area where there is no direct bus route to SF Central.

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- 13.3 Given that the current service in Greenock is provided across 3 days and the future model will provide more appointments over 2 days, we also looked at the above information for people living in Greenock. Unlike in Glasgow, people from Greenock are less likely to travel and during 2018, 67% of people who attended the service in Greenock came from the local area. Our data showed that 16% of them travelled to Sandyford Central and 8% to the Paisley clinic, and there are good public transport routes to both services.
- 13.4 In order to lessen any negative impact of this we will ensure that people who have a right to be reimbursed for travel to appointments are made aware of how to claim and supported to do so. We will also carry out further analysis of the characteristics of those who opt to attend locally, in order to discern any patterning and be clearer about the barriers to travel.

## 14. Risk Assessment

### 14.1 Service Model

- HSCPs and other partners need to actively engage in supporting change, providing and maintaining suitable premises, developing Technology Enabled Care (TEC) services in the community, capacity building in their own workforces
- Some people will have to travel further to receive more intensive specialist care
- Some people will be required to utilise technology to access care/advice and services
- Feasibility, acceptability and cost-effectiveness of online testing and other services has yet to be demonstrated in Scotland.

### 14.2 Workforce

- Ability to recruit new staff; low turnover of staff; availability of staff to provide services across new tiers
- Capacity for training and development of new roles
- Retention of staff in new service delivery model
- Time to transition from current to new skill mix
- Capacity of service to continue to work as specialty training centre and to offer range of multi professional training to skill up wider sexual health workforce.

### 14.3 Finance

- Uncertainty of budget/savings required beyond 2020/21
- Uncertainty about costs of technology/capability to develop new digital and online services
- Resources not released due to low turnover of staff.

### 14.4 Premises

- Longer term strategy to ensure fit-for-purpose premise for tier 3 service
- Suitable available city centre location for Young People Saturday afternoon service

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**15. Recommendations**

15.1 The Integration Joint Board is asked to:

- a) Approve the new service model proposals contained in this report; and
- b) Note the proposed timescale for implementation of the new service model (section 12).

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## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	201119-7
2	Report Title	Transformational Change Programme – Sexual Health Services Implementation Plan
3	Date direction issued by Integration Joint Board	20 November 2019
4	Date from which direction takes effect	20 November 2019
5	Direction to:	NHS Greater Glasgow and Clyde only
6	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes (reference number: (210318-8-a)
7	Functions covered by direction	Specialist Sexual Health services
8	Full text of direction	NHS Greater Glasgow and Clyde is directed to implement the revised Sexual Health services model as outlined in sections 4, 5 & 6 of this Implementation Plan.
9	Budget allocated by Integration Joint Board to carry out direction	The total amount required to implement the proposed service model for Sexual Health services is £8,028,464
10	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	Date direction will be reviewed	November 2020

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**Appendix 1**

**Increase in adult service capacity – appointments offered**

<b>HSCP</b>	<b>Location</b>	<b>Current appointments offered</b>	<b>Future appointments offered</b>
<b>Glasgow city (South)</b>	Govanhill	5599	26936
	Pollok	5432	-
	Castlemilk	1774	-
	<b>Total</b>	<b>12805</b>	<b>26936</b>
<b>(North East)</b>	Parkhead	9820	26936
	Easterhouse	1416	-
	Springburn	4617	-
	<b>Total</b>	<b>15853</b>	<b>26936</b>
<b>(North West)</b>	Drumchapel	2017	-
	Woodside	-	20280
	<b>Total</b>	<b>2017</b>	<b>20280</b>
<b>Specialist</b>	Sandyford central	117886*	70512
	<b>Total</b>	<b>117886</b>	<b>70512</b>
<b>West Dunbartonshire</b>	Vale of Leven	3831	3380
	Clydebank	1924	3380
	<b>Total</b>	<b>5755</b>	<b>6760</b>
<b>East Dunbartonshire</b>	Kirkintilloch	1556	3380
	Online services	-	-
	<b>Total</b>	<b>1556</b>	<b>3380</b>
<b>East Renfrewshire</b>	Barrhead	2934	3380
	Online services	-	-
	<b>Total</b>	<b>2934</b>	<b>3380</b>
<b>Inverclyde</b>	Greenock	4128	6760
	<b>Total</b>	<b>4128</b>	<b>6760</b>
<b>Renfrewshire</b>	Paisley	13476	20280
	<b>Total</b>	<b>13476</b>	<b>20280</b>
<b>Young People's services</b>	Glasgow City locations		2912
	Saturday service		1456
	Other HSCPs locations		3640
	<b>Total</b>		<b>8,008</b>
<b>TOTAL</b>		<b>176,410</b>	<b>193,232</b>

\*Services currently provided at Sandyford Central are a mix of specialist, routine, urgent care and much of this (non-specialist) will move out to the new tier 2 and integrated tier 1 and 2 services. The tier 3 specialist centre will retain a tier 1 service alongside the centralised specialist care, and the tier 2 service for residents of North West will move to the new Woodside Health Centre.

## Options for Tier 1 Services in Glasgow City

### Report and Analysis

#### 1. Purpose

This report provides an outcome and analysis from the options appraisal event held on Thursday 21<sup>st</sup> February 2019 to consider three options for the delivery of tier 1 sexual health services within Glasgow City.

#### 2. Appraisal Event

The purpose of the event was to bring together a group of stakeholders to appraise different options for the location of tier 1 sexual health services within Glasgow city [ref *Options for tier 1 services in Glasgow city* report, February 2019] using an agreed systematic process, and with the aim of identifying a preferred option.

The session was led by Rhoda Macleod, Head of Adult Services (Sexual Health), supported by Fiona Noble Planning and Performance Manager Adult Services, and attended by the following participants

Sandyford:

Jennifer Schofield, Adult Services Manager – Sexual Health  
Nicky Coia, Health Improvement Manager (Sexual Health)  
Audrey Brown, Consultant in Sexual and Reproductive Healthcare  
Claudia Estcourt, Professor of Sexual Health and HIV  
Fiona Somerville, Clinical Coordinator/Specialist Sexual Health Nurse  
Martin Murchie, Senior Sexual Health Advisor  
Lisa Woodrow, Sexual Health Nurse  
Emma Thomson, Sexual Health Nurse  
Colin Strathearn, Sp Dr Sexual Reproductive Health

Non-Sandyford:

Kerri Neylon, Clinical Director Glasgow city HSCP  
John Nugent, Clinical Director, Glasgow City HSCP  
Catriona Milosevic, Public Health Consultant NHS GG&C  
Gareth Greenaway, Planning Manager Glasgow city HSCP North West locality  
John Ip, GP Sub committee  
William McPhee, LMC Representative

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It was acknowledged that there was no service user or 3<sup>rd</sup> sector representation at the session, and that separate engagement and consultation would take place to inform the Implementation plan. It was also noted that a cost comparison exercise will be carried out separately, and that each of the options being put forward is in line with the financial envelope previously agreed for the sexual health service review.

### 3. Option Appraisal Process

The session included key stages of a standard options appraisal process:

- Background and rationale for considering different options for change
- Detail and discussion of each option
- Agree and weight the benefit criteria
- Assessment and scoring each option against the benefits criteria

The session involved presentations on the background and context of the sexual health service review, demographic data for Glasgow city, and an outline of the three options for consideration.

#### 3.1 Options

Three options for the development of tier 1 services were identified for Glasgow city:

**Option 1 – establish tier 1 and tier 2 services separately.** Establish 2x separate tier 1 services (Govan and Easterhouse) alongside 3x separate tier 2 services (north east, south, north west).

**Option 2 – co-locate tier 1 and tier 2 services.** Co-locate 2x tier 1 services with 2x tier 2 services (north east and south) alongside a separate tier 2 service (north west).

**Option 3 –Integrate tier 1 and tier 2 services.** Integrate 2x tier 1 services and 2x tier 2 services (north east and south) alongside a separate tier 2 service (north west).

It is customary for a 'do nothing' option to be included as a baseline comparator. However, as a new tiered service delivery model has already been approved by Glasgow city Integrated Joint Board as part of the sexual health service review, it was acknowledged that the model is changing anyway and 'do nothing' is not an actual option.

#### 3.2 Criteria

The benefits criteria used were the 6 Quality dimensions: safe, effective, person centred, efficient, equitable and timely. These same indicators were used in the Stakeholder Options Appraisal process in 2018 for improving services for adults, young people and children who have experienced rape and sexual assault. However, the group felt that each of the indicators

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should be given equal ranking as they are recognised as the key indicators of quality in the delivery of all NHS services, and they felt they could assign more or less importance to any one of them. Therefore no weighting was allocated to the criteria.

### 3.3 Scoring

Participants broke into small groups to discuss the options and consider a score against each criterion on a scale of 1-5. A score of 1 indicated that the option offers little or no benefit in relation to the criteria, and a score of 5 indicates that the option offers maximum or 'ideal' benefits in relation to the criteria. Each person scored individually and each of the 4 groups also came to a group consensus score. A total score was therefore able to be calculated for each option on an individual and on a group consensus basis.

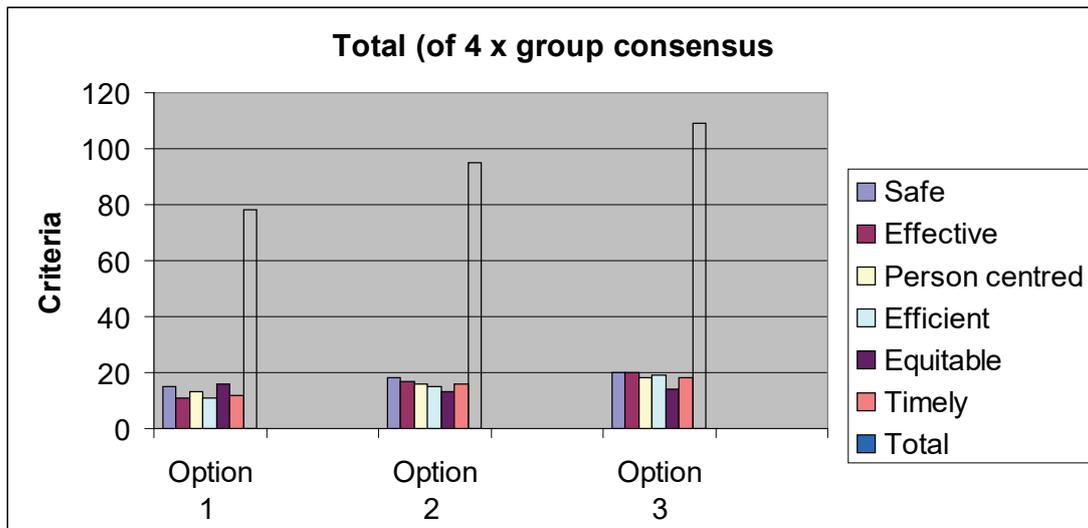
## 4. Results

The scores were collected and added together to give a total score for each option based on the 16 individuals' scores, an agreed consensus score for each criterion for each option, and an overall consensus score for each option. The group scores for each of the options are shown below.

**Table 1**

<i>Total (of 4 x group consensus)</i>	<b>Option 1 Establish tier 1 and tier 2 services separately</b>	<b>Option 2 Co-locate tier 1 and tier 2 services</b>	<b>Option 3 Integrate tier 1 and tier 2 services</b>
<b>Safe</b>	15	18	20
<b>Effective</b>	11	17	20
<b>Person centred</b>	13	16	18
<b>Efficient</b>	11	15	19
<b>Equitable</b>	16	13	14
<b>Timely</b>	12	16	18
<b>Total</b>	<b>78</b>	<b>95</b>	<b>109</b>

Chart 1



The table and chart demonstrate the results of the scoring as identifying option 3 'Integrate tier 1 and tier 2 services' as the preferred option.

To test the robustness of the outcome of the scoring, we can see in table 2 that the total individual scores resulted in the same preferred option. Appendix 1 further demonstrates that every individual (with 1 exception) scored option 3 above the other options'.<sup>1</sup>

Table 2



## 5. Conclusion

The stakeholder options appraisal event has identified that option 3, integrating tier 1 services and tier 2 services in Glasgow city is the preferred option, and implementation of the service review will move forward on this basis. A financial appraisal will be carried out to ensure affordability of the option. Any future engagement on implementation of the full service review will include the outcome of this option appraisal event.

<sup>1</sup> One individual scored options 2 and 3 equally

Project Title: Sandyford Services Review

Project Plan

updated on:

- Denotes a Key Milestone
- Denotes Work completed
- Denotes Planned Work
- Denotes Work Behind Plan

Today

Tasks	Start	End	Responsible	23/06/17	30/06/17	07/07/17	14/07/17	21/07/17	28/07/17	04/08/17	11/08/17	18/08/17	25/08/17	01/09/17	08/09/17	15/09/17	22/09/17	29/09/17	06/10/17	13/10/17	20/10/17	27/10/17	03/11/17	10/11/17	17/11/17	24/11/17	01/12/17	08/12/17
<b>Set up/Planning</b>																												
1	Terms of reference for each work stream finalised and circulated to programme board.	16-Jun-17	14-Jul-17	Workstream leads + Julie Craik+ Catherine Combe	Planned																							
2	Work stream group members identified finalised and proposed first meeting date circulated.	16-Jun	14-Jul	Workstream leads + Julie Craik+ Catherine Combe	Planned																							
<b>Workstream development</b>																												
3	All work stream groups to have had first meeting	16-Jun	08-Sep	Workstream leads + Julie Craik+ Catherine Combe	Planned																							
4	See individual templates for each workstream development plan	23-Jun	07-Dec	Individual Workstream groups	Planned																							
<b>Reporting</b>																												
10	Workstream leads to report back to each other and to the programme board	14-Jul	18-Jan	Workstream leads																								
12	Sandyford staff updated on current progress and collate any feedback	14-Jul	18-Jan	Sandyford Head of Service	Planned																							
	Project sponsor update Chief Officer on work to date and collate any feedback	14-Jul	18-Jan	Project sponsor																								
	HSCP leads report to localities and collate any feedback	14-Jul	18-Jan	HSCP																								
	Proposals to Chief Officers Group		25-Jan																									
21	Papers to be submitted for the March IJB		15-Feb	Sandyford Head of Service/Project Sponsor																								
	Papers presented at the March IJB		21-Mar	Sandyford Head of Service/Project Sponsor																								
<b>EQIA</b>																												
26	Bring the framework to the programme board	16-Jun	14-Jul	Gareth Greenaway		Planned																						
	First draft tabled at Programme Board	14-Jul	15-Sep	Gareth Greenaway																								
27	Undertake EQIA	13-Oct	07-Dec	Gareth Greenaway																								
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