Item No. 8

Meeting Date **Wednesday 21st March 2018**

Glasgow City Integration Joint Board

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TRANSFORMATIONAL CHANGE PROGRAMME – SEXUAL HEALTH SERVICES

Purpose of Report:	To seek IJB approval in principle for the direction of travel set out in this sexual health services transformational change programme. A paper for final approval will be submitted in December 2018, including financial framework, proposed service locations and associated savings and efficiencies, following further engagement.

Background/Engagement:	The Programme Board overseeing the review has included representation from all Greater Glasgow and Clyde HSCPs, NHS GGC, staff-side and professional body representation. Service user engagement has been informed by output from service user engagement undertaken as part of the development of the complimentary sexual health strategic plan 2017-2020.[1]

Recommendations:	The Integration Joint Board is asked to: a) note the findings of the service review; and b) approve the direction of travel set out in the paper and note the intention to submit a final paper for approval following further engagement.

Relevance to Integration Joint Board Strategic Plan:

Consistent with Partnership key priorities (p21) and Sexual Health priorities (p17). https://glasgowcity.hscp.scot/publication/strategic-plan-2016-19

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	All 9 national health and wellbeing outcomes
Personnel:	Workforce implications are set out in section 4.5
Carers:	No specific implications for carers.
Provider Organisations:	None
Equalities:	Greater Glasgow and Clyde has an increasingly diverse population with varying needs and ability to access services, including sexual health services where the most vulnerable individuals are often at a significantly higher risk of experiencing barriers to services and ill health. Consistent with the Sexual Health Strategic Plan 2017-20 (www.sandyford.org/media/3262/strategic-plan-full-plan.pdf), the transformational change programme will aim to ensure services are equalities sensitive and targeted appropriately. A baseline overall service EqIA was undertaken to inform the review https://glasgowcity.hscp.scot/publication/eqia-sandyford-service-review. A follow-up EqIA will be undertaken in relation to specific recommendations as part of the development plan.
Financial:	Financial implications are set out in section 5.
Legal:	None
Economic Impact:	None
Sustainability:	Development and implementation of the recommendations will improve the longer term sustainability of services.

Sustainable Procurement and Article 19:	None

Risk Implications:	This transformational change programme is required in order to achieve the sexual health efficiencies which are part of the Adult Services programme. The detailed risk implications will be included in a risk register in the Development Plan.

Implications for Glasgow City Council:	GCC will wish to be assured that the recommendations arising from the review continue to make a significant contribution to improving the public health of its population.

Implications for NHS Greater Glasgow & Clyde:	NHSGGC will wish to be assured that the recommendations arising from the review continue to make a significant contribution to improving the public health of its population.

Direction Required to Council, Health Board or Both	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 the IJB's support and approval in principle to the recommendations set out in this sexual health services transformational change programme, including the proposed contribution towards efficiency savings plans.

2. Background

2.1 Sandyford Sexual Health Service (SHS) is a service for the whole of NHS Greater Glasgow and Clyde, hosted by Glasgow City HSCP. The service provides universal sexual health services for the population provided for by NHS Greater Glasgow and Clyde as well as specialist services for complex procedures and presentations and specific population groups. Many of the specialist services are provided on a regional or national basis. A summary of the current service model, including service locations, is shown in Appendix 1.

The Sandyford 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.

2.2 In February 2017, Glasgow City IJB gave its approval to commence a review of Sandyford sexual health services under the auspices of Glasgow City HSCP's transformational change programme. The review aimed 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.

2.3 A programme board was established in May 2017 to oversee the review and agreed the establishment of the following 4 workstreams:

i. **Clinical Services** – to develop a service specification detailing what services Sandyford offers and specifying the services which Sandyford will no longer offer, including detail on where these needs will now be met. This will set the direction for the other workstreams particularly the access and workforce streams

ii. **Accessibility** – to develop proposals to deliver sexual health services to the right people in the right place at the right time, ensuring that services are accessible and target the most vulnerable groups, and developing innovative ways to support people to self-manage their own sexual health

iii. **Young People** – engage with young people on their sexual health service access needs in order to define an efficient and cost effective service model for young people's sexual health care which is acceptable to them

iv. **Workforce and Localities** – to develop proposals for a revised team structure for the service to be delivered across localities or specific geographic areas; the medical, nursing and administrative staffing complement and skill mix required to deliver this; and the overarching management arrangements required to support this

3. Review Findings

3.1 Clinical Services

Key principles:

- The new model of service will provide the same level of urgent care activity or higher than the current model
- Urgent sexual health care should be available within 48 hours
- Most clients need timely access to routine sexual health care

In order to maintain the public health function of reducing unwanted/unplanned pregnancy and transmission of sexually transmitted infections (STIs), Sandyford must continue to provide open access in a timely fashion, allowing clients to

self-refer or be referred into the service. Specialist staff time and resource must be free to be used more appropriately to ensure these public health responsibilities are met and high quality healthcare provided.

3.1.1 Teenage Conceptions

At a health board level NHS Greater Glasgow & Clyde has the third lowest rate of teenage pregnancy of the mainland health boards in Scotland. However at a local HSCP level the rates vary considerably with West Dunbartonshire having the highest rate followed by Glasgow City, both higher than the Scottish average. For those aged under 20 (in 2015):

- East Renfrewshire has the second lowest rate in Scotland at 15.6 per 1,000
- East Dunbartonshire has the lowest rate in Scotland at 15.3 per 1,000
- Glasgow City is 34.1 per 1,000
- Inverclyde is 29 per 1,000 – a marginal increase on the preceding year
- Renfrewshire is 29.9 per 1,000
- West Dunbartonshire is 36.5 per 1,000 and has again become the local authority with the highest rate in the Board.

Appendix 2 shows the 10 highest intermediate data zones (IDZ) within GGC for teenage conceptions. Teenage conception rates have continued to fall across Scotland, NHSGGC and every local authority in all age groups (source ISD 2015 data). The boundaries for IDZ changed in 2016 and the current rates have been calculated to the revised boundaries. 2016 three year average shows that there are two IDZ with a triple-figure rate (source SMR1,SMR2)

- Govanhill West continues to be an area of concern with over one in five teenage girls in the area having a conception. (source SMR1,SMR2)
- Other areas showing upwards trends are Bridgeton, Strathbungo, Drumry East, Whiteinch and Shettleston North. (source SMR1,SMR2)

3.1.2 Sexually Transmitted Infections

Episodes of gonorrhoea have doubled in the last 10 years with GGC having the highest number and rate of gonorrhoea in Scotland. Gonorrhoea is more commonly detected in males across Scotland. It is an infection of significant concern given both the increase in its prevalence and the recent emergence of treatment resistant strains in England which we are likely to see in Scotland. While gonorrhea is common across the health board, the greatest concentration is in Glasgow City (Appendix 3).

Infectious syphilis is mostly found in MSM (men who have sex with men). Within GGC the greatest concentration of infectious syphilis is within Glasgow City (Appendix 4).

HIV is now a long term condition and there is excellent treatment success if it is diagnosed early and patients are able to commence anti-retrovirals. UNAIDS has set the 90-90-90 target for countries to reach by 2020 to eradicate HIV. The model has been proven in a range of cities across the world, most notably in

London which for the first time ever noted a reduction in incidence during 2017 as a result of scaling up HIV testing and meeting the 90-90-90 targets. By the end of 2016 we saw a decrease in the overall numbers of new HIV diagnoses in Scotland. In GGC we have exceeded the second two parts of the UNAIDS target, however because 17% of those with HIV are undiagnosed our incidence has not declined. There is a clear need to improve our testing rate. Although there are no more recent figures than 2013/14, we know that in GGC the greatest concentration of HIV is within Glasgow City. The outbreak of HIV among people who inject drugs which began in 2014 has continued despite control measures.

3.1.3 Activity

There are a large number of clients who currently attend the service with undifferentiated presentations who may not be able to articulate their needs prior to consultation and who require assessment in a time sensitive manner. This results in a significant amount of generalist work (in addition to specialist sexual health work).

Appendix 5 shows that in 2017, there was no great variance between HSCP areas as to the booked clinics attended by residents. Glasgow residents attend fewer LARC clinics (Long Acting Reversible Contraceptive) and that will be addressed. It also shows that attendance at Urgent Care clinics is low in comparison to attendance at Routine Care clinics, this will also be addressed in the recommended new service model.

Appendix 5 also shows that in 2017, in each HSCP area (with only slight variation) around 30% of attendances were for contraception and around 20% for asymptomatic screening.

We know that in 2016[2]:

- 55% of all contraceptive attendances at all Sandyford services were for routine contraceptive pills and injections (n=11798) and the remaining 45% (n=9172) were for very Long Acting Reversible Contraception (vLARC), ie implants and IUDs;
- There were 14584 attendances for asymptomatic STI testing;
- 5284 routine cervical smears were performed.

While some of these presentations may be appropriate due to the priority or vulnerable nature of the clients, each of these were seen by a highly skilled and specialist member of clinical staff.

Some of this undifferentiated presentation is currently managed by the wider NHS workforce. In the light of the new GP contract there is an opportunity to look at how Sandyford and Primary Care can work together to deliver some of this in different ways. This will allow specialist sexual health staff to work with clients presenting with complex needs for reasons of clinical complexity, social and personal vulnerabilities and as part of high risk groups without shifting the non-complex work directly to GP practices. Senior clinical decision makers

need to be available to support the entire service and provide quality care across multiple locations.

Clients living with vulnerabilities or belonging to known groups at risk of poor sexual health are a key target population for Sandyford services. Flexibility in time spent with these patients and how they are supported into care and between services is essential.

Sandyford services are located in each HSCP area throughout GGC. Glasgow City has the biggest population and there are more services located here than in other areas. Appendix 6 shows where residents from each HSCP area attend Sandyford services.

- People who live in Glasgow tend to visit Glasgow services and most people who live in the area attend Sandyford Central as it is the service with most capacity
- More East Dunbartonshire residents attended Sandyford Central than their local Kirkintilloch service. More adults attended Springburn service than their local area
- More East Renfrewshire residents attend Sandyford Central than their local service and high numbers of adults also attend Paisley and Pollok
- Adults and young people especially tend not to travel out of Inverclyde to attend services
- A high proportion of Renfrewshire residents attend services at Sandyford Central but the majority do visit Renfrewshire services
- Equal numbers of young people from West Dunbartonshire attend Clydebank (1 day service) as the Vale of Leven service (2 days), but a higher number than either attended at Sandyford Central. More adults also attended Sandyford Central than their local area.

3.2 Accessibility

Key principles:

- The service needs to better support clients who are able to self manage their sexual health needs in order that access for the most vulnerable people is improved
- Outreach provision of sexual health services is supported in principle if evidence shows that it increases the reach to priority groups or vulnerable people
- Services will be provided during daytime hours with the exception of Steve Retson, Termination of Pregnancy assessment (TOPAR) and Young People services

For the majority of clients, the only route into the service is through a central telephone number. This results in queues and long waiting times on the phone, high proportion of abandoned calls, and high rates of DNA as clients find it difficult to get through to cancel an appointment.

Throughout the service, the key performance areas (with the exception of TOPAR) do not meet the set waiting times targets. Over recent months urgent care has been further challenged by the introduction of PrEP. The ability for patients to access vLARC services has continually caused concern and there seems to be little prospect of improving this performance unless the service changes to achieve this.

Table 1 – Waiting times for key Sandyford services June-Nov 2017

CLINIC	TARGET	June 17	July 17	August 17	Sept 17	Oct 17	Nov 17	Dec 17
IUD	10 working days	22	19	24	22	22	26	24
Implants	10 working days	16	14	14	13	15	15	16
Urgent Care	2 working days	2	3	4	4	4	4	4
R 20's	20 working days	23	22	23	24	24	26	26
Test Only	15 working days	13	14	15	16	19	19	18
Complex FP	20 working days	35	46	45	40	42	35	34
TOPAR	5 working days	4	6	6	4	5	4	5

3.3 Young People

Key principles:

- Young people refers to all young people aged up to and including 17 years of age
- If a young person is receiving aftercare/ throughcare services, they should continue to be provided care beyond the age of 18 by Sandyford's young people service until they have been clinically assessed as being suitable to be managed by Sandyford's adult service.
- Services need to be open and accessible at times that suit young people attending school

Dedicated young people drop-in clinic slots are provided in all Sandyford services on most of the days they are each open. However this is variable, and with the exception of Sandyford Central, there is very limited clinic time dedicated for young people.

Table 2 – Provision of Sandyford Young Peoples Clinics weekly.

Sandyford Clinic	Monday	Tuesday	Wednesday	Thursday	Friday
Sandyford Central	4-6pm	4-6pm	4-6pm	4-6pm	
Drumchapel		6.30-9 pm (YHS)**		3.30-4.30pm	
Possilpark			6.30-9 pm (YHS)**		
Maryhill				6.30-9 pm (YHS)**	
Parkhead*	3.30-4.30pm			3.30-4.30pm	3.30-4.30pm
Easterhouse			3.30-4.30pm		
Springburn			3.30-4.30pm	3.30-4.30pm	
Govanhill	3.30-4.30pm		3.30-4.30pm		3.30-4.30pm
Castlemilk				3.30-4.30pm	
Pollok	3.30-4.30pm		3.30-4.30pm		
Barrhead	3.30-4.30pm				3.30-4.30pm
Paisley			3.30-4.30pm	3.30-4.30pm	3.30-4.30pm
Johnstone			2.30-4.30pm		
Greenock			3.30-4.30pm	3.30-4.30pm	
Vale of Leven			3.30-4.30pm		
Clydebank				3.30-4.30pm	
Kirkintilloch				3.30-4.30pm	

**At the time of writing Parkhead is running a pilot of extended opening hours from 3.30 to 7pm on Monday and Thursday evenings.*
*** The Youth Health Service (YHS) is a holistic health service for young people delivered by Glasgow HSCP in the Northwest Locality, and drop in sexual health care is provided. These clinics are not provided by Sandyford and are included as context.*

The young people clinics are staffed by a wide range of Sandyford staff including staff grade doctors, consultant, nurses of varying grades and receptionists. Again, this is variable, depends on which staff are available at each location on the day, and means that some generalist work is being done

by specialist staff. There is a lead nurse and lead consultant for young people who work from Sandyford Central. This team manages complex cases for young people and carries the overview of child protection cases. Some outreach sessions are provided to secure residential care settings and intensive social work services for vulnerable young women.

The numbers of young people attending all Sandyford services decreased every year from 2011-2015. As well as a decline in absolute numbers, the proportion of young people estimated to be sexually active who attend the service has also decreased over the same period of time[3].

Table 3 - Numbers of young people attending Sandyford 2011-2015

		Numbers of YP attending Sandyford	
Age	**Year**	**Boys**	**Girls**
13-15	2011	159	1,845
	2012	122	1,101
	2013	91	928
	2014	73	834
	2015	53	687
16-17	2011	487	2,930
	2012	440	2,642
	2013	446	2,476
	2014	337	2,165
	2015	231	1,934

Table 4 - Proportion of young people estimated to be sexually active attending Sandyford 2011-2015

		% estimated sexually active YP attending Sandyford	
Age	**Year**	**Boys**	**Girls**
13-15	2011	5	74
	2012	4.7	58
	2013	3.6	50.5
	2014	3	46
	2015	2.3	39
16-17	2011	11.6	72
	2012	10.1	64
	2013	10.2	58
	2014	8	52
	2015	5.6	49

Exploring the reasons why young people attend Sandyford across 2015 to 2017 it is evident that while young people presentations can be complex, in the main the complexity relates to the social contexts of their sexual relationships rather

than being medically complex. Only 2.5% of attendances in this time period have been medically complex. The range of skills and competencies required for the young people's service are consistent with a nurse delivered service with the opportunity for staff to contact medical support remotely if required. Therefore it is appropriate that the young people's service can safely be delivered by nursing practitioners with prescribing, symptomatic and implant fitting competencies. One of the features stressed throughout the life of the group is the importance to young people of continuity of practitioner when they attend.

3.4 Workforce and Localities Management

3.4.1 Workforce

Key principles:

- The service requires a highly skilled, flexible workforce providing the appropriate level of service
- Clients should be able to have their needs addressed through the efficient and effective use of the specialist staff resource

Sandyford has a highly skilled clinical workforce of with a mix of consultant and specialty grade doctors, training grade doctors, advanced nurse practitioners (ANP), specialist sexual health nurses, sexual health advisors (SHA), Biomedical Scientists (BMS), health care support workers (HCSW) and administrative staff who are all trained to work with clients with specialist sexual health presentations. The new model needs to ensure that the integrated workforce is working in an efficient way that allows a degree of flexibility and builds capacity to manage both scheduled care and urgent/undifferentiated care services.

In recent years, it has become increasingly difficult to recruit speciality doctors. This is a national issue and not specific to Greater Glasgow. The service has become more centralised as there are fewer doctors to cover all locations across the Board area. This has presented some skill mix challenges and the service has responded with the development of Advanced Nurse Practioners. There are currently four ANPs and two in training.

The nursing workforce has been delivered predominantly at a band 6 grade, with some band 5 grades introduced. A more recently extended Band 6 role for non-medical precribing and IUD fitting means there is a small number of nurses who can carry out IUD fitting.

The Health care support worker role supports clinical service delivery through a range of activities including maintaining infection control standards in clinical rooms, chaperoning role during procedures, supporting specialist clinic service delivery and minor ops and facilitating asymptomatic testing of clients self selecting for test only clinics. This is a valued role and needs to be expanded to allow clinicians to carry out more complex clinical tasks.

3.4.2 Locality Management Arrangements

Key principles:

- Management and team structure within the service needs to support good team work and consistent and reliable service delivery

The service covers a large geographical area with varying levels of service provision across a number of sites. The community sites vary in their size, in the frequency of opening times, and in the amount and types of service they provide. Consistency and equity of service provision across 15 sites, therefore, is difficult to deliver, as well as ensuring the right staff skill mix. Increasingly, provision at some of the smaller sites is suspended to deal with staffing shortages in other locations and having staff managed centrally does not lend itself to effective annual leave management or a sense of shared responsibility across a team.

The service has always been clinically led with no service management arrangements in place, other than at Head of Service level. There is an acknowledgement that this should now fall into line with other services across the HSCP and across the Board, and this should include separate professional and operational management arrangements.

4. Review Recommendations

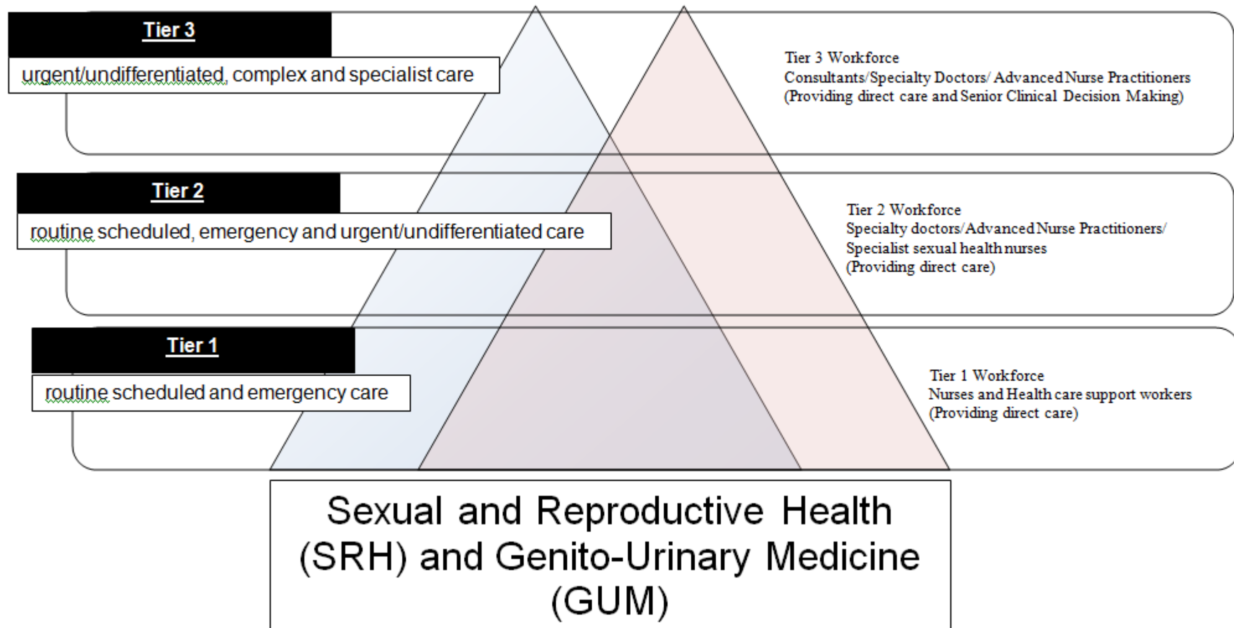
4.1 Clinical Service Model

It is recommended that the future service model should comprise 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;
- Tier 2 - a few larger connecting services which will offer routine scheduled, emergency and urgent/undifferentiated care;
- Tier 1 - a number of smaller, local services which will offer routine scheduled and emergency care.

The 3 tiers of service provision within the proposed service model, along with clinical leadership levels, are shown in the diagram below:

Proposed Service Model - Tiers of service provision



This proposed model for service modernisation will aim to offer care to clients with non-complex sexual health needs in innovative ways and with involvement of other stakeholders and partners. It will release the highly trained specialist workforce to see clients with specialist sexual health presentations. It will allow better use of clinical time, improve accessibility, and make better use of resources. The model also allows further development of the nursing role and will address the shortfall of medical staff, particularly over levels 1 and 2.

In line with the Board's Transformational Strategy Programme (Moving Forward Together)[4], this tiered provision of services makes best use of resources by providing specialised and complex care in a properly equipped specialist centre with an appropriately skilled workforce.

Part of what Sandyford delivers (HIV treatment and care) is in the Acute setting, integrated with the rest of infectious diseases. Discussions will take place with Acute partners, and any proposed service change or redesign will be taken through a separate process.

Sandyford currently provides all assessment services for termination of pregnancy across Greater Glasgow, and discussions and engagement is underway acute colleagues regarding recent changes in guidance which will allow the service at Sandyford to expand, as well as to standardise the current assessment service across all of Greater Glasgow and Clyde.

4.1.1 Tier 3

The specialist service will be the main site for delivery of urgent/undifferentiated, complex and specialist care. It will enable concentration of the most clinically skilled staff to maintain capacity and ensure there is a clear system for managing complex patients. It will also make best use of necessary equipment and resources (e.g. the laboratory and scanning equipment, theatre space). This will also allow a greater concentration of staff to provide the broad range of training that Sandyford delivers.

The specialist service will open 5 days a week and will offer:

- Consultant support and advice to all Sandyford sites including support clinical governance requirements at all levels
- Consultant led care for undifferentiated and complex cases
- Complex GUM scheduled care
- Complex SRH scheduled care
- Specialised STI management/partner notification
- Specialist HIV treatment and care and risk reduction (partially delivered at Brownlee).
- Steve Retson Project – MSM targeted service
- Abortion service
- Vasectomy service
- Archway – Sexual Assault referral service
- Gender identity clinic
- Psychosexual/sexual dysfunction services counselling
- Sandyford Counselling and Support Services

4.1.2 Tier 2

To meet the requirements of a tier 2 service, the site will be open on a *minimum* of 3 full days a week, but ideally 5 days a week, in order to ensure that access to urgent/undifferentiated care within 48 hours is available. This will be offered each morning the service is open, to allow time for review of urgent laboratory results and timely management that day. Most urgent/undifferentiated care clients will be able to be managed in the tier 2 setting, with consultant support and advice from the specialist service. A small number of clients may need to be physically seen by a consultant, and this will be co-ordinated to allow consultant level care at the specialist service on the same day if necessary. The remainder of the day will offer scheduled and emergency care, as per the tier 1 service specification.

Tier 2 services will offer all services which are also offered at tier 1 services, as well as:

- Assessment, testing, treatment and support of symptomatic/complex people including Young People, Men who have Sex with Men, and Black Africans
- Face to face / complex Partner Notification

- PEPSE (Post Exposure Prophylaxis for Sexual Exposure) – risk assessment, prescribing, follow up
- Management of PrEP (Pre Exposure Prophylaxis) – risk assessment, prescribing, follow up/ ongoing assessment

4.1.3 Tier 1

To meet the requirement of a tier 1 service, the site will be open on a *minimum* of 2 full days a week. These services will offer:

- Sexual history and risk assessment
- STI testing for asymptomatic low risk women and men
- HIV testing
- Hepatitis A and B and HPV immunisation
- Provision of non vLARC hormonal contraception
- Provision of vLARC contraception
- Information about choice of full range of contraceptive methods and where these are available
- Cervical cytology screening for women unable to access primary care
- Pregnancy testing and referral
- Dedicated clinic slots for young people

4.2 **Service Locations**

The proposed future service model will consist of a network of sexual health clinics, with one specialist (tier 3) service, four tier 2 services (covering east, south, west and north-west areas), and a number (to be determined) of tier 1 services which will be located in areas of need and which cover the geographical spread of Greater Glasgow and Clyde.
The specialist service will remain in the Sandyford Place building for the foreseeable future, until such times as a more fit-for-purpose building is identified.

The tier 2 service for North West area will initially be located with the specialist service due to the space available at the current Sandyford Place site. However, it is the aspiration for this service to be relocated to another area within the North West area should suitable accommodation become available.

Tier 1 services will be located in the most appropriate areas where accommodation can be made available. The proposed locations for all tier 1 and 2 services will be subject to further discussion and engagement with HSCPs and community and service user representatives, and be supported by an Equality Impact Assessment (EqIA).

A recommendation on the proposed locations will be brought to the IJB, with a detailed development plan, workforce plan and financial framework for final approval in December 2018.

4.3 Accessibility

Developing and harnessing digital engagement with clients is essential to prioritising resources and encouraging self management. The Sexual Health website will need to support and guide clients who are looking for sexual health information and/or care to access it in ways appropriate to their needs. It will direct clients with non-complex presentations to access care that uses minimal specialist staff time while ensuring that they receive appropriate care and that Sandyford continues to meet its public health responsibilities and delivers high quality healthcare. The website must also enable clients who do need to see a specialist sexual health clinician to enter the service in a timely manner and be directed to the appropriate service to best meet their needs and minimise the number of attendances. It is proposed that online tools, such as e-triage, symptom checkers, live web-chat, and online registration are developed via the website in order to better inform clients of the services they can access and the best routes for them to do so.

The ability to book appointments online, as well as to text and email to arrange, cancel and change appointments will be developed. This will improve access routes into the service by easing telephone traffic and allowing more choice for clients. It is proposed that telephone access and call-waiting times also be improved with the introduction of a call handling system, through training and development of staff, offering call-back options, and extending the telephone line opening hours. A mix of walk in and bookable appointments will be offered to improve access to priority and vulnerable people.

It is recommended that the client journey through the service is improved through the implementation of self arrival kiosks at all Sandyford services, enhanced information on clinic waiting times and signage, the use of language-line at the specialist service reception, and also through the development of Test Express services where clients can pre-book a test only appointment with a Health Care Support Worker or can collect a pre-ordered a test kit for self-testing. We will also engage with primary care partners to develop Test Express services. It is recommended that a similar model is investigated for the provision of repeat routine contraception.

4.4 Young People

It is proposed that Sandyford re-engages with young people to realise the levels of service attendance experienced in 2011. In order to achieve this, the future service model will continue to have dedicated Young People clinics as a priority component of the Sandyford services. The clinics will run after school hours and into the evening (7.30pm), will offer a mix of walk in services with some appointments, and will have dedicated nursing staff with higher levels of competencies for working with young people.

The preferred location for delivering Sandyford Young People clinics is in settings where other organisations and services working with young people are already located. Where this is not possible, and in the meantime until suitable

locations/partners are identified, the clinics should continue to be provided from Sandyford's own clinics.

It is also proposed that an outreach clinic should be developed in the city centre on Saturday afternoons, on a pilot basis, and in partnership with other service providers. This will address the gaps in location availability in areas of very high teenage conception, and could be located with a young people's organisation or in a larger pharmacy premise.

A communication strategy and a marketing plan should also be developed to support and promote Young People services.

4.5 **Workforce & Localities Management**

4.5.1 Workforce

In order that the specialist sexual health workforce is re-shaped in line with the recommended future service model, it is proposed that some key workforce shift and development takes place.

Admin switchboard role will be developed with the introduction of the call handling system, which will reduce the need for clinical staff to be engaged in phoning back clients. It is estimated that the admin switchboard resource will increase.

Admin reception workforce will also encounter a shift with the introduction of self arrival kiosks and online booking reducing the number required, although developments in email and text communication will still require some resource. A review of the Admin workforce will determine the final structure.

The HCSW role will be developed to provide Test Express at tier 1 and 2 services, and a phlebotomy role will be introduced. Further discussion is required to determine the AfC band (mix of band 2 and 3), but it is estimated that this staff group will increase.

The Sexual Health nurse role (AfC band 5) will be developed and standardised across Sandyford. Sexual Health nurses will provide a range of services at all Sandyford locations and that the proportion of band 6/band 5 nurses shifts.

Advanced Nurse Practitioners will have a key leadership role across the tier 1 and 2 services, supported by medical staff. It is not anticipated that the level of ANPs will change under the proposed model.
The full range of trained and untrained nursing staff will still be required for the specialist services at the specialist tier 3 service.

All medical staff will be located at the specialist service which will centralise the most clinically skilled staff; allowing for complex care to be directly provided, co-ordination of same day consultant level care to those clients who are not able to be managed completely at a tier 2 service, and maintain capacity across the service. Specialty doctors will be required to provide the specialist and complex

services at the specialist service, working closely with senior medical staff. Consultants will be able to provide support and advice across all services from the specialist site. This concentration will also benefit the broad training programme delivered by Sandyford. It is proposed that a review of medical workforce is undertaken to determine the future shape of this part of the service.

The skilled medical workforce will be key in leading and supporting the move to the new proposed model. A training plan will be developed to enable staff to deliver the vision, and the support of the Specialty doctors in particular will help support this transition.

4.5.2 Localities Management

General Management arrangements will be extended in Sandyford and there will be a move to have a professional leadership model separate from the operational management, which is in line with other services across the HSCP with the development of a Service Manager role and a review of the remaining management structure.

It is proposed to move to a locality management model based around the 4 tier 2 services and incorporating the local tier 1 services. These 4 teams will be led by a Nurse Manager who will have management of teams in the tiers 1 and 2 in that locality. Sexual health nurses who work in the specialist service, including Sexual Health Advising, will be part of this team structure. Practice Development will be split from nursing staff management; and the current Hub Lead Nurse responsibilities will be absorbed into the Nurse Manager role.

All of these staffing proposals will be undertaken in line with the Organisational Change and job planning processes. Some of these discussions will rely on the outcome of the decision on where the Sandyford tier 1 and 2 services will be ultimately located.

5. Finance

5.1 The review was initially predicated on the achievement of £250,000 efficiencies for 2017/2018 and this has been achieved. Further financial pressure has resulted in the scope of the review process widening to consider an additional 15% over the next three years. This requires a transformative redesign of the current workforce, the development of a tiered model which will improve the use of existing resources and release further efficiencies. The use of spend to save to develop new technology which will improve accessibility and the service user experience is vital as is the requirement for transitional funding to facilitate the workforce changes required. This is also in light of additional service commitments; the development of the Archway Sexual Assault Referral Centre, which has required additional investment and the Scottish Government's role out of the HIV prevention drug, PrEP.

6. Risk

6.1 This transformational change programme is required in order to achieve the sexual health efficiencies which are part of the Adult Services programme.

The detailed risk implications will be included in a risk register in the Development Plan

7. Engagement and Development

7.1 Development of this paper and its supporting Workstream papers has had multi-partner and multi-agency involvement, and 2 of the workstream groups have included some user engagement (Young People and Accessibility). Staff Partnership Forum has been represented, and Sandyford staff have also been involved and informed.

7.2 This paper has been approved by the Programme Board, and noted by the Chief Officers Group, the GC Staff partnership Forum and a joint meeting of the Clinical Directors and LMC.

7.3 Further engagement on the recommendations will take place during the 3 months after this paper has been approved by the IJB. The proposed locations for all Sandyford tier 1 and 2, will be subject to further discussion and engagement with HSCPs, primary care colleagues and community and service user representatives throughout Greater Glasgow and Clyde.

7.4 All of the recommendations contained within this paper will be supported by an Equality Impact Assessment (EqIA).

7.5 A Development Group(s) will be established to develop detailed implementation plans and timescales to realise the proposals put forward here.

8. Recommendations

8.1 The Integration Joint Board is asked to:

a) Note the findings of the service review; and
b) Approve the direction of travel set out in the paper and note the intention to submit a final paper for approval following further engagement.

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[1] Summary Report of Responses to the consultation on Draft Sexual Health Strategic Plan 2016-19
[2] Geographical Report Pan Healthboard (Sexual Health NaSH report 01/01/2016 to 31/12/2016)
[3] ISD Council Area Population Estimates 1982-2016 retrieved 15/01/18; Glasgow City Schools Health and Wellbeing Survey 2014; East Dunbartonshire School Health and Wellbeing Survey 2014; Inverclyde School Health and Wellbeing Survey 2013
[4] Moving Forward Together: NHS GGC Health and Social Care Transformational Strategy Programme, 17 October 2017

Glasgow City IJB Integration Joint Board

DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	210318-8-a
2	Date direction issued by Integration Joint Board	21 March 2018
3	Date from which direction takes effect	21 March 2018
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes (reference number: 150217-10-a)
6	Functions covered by direction	Specialist Sexual Health services
7	Full text of direction	NHS Greater Glasgow and Clyde is directed to deliver the Transformational Change Programme for sexual health services as outlined in this paper
8	Budget allocated by Integration Joint Board to carry out direction	As stated in section 5 Finance in this paper – within existing resources and based on a 15% reduction over the next three years.
9	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
10	Date direction will be reviewed	December 2018

Appendix 1

Current Sandyford Service Model

The service covers a large geographical area with a large number of sites with varying service provision based on availability of sites in HSCP premises. The community sites vary in their size and frequency of opening times and do not all provide all services.

Sandyford Central is the main service based near the city centre, providing routine and urgent integrated sexual health services, and a range of specialist booked appointment clinics. Sandyford Central is open 5 week days and Mon-Thurs evenings.

Sandyford Hub services are provided under the leadership of a specialist sexual health nurse, and with a multi-disciplinary team. Each Hub runs for 3-5 days, and has a mix of routine and urgent sexual health services and specialist service provision. The level of service provided is dependent on local communities and resource / accommodation availability. Each hub has a specialist young people's clinic at least once a week.

Sandyford Satellite services are provided over a single 8-hour daytime session. Two satellite services are provided in the evening due to lack of community accommodation in the morning. Service provision at the satellites is more generic with onward referral to Hubs or Sandyford Central for complex need or more specialist requirement.

Sandyford Central at Sauchiehall Street

Hubs
Sandyford East at Parkhead
Sandyford East Renfrewshire at Barrhead
Sandyford Greenock
Sandyford North at Springburn
Sandyford Renfrewshire at Paisley
Sandyford South East at Govanhill
Sandyford South West at Pollok
Sandyford West Dunbartonshire at the Vale of Leven

Satellites
Sandyford Castlemilk
Sandyford Clydebank
Sandyford Drumchapel
Sandyford Easterhouse
Sandyford Johnstone
Sandyford Kirkintilloch

Appendix 2

Ten Highest IDZ in NHSGGC for Teenage conceptions
3 year average for 2014-2016

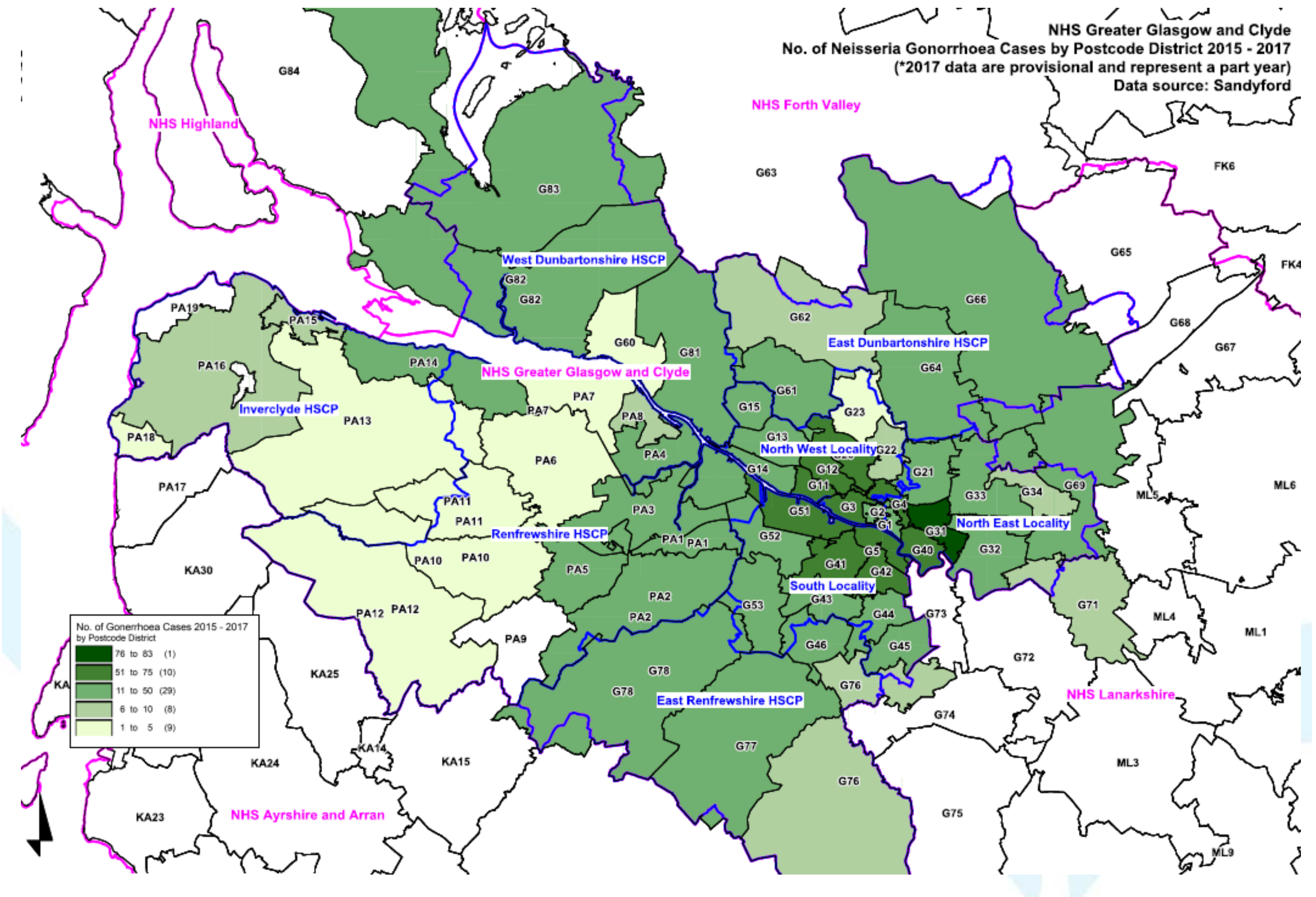
Rank	Area	Rate per 1,000	Rate in 2013-2015	Rate in 2012 – 2014	Rate in 2010-2012	Rate in 2009-2011
1	Govanhill West	**212**	178	153	111	80
2	Central Easterhouse	**119**	123	108	118	115
3	Bridgeton	**99**	87	- (82)	-(84)	-(79)
4	Strathbungo	**91**	90	85	84	109
5	Drumry East	**88**	73	65	69	89
6	Linwood South	**85**	87	65	62	88
7	Tollcross	**84**	92	78	69	58
8	Maryhill West	**83**	96	98	90	123
9	Whiteinch	**78**	71	61	67	81
10	Shettleston North	**74**	62	68	112	140

Commentary

- Teenage conception rates have continued to fall across Scotland, NHSGGC and every local authority in all age groups (source ISD 2015 data)
- West Dunbartonshire is the local authority in the Health Board area with the highest rate (source ISD 2015 data)
- The boundaries for IDZ changed in 2016 and the current rates have been calculated to the revised boundaries. Bridgeton was formerly part of the Calton, Gallowgate and Bridgeton IDZ and previous figures for this IDZ are included in brackets for context.
- 2016 three year average shows now only two IDZ with a rate with triple figures. (source SMR1,SMR2)
- Govanhill West continues to be an area of concern with over one in five teenage girls in the area having a conception. (source SMR1,SMR2)
- Other areas showing upwards trends are Bridgeton, Strathbungo, Drumry East, Whiteinch and Shettleston North. (source SMR1,SMR2)

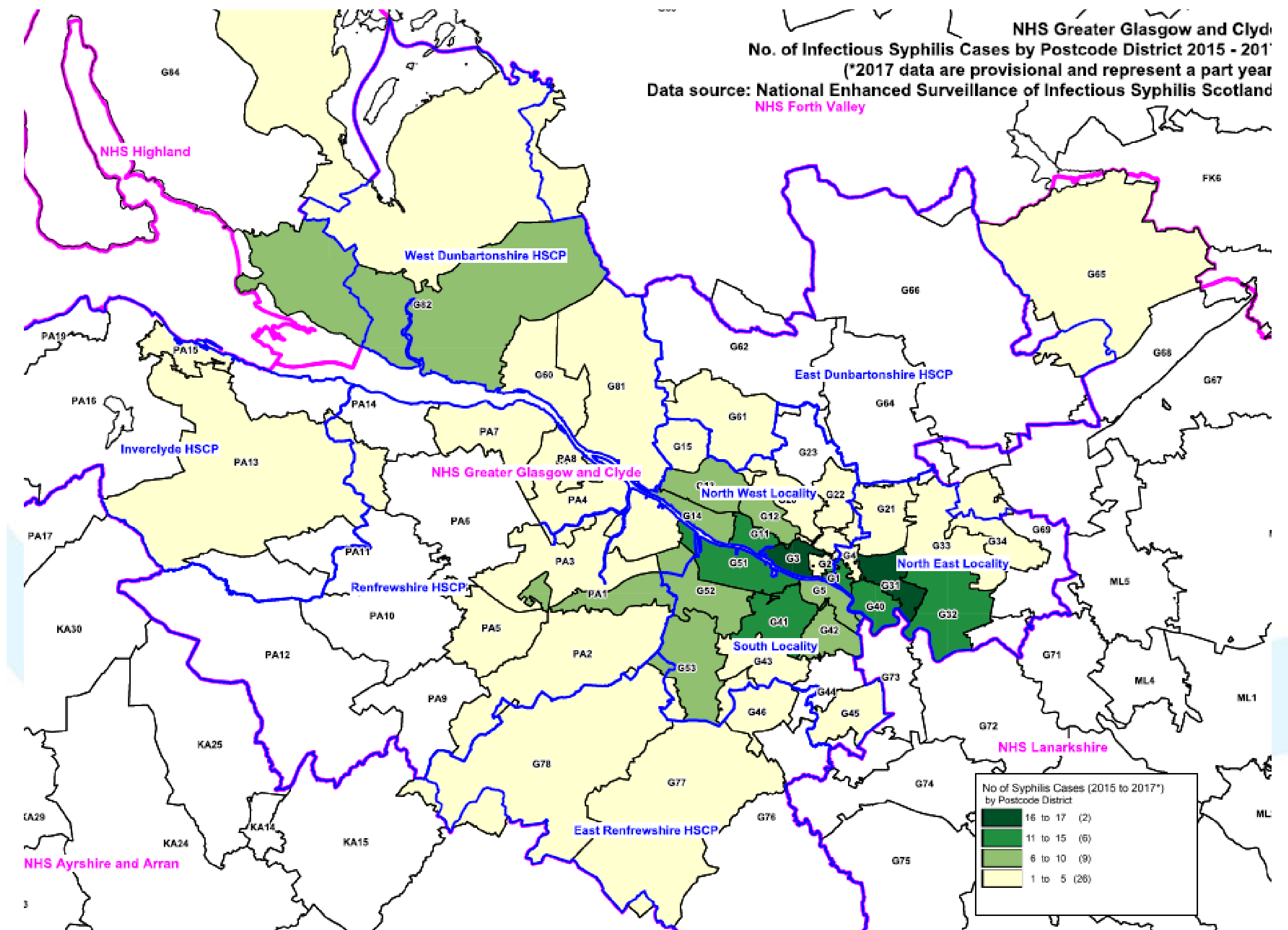
Appendix 3

Gonorrhoea cases by postcode area in GGC 2015 - (part) 2017



Appendix 4

Syphilis cases by postcode area in GGC 2015 - (part) 2017



Appendix 5

Clinic attendance and episode reason by HSCP area 2017

Proportion of HSCP residents attending named booked clinics in 2017

	East Dun	East Ren	Glasgow	Inver	Ren	West Dun
LARC clinic	15%	13%	10%	19%	14%	12%
Routine care clinic	20%	19%	17%	26%	17%	19%
Urgent care clinic	8%	8%	10%	10%	11%	8%
All Other / Specialist clinics	55%	57%	61%	43%	57%	58%

Proportion of HSCP residents attending all clinics in 2017 for reason listed

	East Dun	East Ren	Glasgow	Inver	Ren	West Dun
Contraception (all)	30%	31%	29%	29%	29%	29%
Asymptomatic testing	19%	20%	18%	19%	19%	20%
Symptomatic testing / treatment	14%	14%	15%	16%	15%	14%
Women's Health / Gyn	10%	9%	11%	11%	11%	11%

Appendix 6

Sandyford locations attended by East Dunbartonshire residents in 2017

(Total 3450)

Name of Service	**Numbers <20**	**Numbers >20**
Castlemilk	0	7
Central	**256**	**2133**
Clydebank	7	47
Drumchapel	12	142
East	9	100
East Dunbartonshire	**89**	**513**
East Renfrewshire	2	5
Easterhouse	9	28
Greenock/Boglestone	2	15
Johnstone	2	5
North	**61**	**650**
Renfrewshire	4	49
South East	1	23
South West	5	15
West Dunbartonshire	5	38

Sandyford locations attended by East Renfrewshire residents in 2017

(Total 3129)

Name of Service	**Numbers <20**	**Numbers >20**
Castlemilk	3	47
Central	**174**	**1707**
Clydebank	1	5
Drumchapel	3	11
East	4	61
East Dunbartonshire	0	1
East Renfrewshire	**152**	**941**
Easterhouse	2	24
Greenock/Boglestone	1	29
Johnstone	4	18
North	4	43
Renfrewshire	29	**362**
South East	16	155
South West	31	**271**
West Dunbartonshire	0	31

Sandyford locations attended by Glasgow residents in 2017

(Total 30776)

Name of Service	**Numbers <20**	**Numbers >20**
Castlemilk	**103**	**527**
Central	**1913**	**20181**
Clydebank	25	240
Drumchapel	**104**	**681**
East	**418**	**3720**
East Dunbartonshire	4	40
East Renfrewshire	20	258
Easterhouse	**72**	**491**
Greenock/Boglestone	11	235
Johnstone	8	61
North	**211**	**2030**
Renfrewshire	47	528
South East	**229**	**2289**
South West	**254**	**1836**
West Dunbartonshire	11	204

Sandyford locations attended by Inverclyde residents in 2017

(Total 2222)

Name of Service	Numbers <20	Numbers >20
Castlemilk	0	1
Central	111	687
Clydebank	0	13
Drumchapel	0	7
East	0	12
East Dunbartonshire	0	1
East Renfrewshire	0	8
Easterhouse	0	0
Greenock/Boglestone	249	1546
Johnstone	3	13
North	0	6
Renfrewshire	8	206
South East	0	6
South West	0	4
West Dunbartonshire	0	14

Sandyford locations attended by Renfrewshire residents in 2017

(Total 6490)

Name of Service	**Numbers <20**	**Numbers >20**
Castlemilk	0	7
Central	**351**	**2816**
Clydebank	4	30
Drumchapel	2	28
East	5	40
East Dunbartonshire	0	4
East Renfrewshire	15	130
Easterhouse	0	31
Greenock/Boglestone	16	207
Johnstone	**104**	**348**
North	5	53
Renfrewshire	**591**	**3615**
South East	1	31
South West	10	80
West Dunbartonshire	5	64

Sandyford locations attended by West Dunbartonshire residents in 2017 (Total 3209)

Name of Service	**Numbers<20**	**Numbers >20**
Castlemilk	0	2
Central	**207**	**1587**
Clydebank	**148**	**595**
Drumchapel	13	112
East	0	18
East Dunbartonshire	0	3
East Renfrewshire	0	10
Easterhouse	0	5
Greenock/Boglestone	0	38
Johnstone	1	5
North	0	26
Renfrewshire	5	118
South East	3	10
South West	0	7
West Dunbartonshire	**144**	**978**