NHS Grampian Sexual Health- service and financial overview March 2023

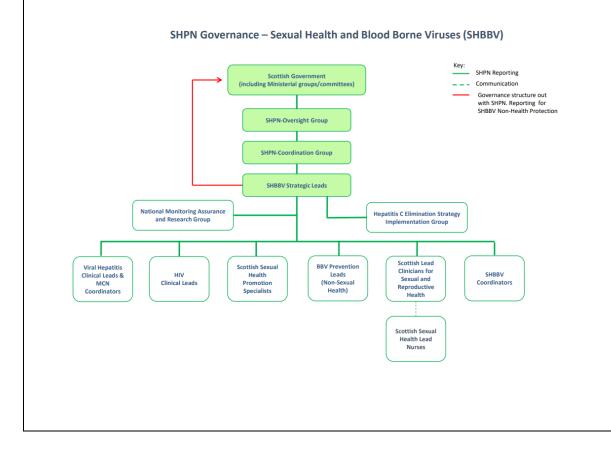
SERVICE OVERVIEW

Strategic overview

Grampian Sexual Health is a pan Grampian, ACHSCP hosted service providing holistic and comprehensive sexual health care. The service is underpinned strategically by the following key strategies,

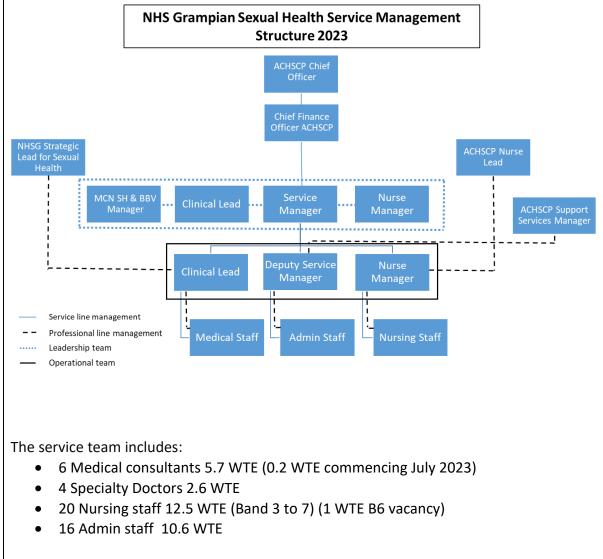
- Sexual Health and Blood Borne Virus (BBV) Framework 2015-2020 and Reset and Rebuild: Recovery Plan 2021. Refreshed Framework due Spring 2023
- Healthcare Improvement Scotland Sexual Health Standards 2022
- Women's Health Plan 2021-2024
- Aberdeen City Health and Social Care Partnership (HSCP), Aberdeenshire HSCP and Moray HSCP strategic plans
- NHSG Plan For the Future 2022-2028
- NHS Grampian Clinical Strategy 2016-2021
- Realistic Medicine

The service has a responsibility to locally implement some actions in all of these strategies, but most notably the Sexual Health and Blood Borne Virus Framework. The service is supported with strategic decision making and services planning by the NHS Grampian Sexual Health and BBV Managed Care Network (MCN), which in turn provides a proportion of funding to Grampian Sexual Health. Key members of Grampian Sexual Health management team also represent Grampian nationally on groups which feed directly to Scottish Government via the Scottish Health Protection Network, as shown below.



- SHBBV Strategic Leads Group: Dr Daniela Brawley
- Scottish Sexual Health Lead Clinicians Group: Dr Dianna Reed, Clinical Lead, Grampian Sexual Health
- HIV Clinical Leads Network: Dr Daniela Brawley, HIV Clinical Lead, NHS Grampian
- Scottish Sexual Health Lead Nurses Forum: Mrs Julia Penn, Nurse Team Lead, Grampian Sexual Health
- SHBBV Framework Co-ordination Group: Ms Lisa Allerton, SHBBV Manager, NHS Grampian
- Scottish Sexual Health Promotion Specialist Group: Mrs Penny Gilles, Public Health Practitioner, NHS Grampian

Service structure is shown on the organogram below with accountability to ACHSCP and NHS Grampian directly via the Sexual Health and BBV MCN and clinical staff line management.



Medical and nursing staff have allocated lead areas of responsibility and accountability.

Clinical service overview

The main service is based within the Aberdeen Community Health and Care Village with hub clinics in Dr Grays Hospital Elgin, Chalmers Hospital Banff, Fraserburgh Hospital and Peterhead Hospital. The service also supports HMP Grampian deliver sexual health care and since 2017 has ran the Exchange Clinic, a service for men who have sex with men in partnership with Alcohol and Drugs Action (ADA) in Aberdeen city centre.

A wide range of services are offered at the main and hub services including:

- Prevention methods, including HIV post- and pre- exposure prophylaxis (PEP/PrEP), testing and treatment for Sexually Transmitted infections (STIs) and Blood Borne Viruses (BBVs);
- Human Immunodeficiency Virus care for approx 250 patients;
- Priority access clinics for urgent sexual health care;
- Complex contraception including Long Acting Reversible Contraception (LARC);
- Young person's/<18s early evening clinics;
- Community gynaecology service, which receives 1800 primary care referrals per year and has a joint referral pathway with hospital gynaecology;
- Abortion care for residents in Aberdeen, Aberdeenshire and since 2022, providing cover for Moray in the absence of local provision. This is pending a more permanent solution and is not currently remunerated. Support is provided for NHS Shetland and Orkney;
- Psychosexual medicine care;
- Care post sexual assault. The Forensic Suite for the provision of forensic assessment in cases of sexual assault is contained within Aberdeen Health Village led by the forensic team in NHS Grampian. The service works closely with this team, seeing patients after forensic assessment for follow up care.

Training and education

In addition to clinical work the service provides training and education to clinical and nonclinical staff throughout Grampian, led by Dr Sinead Cook, Consultant lead for training and TPD for FSRH, Mrs Katy Henderson Lead Nurse for training, and supported by Ms Donna Brown Training and Education co-coordinator.

The service has been supporting primary care services to try and re-establish contraception and LARC services following Covid 19. The service trains approximately 40-44 clinical staff in the insertion of LARC and progresses 10-15 staff through the Diploma of Sexual and Reproductive Health each year. Furthermore the team, both medical and nursing provide regular sexual health updates for GP practices, Acute Services, 3rd sector, Schools throughout the year. A proportion of these activities are income generating to help sustain the teaching and training programme. However, are also essential in improving sexual health outcomes for all people living in Grampian.

Young person's Service

Young people are a priority group for SRH services and work has been underway within the sexual health service to improve the service for them over recent years and to increase attendance; throughout Scotland, attendance at services by under 18s had been declining. Dr Sinead Cook, Consultant SRH is the lead consultant for young people and Amanda Mackie is the lead nurse. In addition to two young persons dedicated clinics (which provide

a mixture of appointments and drop ins), a young persons and vulnerable adult multidisplinary team meeting occurs fortnightly. The team also feed into other Grampian and Aberdeen groups, including child protection and Child Sexual Exploitation. Partnership working

As stated in the strategic overview the service has close links with the SH and BBV MCN in NHS Grampian. The MCN funds part of the service and also funds sessions for staff taking on HIV lead and Sexual Health lead roles. These roles involve leading the MCN team to address the higher level outcomes of the SH and BBV strategy from a Grampian wide perspective with both clinical, non-clinical and 3rd sector colleagues.

Partnership and integrated working also exists with Gynaecology, Infectious Disease colleagues (for HIV care), Hepatology Services (for co-infection of patients with Hepatitis and HIV); women and children's services, substance misuse services, community pharmacy, Dr Gray's, local authorities, Health and Social Care Partnerships (Moray and Aberdeenshire); Laboratories, Health Psychology, Forensic Services, Mental Health, Police Scotland and Public Health.

<u>Research</u>

Furthermore the service also actively participated in research. In 2021, the service collaborated with the SH/BBV MCN and Dr Den Daas to assess sexual health service access for priority groups and local sexual health behaviour post Covid19. In addition, the service was a recruitment site for Glasgow Caledonian University HIV Pre-Exposure Prophylaxis (PrEP) users study and a submission for a research grant is currently pending for a study involving HPV vaccination for vulnerable women and cervical cancer. Furthermore, the service has been a recruitment site for the VEMA study, in collaboration with NHS Lothian. Previous research: the service has been a recruitment site including UCON study, Medabon study and TV PCR study. Staff members have published multiple research publications, posters and presentations. List available on request.

PERFORMANCE AND GOVERNANCE

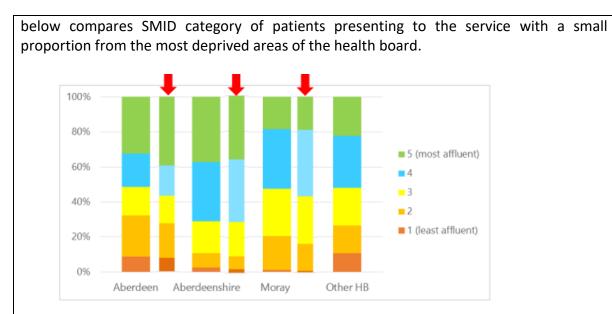
Nationally the service maintains and self-audits against the Sexual Health Service Standards, Health Improvement Scotland 2022.

Sexual health standards (healthcareimprovementscotland.org)

These standards include targets for service provision and planning. The service is auditing current delivery against these standards. Expected completion Spring 2023.

The current management team have monthly operational/governance meetings and senior management to meet and discuss strategic aims, performance and governance. This teams feeds into ACHSCP management and governance structures and also SH/BBV MCN.

A service strategy was written in 2018/19 however has been superseded by local and national remobilisation plans following Covid19 pandemic. However the broad aims are unchanged with a focus on priority group access and care. This includes but is not limited to, people affected by deprivation, substance misuse and community justice, LGBT+ community, young people and those involved in the sex industry. Pre-Covid data shown



Whole SHS figures - by patients attending - 1,375 missing postcode

The service plans to work with partners to develop and support sexual health provision in the following areas:

- Support remobilisation of sexual health care across partners especially LARC provision in primary care with focus on areas of deprivation/priority groups
- Working in partnership with primary care to increase LARC provision, with a new referral pathway to 2 practices in within Aberdeen city whom have agreed to undertake additional LARC insertions.
- Late night opening in partnership with Alcohol and Drug Partnership for gay, bisexual and other men who have sex with men- re-commenced post Covid 19 September 2021
- Support for areas of deprivation with possible hubs or mobile clinic pilot in Kittybrewster, Westburn and North Corridor- currently on hold due to service pressures.
- Supporting termination of pregnancy pathway in NHS Shetland with SLA
- Supporting termination of pregnancy pathway in Moray (SRH are currently providing this service, without additional funding in a the absence or more local provision

Additional partnership work includes

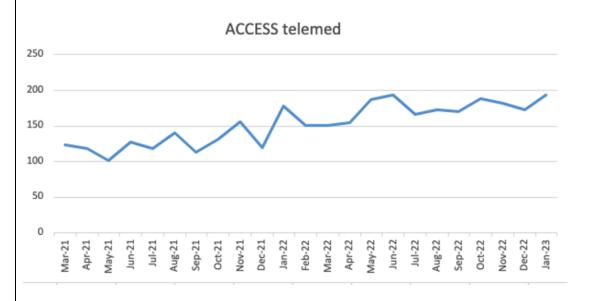
- Sexual health nursing staff chaperoning forensic examinations and self referral pilot
- Operation Begonia Police partnership work with those involved in sex work
- Exchange clinic expansion with PrEP service- commenced September 2021.

As a part of revising service plans, a population needs assessment will also be completed in 2023. We expect this to tie into the ambitions of the new Framework and sit alongside the HIS Standards for Sexual Health Services.

ACTIVITY

Pre-Covid the service provided approximately 36,476 patient contacts in 2019/20. This was a 12% increase from 2018/19. Once again, this has increased to approximately 40,000 patient contacts in 2022. Telemedicine has also been used within the service as standard with 43% seen virtually in 2019. There was an initial drop in activity with Covid19 restrictions however this has increased to above pre-Covid levels by autumn 2020 as shown in the data below.

In addition there has been a sustained increase in demand for abortion care since 2021 (see below ACCESS telemed data). Of note this activity is supported by less WTE staffing and also an increase in staffing required for the termination of pregnancy service specifically.



Due to the nature of the service, the majority of presentations are self referrals. However, pre COVID, there were also approximately 1500 GP referrals each year. This dropped in 2020 but has increased with 2022 receiving 1900 referrals into the service, with the monthly average higher than preCovid19 levels.

The current management team has established these activity benchmarks which are reviewed monthly to assist with capacity and service planning.

As of March 2023:

- Budget for 22/23 is £2.34 million, 10% of which is contributed by NHS Grampian SH/BBV MCN
- Regular review of budget and issues by management team
- Cost effective care regularly reviewed by HIV and SH pharmacists

Current and potential future cost pressures include:

- Increased service demand.
- Drugs budget overspent each year due to increase in activity. Zero based budgeting is being considered by ACHSCP Finance Leads

- MCN funding contribution at risk of being reduced in 2023/24 and in additional years.

SERVICE ISSUES AND FINANCIAL CHALLENGES- CURRENT AND FUTURE

There are several current challenges within the service,

1. Activity

The service is under pressure due to a significant increase in demand/activity post Covid due to its own backlog and also a reduction in primary care and other services sexual health provision. The service plans to lead discussions pan Grampian with the publication of the HIS standards and to support partners remobilise this care.

2. Staffing.

Staffing is lower than at preCovid levels due to vacancies and loss of specialty trainee post. This has also been exacerbated by the increased in activity post Covid19 and increased in staff required for the current termination of pregnancy service. Staffing is also required to support partners from a training and education perspective.

3. Service review and future planning.

The service has been redesigned dynamically during the Covid19 pandemic. However a formal review is required to review if the aims are being achieved. This is to be started by benchmarking against the HIS standards combined with a population needs assessment.

4. Finance.

Although the service is running under budget in 2022/23, this is due to staff shortages/vacancies which are not sustainable. With staffing improved and increase trend in activity, drugs, supplies and equipment costs will continue to increase. Service management team reviews service financial position on a monthly basis and makes continual attempts at cost savings (see above). There is an expected funding cut from MCN funding in 2023/2024.

Completed by: Dr Dianna Reed, Clinical Lead Jennifer Matthews, Deputy Service Manager