INTEGRATED IMPACT ASSESSMENT SUMMARY REPORT TEMPLATE FOR EMERGENCY DECISIONS

Please complete as many of these sections as possible

1. Title of proposal

Rebuild and Reset Lothian Sexual and Reproductive Health Services (LSRHS)

2. What will change as a result of this proposal?

Major changes to all aspects of SRH (sexual and reproductive health) service delivery were initiated and documented at the start of COVID 19 lockdown. Detailed recovery planning has been undertaken which very briefly comprises:

- CHOICES abortion service delivered remotely with abortion medication taken at home
- HIV care by remote consultation with reduced blood monitoring , observations and delivery of medication
- Restart of Long Acting Reversible Contraception (LARC) for priority patients
- Limited staged restart of central (Chalmers)
- Provide urgent SRH care by on-line phone consultations booked on line
- STI (sexually transmitted infection) and HIV testing by self-sampling and postal testing
- Near- me drop-in for young people with limited centralised face to face capacity
- Recommence routine medical gynae, GUM (genito-urinary medicine), menopause and PMS (pre-menstrual syndrome) services with remote consultations and face to face for complex cases and procedures
- Psychosexual service consultations using NearMe
- Gender consultations by NearMe and phone
- PrEP (pre-exposure prophylaxis) follow-up by telephone consultation
- Deferred restart of Healthy Respect+ (HR+) Drop In and C-Card
- Deferred restart of WISHES (Women's Inclusive Sexual Health Extended Services) and ROAM outreach Services for vulnerable population
- Deferred restart of 9 local clinics, HR and HR+ drop-ins and clinics with 3rd sector partners
- Deferred start of any central or local walk-in

3. Briefly describe public involvement in this proposal to date and planned

- There has been no direct public involvement in the emergency changes initiated to date
- Evaluation of service changes using patient feedback questionnaires and/or interviews is underway in several services:
  - Formal evaluation of all attendees to CHOICES service
  - The Transgender Stakeholder Group has been consulted and is generally supportive of changes to gender services
  - Evaluation of Near-Me for gender service is underway
  - National evaluation of remote consultation for HIV Services is being developed, led by Chalmers service in conjunction with other Health Boards
  - Evaluation of self sampling for syphilis and HIV testing - underway
  - Evaluation of patient experience of Urgent Care Phone Back Consultations

- Once HIV service recovery plan is clear and agreed, the Lothian HIV Patient Forum will be consulted on the changes.

4. Date of IIA

23rd June, 2020.

5. Who was involved in carrying out the IIA? (please list lead officer and other staff)

Name	Job Title
Dr. Dan Clutterbuck	Clinical Lead for Sexual and Reproductive Health
Professor Sharon T Cameron	Consultant Gynaecologist
Alison Craig	Nurse Consultant/Clinical Nurse Manager
Lorraine Chance	Business Manager

6. Evidence available at the time of the IIA

Evidence	**Available –** detail source	**Comments:** what does the evidence tell you about different groups who may be affected?
Data on populations in need	Yes	National data reports provide some evidence of need Relevant to the current situation is the level of demand prior to COVID Last SMT quarterly data report (SMT 1920 Q4) shows that prior to lockdown: All care provided attendances were 62,773 for the year. Patients on waiting lists were: PrEP start 82, Gender first appointment 448,Menopause 92, Gynaecology 164, Psychosexual 196
Data on service uptake/access	Yes	Weekly COVID report for SMT shows that for week of 21st June, we were providing 53% of our usual care provided attendances (mostly remotely), 16% of usual Implants, 29% of usual IUC and 17% of usual Chlamydia tests. Local clinics are at 16% of pre-COVID capacity. The opportunity to validate these data has been limited but they are broadly indicative of a substantial reduction in face to face, considerable service provision on phones and nearme and almost entire closure of local clinics. Since beginning remote consultation there has been an improvement to the Gender Clinic waiting list which will form part of recovery reflection. We have introduced an ‘at risk’ option for staff to select if they identify any particular

Evidence	Available – detail source	Comments: what does the evidence tell you about different groups who may be affected?
		risk e.g. significant alcohol or drug use. This will allow data reporting from NASH.
Data on socio-economic disadvantage e.g. low income, material/area-based deprivation.	Yes	Refer to deprivation data for local clinics and HR
Data on equality outcomes	No	We are currently analysing our phone clinic attendees by postcode deprivation index to get a (very rough) impression of whether changes to access and service delivery have affected populations proportionately.
Research/literature evidence	Yes	Evaluation of all service changes as outlined above
Public/patient/client experience information		Positive patient feedback from CHOICES service
Insight from public / service user engagement		Positive feedback from Transgender Stakeholder Group
Evidence of unmet need		Priority services (CHOICES, HIV care) are running. There is no clear evidence of adverse outcomes related to lack of service, but the absence of testing for STIs means that any increase in STI incidence rates will not be detected until testing is restarted at scale.
Good practice guidelines	Yes	COVID recovery planning documents have been published by national bodies including: • SHPN SRH Clinical Leads • FSRH • RCOG • BASHH
Carbon emissions generated/reduced	Yes	Significantly reduced
Environmental data	No	
Risk from cumulative impacts	No	Not known
Other (please specify)		SRH training for doctors and nurses in SRH has largely ceased with plans for with reduced face to face contact and increased use of on-line training as part of recovery planning.

Evidence	**Available –** detail source	**Comments:** what does the evidence tell you about different groups who may be affected?
Additional evidence required?		Additional attendance and demographic data and patient evaluation will be sought as individual services rebuild

7. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	**Affected populations**
Positive Maintained access for safe abortion for women in Lothian and reduced the waiting time allowing women to choose early medical abortion. Currently under evaluation with positive feedback.	Women of reproductive age
Negative Continued modernised service is dependent on Government legislation, currently temporary	
Positive Some patients with less complex needs including HIV with undetectable viral load, PrEP, routine contraception and early Medial Abortion may prefer the privacy of remote consultation and also medication collection	MSM (men who have sex with men), Women of reproductive age
Some gender patients have found avoiding attending a hospital to be very helpful as it is less pathologising, and reduces anxieties associated with travelling / attending (e.g. will I be misgendered, will I feel uncomfortable in a waiting room)	People with gender dysphoria
Many patients have commented on the convenience of an appointment that doesn't require time or expense of travel (previously some patients have not attended citing the cost of public transport)	
Negative Other groups with complex needs and/or single or multiple disadvantages are likely to be less able to access care. This may result in a range of adverse outcomes for individuals and populations including: Avoidable or prolonged pain or distress from untreated SRH conditions Risk of unwanted pregnancy through lack of contraception access Serious complications of STI and onward STI transmission	Wide population groups

Delayed HIV and hepatitis diagnosis with onward transmission Delay in cancer diagnosis Discontinuation of antiretroviral therapy with risk of onward HIV transmission Harms to wellbeing, mental health and social harms from lack of support/ counselling services Populations who may be disproportionately affected include: Young people Vulnerable adults LGBT+ people People with physical and learning disabilities Those for whom English is not their first language Refugees, Asylum seekers and others without permanent UK residency status Those affected by Gender Based Violence People with one or more social disadvantages including low income and geographical isolation People with reduced access to remote/digital access platforms for any reason People who struggle with accessibility for virtual appointments – for example some people with ASD have stated they wouldn't manage a phone or video appointment, others have preferred it People with development disabilities or other conditions that may impair their usage of technology needed for remote access People who would not feel safe discussing their care in their home environment. Reduced F2F work with Intravenous Drug Users and other 'hard to reach' populations and individuals vulnerable to HIV infection. **Positive** Training of other services to use a Point of Care Test to support HIV testing in non traditional settings.	

Environment and Sustainability including climate change emissions and impacts	**Affected populations**
Positive. Reduced travel	**All**
Negative	

Economic including socio-economic disadvantage	Affected populations
Positive Less travel resulting in reduced cost **Negative** Lack of low risk STI testing in our Service the only other option is private providers with significant cost Access to less cost effective methods of contraception while access to LARC is reduced Economic consequences of unintended pregnancy, abortion, birth and untreated STI and BBV	**All**

8. **Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human right, including socio-economic disadvantage, environmental and sustainability issues be addressed?**

   No

9. **Describe how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language?**

   Through the Website for those who are able to read

10. **Is the policy likely to result in significant environmental effects, either positive or negative**? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this.

    No

11. **What, if any, actions are recommended in response to the impacts identified above?** This can include keeping the proposal under review, gathering more data, or specific actions to mitigate identified impacts.

    - Provide enhanced outreach service for vulnerable populations (including young people) in the interim and longer term.
      Reinstate local clinics with adequate capacity.
    - NaSH on-line modules to support on-line booking also another costing upgrade for on-line testing and contraception
    - HIV module for NaSH

Specific actions (as a result of the IIA which may include responding to financial implications, mitigating negative impacts, action to manage the risk of cumulative impacts)	**Who will take them forward (name and job title)**	**Deadline for progressing**	**Review date**
Reinstate local clinic services and outreach (WISHES/ROAM/HR/HR+) at original/alternative sites	Locality Services Team Dr Carlos Oroz	August 2020	Sept 2020
Develop Inclusion Health Outreach Team to provide alternative routes to care for vulnerable populations	IHOT Team/ Yvonne Kerr BBV Programme manager	August 2020	Sept 2020
Expedite appointment to Systems Admin post to support IT for Service recovery and to increase post from 25 to 37.5 hours – which is critical for us to redesign effectively	Chalmers SMT/Lorraine Chance, Service manager	August 2020	Sept 2020
Take forward the single service integration for HIV care with RIDU	Dr Dan Clutterbuck HIV Clinical Lead	August 2020	Sept 2020
Develop online self-testing solution for STI/BBV testing	Dr Dan Clutterbuck HIV Clinical Lead	August 2020	Sept 2020
Review and redraft Gender Business case to accommodate changes to service delivery	Chalmers SMT/Mr David Parker (Lead Nurse Gender)	December 2020	Jan 2021
Identify budget for NaSH system upgrades to support remote kiosk registration/HIV care/online STI testing locally or nationally	NHS Lothian SHBBV Programme Board/Dr Duncan McCormick, Consultant in Public Health /Dr Dan Clutterbuck HIV Clinical Lead	August 2020	Sept 2020

12. Are there any negative impacts in section 7 for which there are no identified mitigating actions?

- Abortion Service depends on Government legislation
- Number of face to face patients out with our control due to social distancing
- Gender business case previously submitted remains unfunded

13. How will you monitor how this proposal affects different groups, including people with protected characteristics?

With the existing Service data and monitoring that is in place we will adjust to reflect changes in service delivery

14. Sign off by Head of Service

Name: Sheena Muir

Date: 6th July 2020

15. Publication

Completed and signed IIAs should be sent to sarah.bryson@edinburgh.gov.uk to be published on the IIA directory on the Edinburgh Health and Social Care Partnership website.