Integrated Impact Assessment : Summary Report Template

Each of the numbered sections below must be completed

<table>
<thead>
<tr>
<th>Interim report</th>
<th>Final report</th>
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<tr>
<td>(Tick as appropriate)</td>
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1. **Title of plan, policy or strategy being assessed**

Lothian Sexual and Reproductive Health Services (LSRHS) – with particular reference to provision of PrEP (Pre Exposure Prophylaxis)

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

This IIA is to consider the impact of pressures on the service due to continuing demand for PrEP after the initial funding phase, within the context of generally rising demand for SRH services.

There are specific areas where these additional pressures are most felt and evident: IUC (Intra Uterine Contraception) clinic waiting times, Local SRH Clinics and PN (Partner Notification).

The waiting list for new start PrEP appointments will be closed on February 28th.

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

Service users were involved in the development of national PrEP patient information materials and represented on the PrEP Short Life Working Group in 2016.

This IIA considers the potential impact on different population groups if current pressures and increase in demand continue unmitigated, such as the implications of longer waiting lists. As such there was no specific proposal on which to consult at this point in time, although this may be indicated at a later date.

4. **Date of IIA**

February 20th 2019

5. **Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)**
<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Date of IIA training</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>Sheila Wilson</td>
<td>Senior Health Policy Officer, Public Health (facilitator)</td>
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<td>Nick Atkinson</td>
<td>Volunteer @ SX and PrEP user</td>
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<td>Doctor, Local Clinic lead</td>
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<td>Dan Clutterbuck</td>
<td>Doctor, GUM</td>
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<td><a href="mailto:daniel.clutterbuck@nhs.net">daniel.clutterbuck@nhs.net</a></td>
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</tbody>
</table>

6. **Evidence available at the time of the IIA**

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Available?</th>
<th>Comments: what does the evidence tell you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on populations in need</td>
<td>Yes</td>
<td>Overall attendances at LSRHS have increased by 61% :</td>
</tr>
<tr>
<td>Evidence</td>
<td>Available?</td>
<td>Comments: what does the evidence tell you?</td>
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<td>--------------------------------------</td>
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</table>
|                                      |            | • **from** 32,727 in 2011/12  
• **to** 52,980 in 2017/18 |
|                                      |            | **NB** Some of this increase may be explained through recording of certain episodes of care e.g. sampling for Chlamydia/gonorrhoea at reception that previously was a postal test |
| Data on service uptake/access        | Yes        | PrEP was first made available in Lothian in July 2017, with 559 individuals on PrEP by September 2018  
There are currently no appointments available for new starts, as the service needs to retain sufficient capacity to support and monitor those already on PrEP  
The number of attendances for IUC insertion increased by 31% between 201/12 and 2017/18 |
| Data on equality outcomes           | Yes        | MSM from deprived postcodes in Edinburgh may be slightly less likely to attend SRH services for PrEP  
(*Is a centralised PrEP service a barrier to equity of access to NHS PrEP for MSM? – an analysis from one centre*)  
Pressure on central services may pull resource from peripheral clinics, leading to less easy access for patients in these areas.  
People who are eligible for PrEP are at high risk of contracting HIV; this is likely to include some groups with high and complex needs |
| Research/literature evidence        | Yes        | Lothian based study indicates high levels of awareness and willingness to take PrEP amongst MSM (men who have sex with men) at high and low risk of contracting HIV  
(*Demand for pre- exposure prophylaxis for* |
<table>
<thead>
<tr>
<th>Evidence</th>
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<tbody>
<tr>
<td>HIV and the impact on clinical services: Scottish men who have sex with men perspectives? Int.Jnal STD and AIDS)</td>
<td></td>
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<tr>
<td>Public/patient/client expérience information</td>
<td>No</td>
<td></td>
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<tr>
<td>Evidence of inclusive engagement of service users and involvement findings</td>
<td>Yes</td>
<td>An IIA on introduction of PrEP in Scotland was held in August 2016, and noted the involvement of service users in the development of national PrEP patient information materials and representation on PrEP Short Life Working Group. Study referred to above based on questionnaires returned from over 300 service users in Lothian.</td>
</tr>
</tbody>
</table>
| Evidence of unmet need                                                   |            | Waiting times for IUC have increased to between 7 and 12 weeks
The current waiting list for PrEP at 14/12/18 is 86 patients and appointments to commence PrEP are filled to 10 April 2019
National figures indicate that 28% of new starts for PrEP had not attended services in the previous two years, and one fifth of these had not attended in the previous 10 years, or ever.                                                                                                                                                                                                                       |
| Good practice guidelines                                                 | Yes        | Scottish Health Protection Network Guidelines - Eligibility criteria for PrEP
Sexual Health and Blood Borne Virus Framework 2015-2020 identifies LARC (Long Acting Reversible Contraception) as a priority                                                                                                                                                                                                                                                                                                                                       |
| Environmental data                                                        | No         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Risk from cumulative impacts                                             | yes        | Individuals eligible for PrEP are at high risk and there is therefore potential for increase in transmission of HIV if they are not able to access it
Long waiting list for contraception may...                                                                                                                                                                                                                                                                                                                                                                          |
Evidence | Available? | Comments: what does the evidence tell you?
--- | --- | ---
 | | result in increase in unintended pregnancies
Service pressures mean reduced capacity for Senior Health Advisors to carry out partner notification i.e. identify and follow-up STI contacts, leading to potential for increase in transmission rates of illnesses such as syphilis, gonorrhoea and shigella; and for multi drug resistance, due to transmission of drug resistant strains

Other (please specify)

Additional evidence required

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

**Equality, Health and Wellbeing and Human Rights**

**Positive**

Evidence suggests that dignity and control over decisions relating to sexual health is an aspect of good mental health; this is promoted by timely access to high quality sexual health services

**Negative**

Current pressures are having a particular impact on specific areas of the service – PrEP, IUD waiting times, Local SRH Clinics and Partner Notification, with a number of groups likely to suffer disproportionately as a result:

- MSM (men who have sex with men) - comprise the majority of PrEP users, approx 98%
- Women – long waiting times for IUC increase the risk of unintended pregnancy - the impact on

**Affected populations**

- Gay and bisexual men, all MSM
- Women, especially more vulnerable
physical and mental health whether pregnancy carried to term or terminated is significant and greater for more vulnerable groups such as looked after/accommodated young women, women who are homeless. Unintended pregnancies are overrepresented in deprived areas with social and economic consequences over the life course.

- Young people – may be more prone and vulnerable to risk taking behaviour if waiting lists are closed or lengthy for PrEP. This also applies to LARC (Long Acting Reversible Contraception).
- People who do not live near the central service, especially the above groups, and those with mobility issues, are further disadvantaged by geography and affected by the unreliability of local clinic services when these are cancelled due to resource demand from the central service; these clinics are located in areas of deprivation and by definition serving groups most in need of services
- Students, many of whom now live in residences in parts of the city where most GP lists are closed and need therefore to rely on other services for sexual health needs
- Pressure on clinical services has an impact on their capacity to provide additional information and support for patients who need it – this may in turn impact on third sector outreach services which provide this in less formal and less pressured settings that may be more accessible for young and more vulnerable people, and people with extra communication needs, in particular; the increased pressure being experienced by these services and consequently longer waiting times has the potential for people in these groups who can’t be seen quickly not returning and being lost to follow up
- Increasingly stressful working environment for all SRH staff especially nurses, Health Advisors and staff in Local SRH Clinics (where fewer people available to cover) who are under pressure to meet increase in level and complexity of demand across the service. Nurses and receptionists are front facing during walk-in clinics; pressures result
in triage meaning that most patients will NOT be seen, and can sometimes become angry or distressed when turned away.

Environment and Sustainability

Positive
If local clinics are sustained there is a positive impact in terms of fewer people using cars or other transport to access central services.

Negative
Infection control is a key issue given resource pressures that currently limit level of Partner Notification possible. Impacts include:
- Limit in ability to treat and to prevent transmission of syphilis, shigella and other STIs, and Hep B
- Potential increase in rates of antibiotic resistant strains of gonorrhoea
- Potential for PrEP resistant HIV if more people source PrEP for themselves but are not monitored in NHS services

Affected populations
- People in rural areas, and areas of deprivation
- Everyone, but especially MSM and vulnerable groups including people who inject drugs

Economic

Positive
- Maintaining a sexual health service which allows people to stay well and continue to be able to work is a positive Impact, perhaps especially for those in less protected or secure types of employment
- Prevention of unintended pregnancies –and potential short, medium and long term impacts of that on the young parent and the child - may help young people into positive destinations

Negative
- Those on lower incomes are less likely to be able to afford to buy PrEP for themselves and may therefore be more at risk from unprotected sex. Younger men are more likely than older men to be on a lower income.

Affected populations
- People of working age
- Young people, especially young women
- People in less affluent
- Pressure on clinics and longer waits may have an impact on people who find it difficult to take time off work, especially those who are lower paid and/or in less secure types of employment

- Evidence indicates that the impact of unintended pregnancy and STIs is greater for people in less affluent socioeconomic groups

<table>
<thead>
<tr>
<th>socioeconomic groups</th>
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<tbody>
<tr>
<td>Younger men, esp.MSM</td>
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</table>

8. **Is any part of this policy/service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

   *No*

9. **Consider 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? Please provide a summary of the communications plan.**

   The focus of this IIA is on maintaining rather than developing a new service so a communication plan is not necessarily indicated – except perhaps in the case of re-opening waiting lists.

   Chalmers uses TV screens and posters to promote and advertise clinics, with the main route for promotion being the website; there is now also a twitter account. The communications group at Chalmers is recruiting to a communications post and they will lead on developing any plans.

10. **Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use?** If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

   *No*
11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.
Not required at this point

12. Recommendations (these should be drawn from 6 – 11 above)

A/ The impact of current pressures on LSHRS falls disproportionately on groups with protected characteristics – MSM, women especially young and vulnerable women, young people, and people living in areas of deprivation

In addition, the difficulties faced by local SRH clinics in maintaining a consistent service disproportionately affect people in lower socioeconomic groups who live at a distance from the central service, as well as any groups who find it difficult to travel outwith the local area (for example, young people, those with mobility issues, people with poor mental health etc)

It is recommended that these differential impacts should be carefully considered and measures taken to prevent or mitigate them in any proposals designed to maintain the safety and quality of LSHRS service.

B/ Partner notification is a key part of the service that is proving hard to maintain due to the necessity for Health Advisors, who normally perform this duty, to take on other more immediate roles in day-to-day clinics.
A possible increase in rates of antibiotic resistant strains of gonorrhoea, as well as other STIs, is a concern.
If waiting lists remain closed there is potential for development of PrEP resistant HIV.

Infection control is a key concern in relation to considering the impact of the pressures on specific parts of the service.
13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

<table>
<thead>
<tr>
<th>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</th>
<th>Who will take them forward (name and contact details)</th>
<th>Deadline for progressing</th>
<th>Review date</th>
</tr>
</thead>
</table>
| Senior management teams with responsibility for service delivery will be made aware of the conclusions of the IIA | Sharon Cameron
Sharon.T.Cameron
@nhslothian.scot.nhs.uk | with immediate effect |  |

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

15. Sign off by Head of Service/ Project Lead

Name Professor Sharon Cameron
Date 07/08/2019

16. Publication

Send completed IIA for publication on the relevant website for your organisation. See Section 5 for contacts.