

Core Engagement Document Content

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Foreward from Dr Jane Dickson, Clinical Director – Sexual & Reproductive Health, Aneurin Bevan University Health Board.

Sexual Healthcare is a basic human right. In the past, different parts of Sexual Healthcare have been provided in different places e.g. contraception (Family Planning) was often provided in local Family Planning Clinics, while management of sexual infections was provided in a hospital. Many things have changed, but the most important thing is that sexual healthcare should be 'holistic' meaning that all your needs can be provided in one place, rather than needing several different visits. If a woman needs a coil fitted, a check for sexual infections and her cervical smear test taken, she should be able to get this done in one place during one appointment.

Before the COVID-19 pandemic, services were widely placed across the five county boroughs of Aneurin Bevan University Health Board (ABUHB), but patients could not be guaranteed the care that they needed. We are proposing to redesign Sexual Health and Reproductive Health Services across Aneurin Bevan University Health Board area so that everyone can access a consistent service, providing all their basic sexual healthcare needs, closer to home.

There are many new ways that modern Sexual and Reproductive Health Services can also be provided, such as online and in pharmacies. Aneurin Bevan University Health Board would like to provide a service that supports these new models to make sure our patients get consistent care, in the right place, first time.

We would very much like to invite your thoughts on our proposed future model as we look to work both with our staff and our communities to build a modern and holistic Sexual and Reproductive Health Service.

1. Introduction

This document is being shared with the public across the Aneurin Bevan University Health Board area to engage and start a conversation on how future Sexual and Reproductive Health (SRH) Services could be delivered.

During our engagement we aim to ensure that the public and users of the service are engaged and involved with the process, are clear about the proposed changes, and can put forward their views, ideas and raise any concerns.

This document and further attachments will:

- Explain the proposed changes
- Identify, outline and explain any impact that the changes may have on current services.
- Describe the information giving process and how the public can comment on the proposal

After considering the proposals contained within this paper, we hope you will share your views, thoughts and ideas with us. We have offered a digital questionnaire at the end of this paper for you to click and provide your feedback, we also invite you to join us at one of our online engagement events.

We recognise this document could have some medical terms in, for your ease we have provided a Glossary of Terms in the Appendices.

Who Is Involved In The Engagement?

This engagement opportunity is being led by:

Family and Therapies Division – Aneurin Bevan University Health Board

The Populations Involved Are:

- Blaenau Gwent
- Torfaen
- Monmouthshire
- Caerphilly
- Newport
- South Powys*

*Residents of South Powys can access a range of services in the ABUHB area including self-referral services for sexually transmitted infection, and specialist services through referral by their GP

Background & Historical Context

Family Planning Services form part of the NHS's Public Health Service and are provided in the community or in a hospital setting.

For community-based services these were established across Gwent, often in small, non-custom-built premises, offering a variety of contraceptive methods, but with very limited opening hours. The county of Gwent had a large number of small venues in all five boroughs, which have been difficult to sustain for many reasons including reduced availability of Doctors and Nurses to cover all the clinics. In addition, most contraception provided required regular visits on a monthly, quarterly and six monthly basis, meaning more people were requiring face-to-face appointments. All of these clinics offered were open access and no appointment was necessary. This made delivering services across so many clinics challenging.

For treatment of more complex sexual health conditions, these had to be provided by Genitourinary Medicine (GUM) clinics within hospital sites on an appointment-only basis.

These services also provide free testing and treatment for sexually transmitted infections (STI) and have been based at the Cordell Centre in Newport, where the majority of patients with symptoms suggestive of sexually transmitted infections are still seen.

In the early 2000s in accordance with Welsh Government legislation, the two services merged (integrated) to provide a more holistic SRH Service and staff worked across both community and hospital settings. However, even despite this integration most 'symptomatic' patients still required attendance at the Cordell Centre. Five years ago more sexually transmitted infection services were established at Ysbyty Aneurin Bevan (YAB) in Ebbw Vale. However, this service operates on reduced hours and limited access for those with more complex needs. This arm of the service is extremely popular to service users in the North of the Health Board area.

2. What are Sexual and Reproductive Health Services?

Sexual and Reproductive Health (SRH) Services **provide information, advice and support on a range of sexual health issues**, such as Sexually Transmitted Infections (STI's), contraception, relationships as well as unplanned pregnancy. In the Aneurin Bevan University Health Board area (Blaenau Gwent, Caerphilly, Newport, Monmouthshire and Torfaen), we currently offer a range of services six days a week.

These services include;

- A range of contraception, pregnancy tests, tests for sexually transmitted diseases, cytology (smears or cervical screening)
- Services to vulnerable groups within the community (Outreach)
- Treatment for complex sexually transmitted diseases and HIV Treatment
- Vaccination for Hepatitis. Human Papilloma Virus (HPV)
- Abortion care, psychosexual counselling and menopause clinics
- Vasectomies

3. Who uses these Services?

Based on service user demographics collected by Aneurin Bevan University Health Board between March 2020 and September 2021:

Age Information Of Our Service Users

- The vast majority of our service users are aged between 18-40 (72%).
- The age range of the rest of our service users is split as follows:
 - Ages 12-18 (10%)
 - Ages 41-60 (17%)
 - Ages 61+ (1%)

This is shown in the chart below (Figure.1)

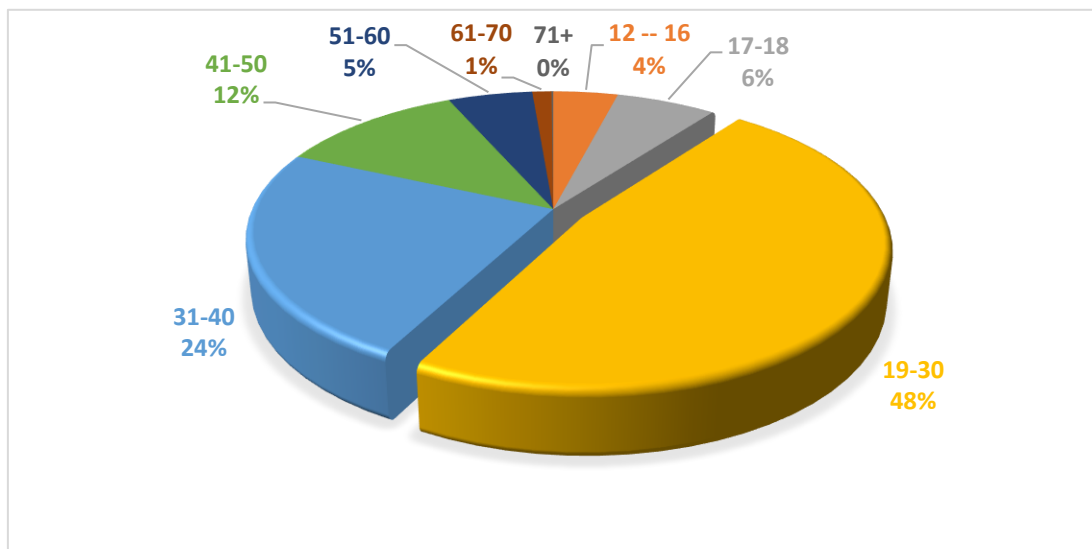


Figure 1

Gender Identification Of Our Service Users

- 84% of those who access our services identify as female, 16% identify as male. (Figure.2).

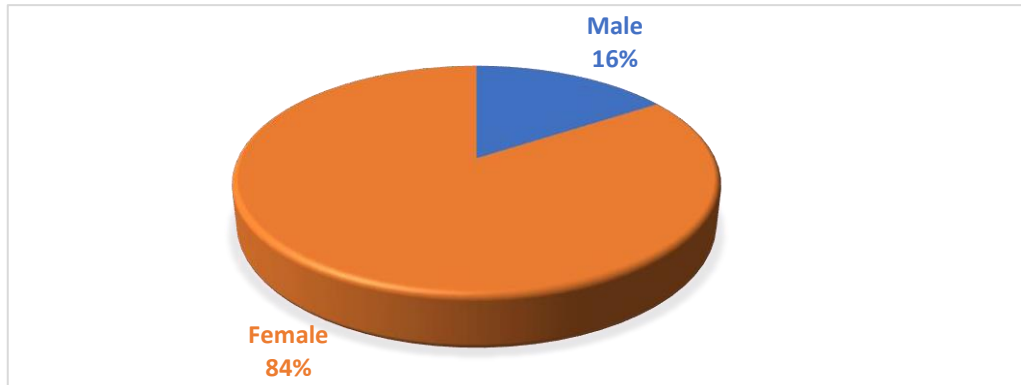


Figure 2

Nationality Identification Of Our Service Users

- 77% of service users identified as White-British, 17% as Black-British with 6% identifying as being from other Black, Asian and Minority Ethnic (BAME) groups

The population who access our services is much larger than that for a General Practice, but the visits are infrequent and not based around chronic disease.

The average frequency of attendance:

- Every thirteen weeks for the contraceptive injection.
- Most service users will have an occasional visit for sexually transmitted infection assessment/treatment
- Every five to ten years for a coil
- Every three years for an implant
- Annually for contraceptive pills
- Every three to five years for a smear test

4. How Are Sexual and Reproductive Health Services Currently Delivered?

SRH Services are provided in three levels. The tables below show the levels of care provided and where Aneurin Bevan University Health Board currently provides its clinics (Tables 1&2).

Table 1.

Level 1 (provided from all clinics)	<ul style="list-style-type: none"> - Pregnancy tests - Condoms - Contraceptive pills - Contraceptive injections - Cytology (smears or cervical screening) - Testing for Chlamydia and gonorrhoea where the patient has no symptoms - Treatment for uncomplicated Chlamydia
Level 2 (only available in community clinics when a specialised staff member is available)	<ul style="list-style-type: none"> - Contraceptive Implant insertion and removal - Contraceptive Coils - Diagnosis and treatment for Herpes, some Genital Warts, complex Chlamydia management - Outreach/vulnerable care and management of those at risk of sexual exploitation - Blood testing for Bloodborne sexually transmitted infections
Level 3 (from Cordell Centre only currently)	<ul style="list-style-type: none"> - Vaccination – Hepatitis, Human Papilloma Virus - All the complex sexually transmitted infections that require prompt laboratory access for the tests – Syphilis, HIV, Gonorrhoea, Warts requiring cryotherapy, patients with symptoms of lumps, bumps, discharge and high risk sexual behaviour - HIV diagnosis - Post Exposure Prophylaxis (PEP) of HIV - Sexual assault follow up
Other Specialist level 3 services we provide (No current plans to change these)	<ul style="list-style-type: none"> - Specialist Menopause care - Deep implant removal and implant complications management - Complex Coil management - Psychosexual counselling - Abortion care - HIV management and Pre-Exposure Prophylaxis (PREP) of HIV

Where the clinics currently run (Care Level provided in brackets)

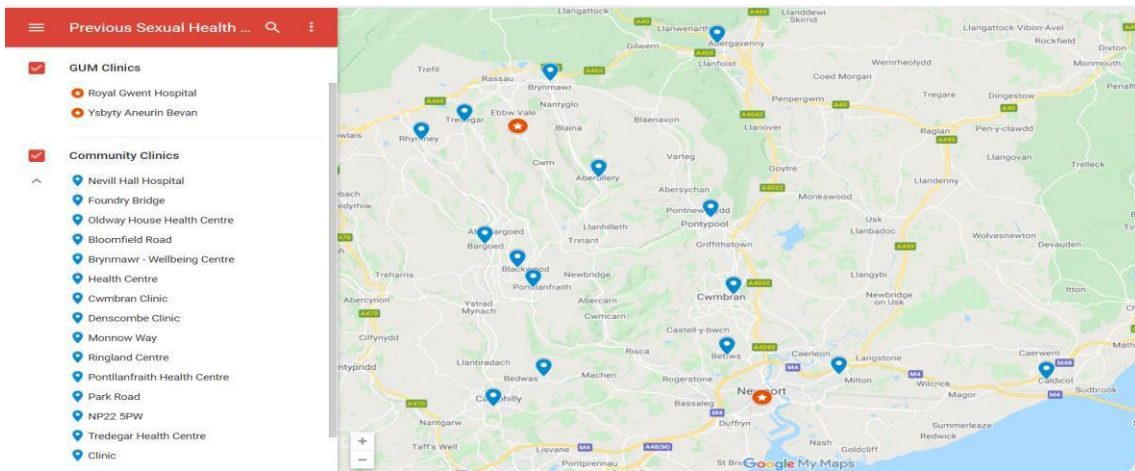
Table 2.

	Newport	Torfaen	Caerphilly	Blaenau Gwent	Monmouthshire
Mon AM	Cordell Centre 9-12 (2/3)	Cwmbran 9.30-12(2)	Blackwood 9.30-12 (1) Pontllanfrait h 9.30-12 (1)	Tredegar 9.30-12(1) Abertillery 3.30-5.30(1)	
Mon PM	Cordell Centre 1-4 (2/3) Bettws 1.30-4.30 (2)	Pontypool 1.30-4(1)	Pontllanfrait h 1.30-4 (1)		
Mon Eve	Cordell Centre 5-7.30 (2/3)		Bargoed (5.30-7.30) (2)		
Tues AM	Cordell Centre 9-12 (2/3)	Cwmbran 9.30-12(1)			
Tues PM	Cordell Centre 1-4 (2/3)		Denscombe 3.30-5 (1) Rhymney 3.30- 5.30(1)		
Tues Eve			Denscombe 5.30-7.30 (2)		
Weds AM				Ysbyty Aneurin Bevan (YAB) 9.30-12 (1)	
Weds PM	Cordell Centre 12-4 (2/3)		Trethomas 2.30-5(1)	Ysbyty Aneurin Bevan (YAB) 1.30-4(2)	Caldicot 3-5 (1)
Weds Eve	Cordell 5- 7.30 (2/3)	Cwmbran 5.30-7.30 (2)		Ysbyty Aneurin Bevan (YAB) 4.30-7(1)	
Thurs AM	Cordell 9- 12(2/3) Ringland 9- 12 (1)			Abertillery 9.30-12(2)	

Thurs PM	Cordell 1-4(2/3)	Cwmbran 3-5 (1)	Pontllanfraith 3-5 (1)		
Thurs Eve		Cwmbran 5.30-7.30 (2)	Pontllanfraith 5.30-7.30(2)		
Fri AM	Cordell 9-12(2/3)		Rhymney 9.30-12 (1) Denscombe 9.30-12 (1)	Ysbyty Aneurin Bevan (YAB) 9.30-12 (1)	
Fri PM	Cordell 1-4(2/3)			YAB 1.30-4(1)	
Sat		Cwmbran (1,2,3)			

Geography

The below map shows where clinics are currently located:



The model currently operates from seventeen sites throughout the Health Board area. There are two Genitourinary Medicine (GUM) Clinics based at the Royal Gwent Hospital in Newport and Ysbyty Aneurin Bevan in Ebbw Vale. There are currently fifteen community clinics. Services are accessed by patients from all of the boroughs as well as patients from the Powys Teaching Health Board area.

Over recent years the Health Board has noticed three major changes in how we deliver our services:

- Firstly, patients can access Sexual and Reproductive Health Services through different providers (GPs & Pharmacies), by having year-long prescriptions and through at-home testing initiatives, such as [Frisky Wales](#).
- Secondly, the current arrangement fails to meet the needs of those who require more complex treatment who still need to travel to the Cordell Centre. Delivery from one site in Newport is problematic and no longer desirable or sustainable with the changing needs and expectations of the population.
- Thirdly, the Covid-19 pandemic has required us to act to changing needs of patients in a short timeframe. To maximise our service during COVID, a telephone triage system was introduced and services were concentrated in key clinics across the health board area. This provided us with an opportunity to test a different model for Sexual Health Services. We found this resulted in fewer over-subscribed clinics, a reduced need to close clinics at short notice and fewer service users being turned away.

This is the basis for wishing to establish a Sexual Health Hub in each borough that can deliver SRH Services more equitably across the Health Board area.

Therefore this is the ideal time to change how we deliver our service. We can adapt to the changing needs of our patients, provide longer hours with more availability of specialist staff and more services provided in the community.

Why the Service Needs To Change

The changing requirements and needs of patients, as well as the increasing complexity in the service means that there are several drivers for change:

Service Demand

- The rise in the incidence of sexually transmitted infections. Between 2011 and 2018 the incidence of Syphilis in Gwent increased by 261%, 73% in Herpes and doubled for Chlamydia. Newport holds the second highest rate of chlamydia and gonorrhoea in Wales
- The need to increase the provision of cervical screening which is at a ten year low (only 77.8% of women getting tested)

Patient Experience

The number of complaints from patients for a variety of reasons including:

- Last minute closures of clinics
- Not being able to access the right care in their local clinic
- Excessive queueing under the walk-in model and the anxiety that goes with this
- Being turned away when clinics are full, resulting in multiple visits
- Limited patient choice around preferred clinics

Staffing

- Due to the number of clinics currently being provided across the Health Board area, there is often limited clinical cover with an inconsistent staff mix
- Potential clinical time lost as staff travel between sites
- Inability to mentor junior staff effectively
- Declining workforce with appropriate skills, making recruitment challenging

Estates

- Poor clinical facilities in some sites, with limited broadband capacity, make delivering services challenging
- Many sites are not on regular transport routes to support blood testing for sexually transmitted infections
- Waiting areas have insufficient capacity for the number of patients
- Smaller sites are less efficient with stock turnover/ordering/including medicines and vaccines

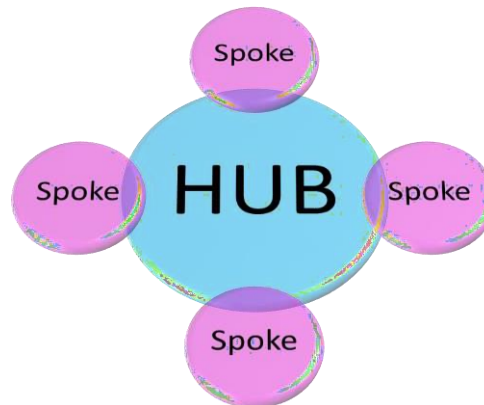
5. Options Considered In Response to Challenges Faced

In response to the named challenges faced by the service, the following options were considered:

Option One:	<p>Increasing the current workforce</p> <ul style="list-style-type: none"> ● The service continues to advertise to recruit staff, however, there is currently a recognised shortage of appropriately skilled Clinicians nationwide. The option to increase the current workforce was therefore not deliverable due to recruitment challenges.
Option Two:	<p>Continue with the current model</p> <p>The option to continue with the current model would mean that the current challenges would persist, with no change or improvement for the patient experience.</p> <ul style="list-style-type: none"> ● It was agreed that this model was not working to deliver an equitable service across the Aneurin Bevan University Health Board area.
Option Three:	<p>Creating a new model</p> <p>A new model providing a consolidated service, offering longer hours across a number of sites that were able to offer a greater range of treatments to the entire population on a more equal basis. This would not require more staff to be hired and would allow the service to modernise and provide a better patient experience with a more holistic model. The model proposed has been informed by current best practices and is fully supported by the Community Health Council (CHC). It was agreed this model was the preferred option and is outlined in more detail below.</p>

6. Proposed New Model: Hub & Spoke Model

The proposed new model will be based on a 'Hub & Spoke' model, where each borough has a main 'hub' and several 'spokes' where services can also be delivered. Supporting the aim to provide services closer to home.



This model will enable us to change our service so that patients can receive all their sexual health treatment and contraception locally delivered by a (team of nurses and doctors who have the skills to provide all levels of care and treatment. It will also allow us to provide longer appointments and services outside the hours of 9am to 5pm (i.e. extend clinics to 7:30 pm) as most clinics are busier outside normal office hours.

The choice of the clinics for the 'Hub and Spoke' model has been informed by an assessment of geographical coverage, optimum access, patient feedback, estates availability and workforce capacity (in recognition that Sexual Health Services are fragile, particularly in relation to medical cover).

Hubs

The below Hub locations are proposed:

Borough	Clinic
Newport	Cordell Centre
Torfaen	Cwmbran Clinic
Blaenau Gwent	Ysbyty Aneurin Bevan
Monmouthshire	Nevill Hall Hospital
Caerphilly	Oldway House, Bargoed

Spokes

To support the 'Hub & Spoke' model the below Spoke locations are proposed:

Borough	Clinic
Newport	Ringland

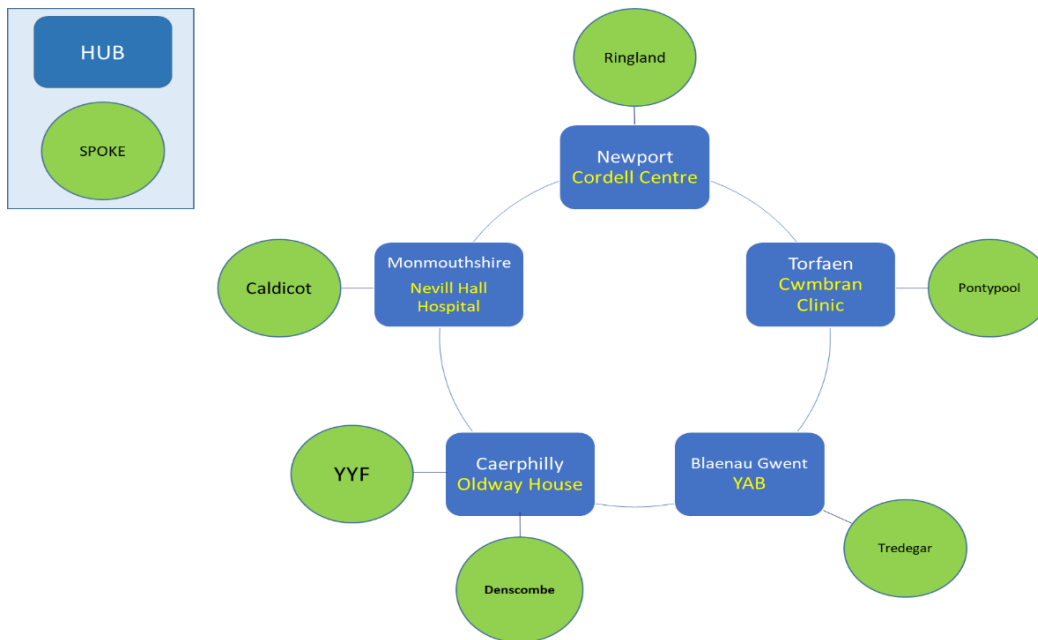
Torfaen	Pontypool
Blaenau Gwent	*Brynmawr
Monmouthshire	Caldicot
Caerphilly	Ysbyty Ystrad Fawr (YYF) (procedures) Denscombe (Pick-up Centre)

* Tredegar Resource Centre once open, until then, Brynmawr.

The Hub & Spoke Model

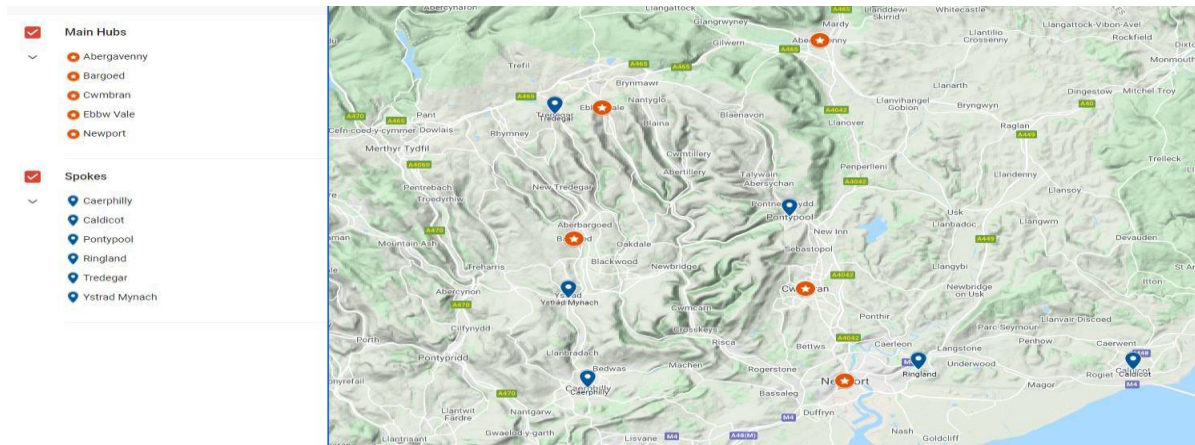
The 'Hub and Spoke' model with the preferred clinic locations are represented below (Figure.3)

Figure.3



Geographical Layout of New Hub & Spoke Model

The below map represents the geographical layout of the new 'Hub & Spoke' proposal.



7. Advantages & Disadvantages of Proposed New Model

Advantages

There are a significant number of Advantages to the proposed model which include:

- Increased number of appointments offered outside of the usual 9-5 hours (in some sites extended to 7:30 pm)
- Less waiting time for patients
- No need for patients to travel to Newport if they have symptoms. There will be a specialist clinic (hub) in each borough for sexually transmitted infection testing and treatment
- Less staff travel time between sites, which means more time spent with patients
- Comprehensive skill mix of doctors, nurses and healthcare assistants available at one site
- Equitable service across the health board
- No queueing outside of venues
- Reduction in complaints to service
- Reliable service provision with fewer cancelled clinics
- All hubs and spokes are on public transport routes (see Appendix B)
- Reducing wastage of medicines
- Increased patient choice of services to attend

Are There Any Disadvantages?

Highlighted disadvantages to the proposed model include:

- Change in service provision from the current arrangement may result in some confusion initially, but the service will aim to put in place good communication and signposting to support the change
- Some patients may have to travel slightly further to an appointment if the community clinic they previously accessed is not part of the model. However, the service will signpost to alternative services in their area if required. (Alternative services are outlined in Appendix C)

What Would The Impact Be?

An Equality Impact Assessment (EQIA) has been carried out before the engagement, the report can be found here (Appendix D).

8. Timeline

Below is the highlighted timeline for this engagement work:



Summary

Sexual and Reproductive Health Services have changed dramatically over the decades from the model introduced fifty years ago which was aimed around 'Family Planning'. Now, an integrated sexual health model is expected where a patient's needs are met in one setting. Traditionally many clinics were being delivered from small, non-purpose built premises across the Health Board area,

with limited opening hours. Our aim is to bring services together into a much more modern, holistic and patient-focused model. By focussing our services into more specialist sites, we will be able to offer longer opening hours, increased appointments and a full range of Sexual and Reproductive Health Services locally, rather than requiring those with more complex sexual health needs to be sent to Newport.

Our vision is that of one integrated sexual health hub in each county borough of Aneurin Bevan University Health Board area. These hubs will provide all methods of contraception and Sexual Health Services other than those most specialised. The total number of hours of availability of Sexual and Reproductive Health Services will increase because staff will no longer need to travel to multiple sites and clinics.

9. How You Can Get Involved

Make Your Voice Heard, Have Your Say.

We really value the input of our local communities to help us coproduce improved access to Sexual Health Services across the Aneurin Bevan University Health Board area. We are working closely with Community Health Councils (CHCs) and a variety of partner organisations to ensure as many people as possible learn about this proposal and have the opportunity to share their views. There are a variety of ways for you to get involved:

Submit Your Views Online

You've now read our proposal, to have your say click the below link to complete the survey and share your views with us.

<https://www.smartsurvey.co.uk/s/SARHservices2021/>

Complete the Survey In Person

If you would like the opportunity to fill in a printed copy of the survey these will be available at all of our Sexual Health Clinics. Once completed simply hand your survey to the reception team at the clinic.

This public engagement opportunity runs for 8 weeks from Monday 15th November 2021 – Monday 10th January 2022

Join Us at An Online Engagement Event

We will also be hosting a variety of online engagement events and welcome anyone to come along, hear more about the proposals and also raise any questions they might have. Please see below the dates and times of our local engagement events which will be hosted via Microsoft teams:

Thursday 25th November, 4-5pm

Monday 29th November, 11.30am-12.30pm

Tuesday 7th December, 6-7pm

If you would like to attend any of the public events please email ABB.Engagement@wales.nhs.uk to register, you will then be sent the joining details via email.

What Is Next?

When this engagement exercise has ended, we will consider all of the feedback and share this with the Aneurin Bevan University Health Board Executive Team and the relevant Community Health Councils. We will also publicly make available a report that outlines a summary of what has been received. We will consider all of the issues and feedback provided and whether there are any mitigating actions that need to be taken. We will also use the information received to update the Equalities Impact Assessment. Subject to further discussions with the Community Health Councils, we may wish to enter a period of formal consultation. If we do that, we will once again invite your views.

Appendices

Appendix A- Glossary of Terms

Glossary of Terms	
ABUHB	Aneurin Bevan University Health Board
Hospitals (Locations)	
GUH	Grange University Hospital (Cwmbran)
NHH	Nevill Hall Hospital (Abergavenny)
RGH	Royal Gwent Hospital (Newport)
YAB	Ysbyty Aneurin Bevan (Ebbw Vale)
YYF	Ysbyty Ystrad Fawr (Ystrad Mynach)
Other	
EqIA	Equality Impact Assessment – looks at the impact of the proposed changes on the health board’s population
FAQs	Frequently Asked Questions
GUM	Genitourinary Medicine – An alternative name for Sexual Health Services
Hub	A larger clinic that provides a full range of services including more specialist services such as contraceptive implant and coils, diagnosis and treatment for more complex sexual health diseases and outreach services for more vulnerable patients
Spoke	A smaller clinic that provides more routine, core services such as contraceptive pills, smear tests and treatment of uncomplicated sexual health diseases
SRH	Sexual and Reproductive Health Services – also referred to as ‘Sexual Health Services’
Triage	A method to determine the correct medical treatment, in this case via a telephone line

Appendix B- Transport Routes

Spoke	Hub	BUS ROUTE
Abergavenny	Nevill Hall Hospital	X43
Abertillery	Ysbyty Aneurin Bevan (YAB) PONTYPOOL	X22/E3
Blackwood	BARGOED/ YAB/Ysbyty Ystrad Fawr (YYF)	14
Brynmawr	YAB/ TREDEGAR	X4/ E3
Bettws	NEWPORT/ CWMBRAN/ PONTYPOOL	15/16/X24/ X29 – via Caerleon, Ponther, Grange University Hospital
Pontllanfraith	BARGOED/ YYF/ YAB	50/C9
Rhymney	TREDEGAR/ BARGOED/ YAB	4C/ 1
Trethomas	DENSCOMBE/ YYF	50

Appendix C- Alternative Services

In addition to Sexual Health Services offered via clinics, the public can currently access sexual health services at:

<p>General Practices</p>	<p>All GPs provide the services listed below:</p> <ul style="list-style-type: none"> -Advice about the full range of contraceptive methods. - The medical examination of patients seeking such advice, where appropriate - Treatment of patients for contraceptive purposes and the prescribing of contraceptive substances and appliances (excluding the fitting and implanting of intrauterine devices and implants). - Advice about emergency contraception and where appropriate, the supplying or prescribing of emergency hormonal contraception. - Provision of advice and referral in cases of unplanned or unwanted pregnancy, including advice about the availability of free pregnancy testing in the <i>practice area</i>. - Giving of initial advice about sexual health promotion and sexually transmitted infections. - Referrals as necessary for specialist sexual health services, including tests for sexually transmitted infections.
<p>Pharmacies</p>	<ul style="list-style-type: none"> - Contraceptive pill without prescription - Emergency contraception - Condoms
<p>Education and Leisure Facilities</p>	<ul style="list-style-type: none"> - Condom pick-up for young people
<p>Home testing</p>	<ul style="list-style-type: none"> - During the COVID pandemic, patients have been able to get an STI testing kit sent to their home, to be posted back and will then receive the results via text message. The option of home testing will continue post-COVID.
<p>E-consultation</p>	<ul style="list-style-type: none"> - Patients can have an online consultation with their GP to get the contraceptive pill

Appendix D [EQIA](#)

Appendix E [Frequently Asked Questions](#)