Reset and Rebuild: A Recovery Plan for Sexual Health and Blood Borne Virus Services

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Ministerial Foreword

Over the last decade, the provision and impact of services for Sexual Health and Blood Borne Viruses (SHBBV) in Scotland have improved significantly. This has been driven by the passion and dedication of clinicians, third sector providers, academics, and service users themselves.

However, these services, and their ability to reach the people who need them most, have been significantly impacted by the COVID-19 pandemic. The coronavirus has presented extraordinary challenges, and many of its impacts will not be fully understood for perhaps months or years to come. What is already clear is that the unprecedented challenge was met by an equally extraordinary response from all those who deliver SHBBV services.

In the first instance, some staff were redeployed to COVID-19 activities, such as contact tracing and testing, vital efforts that continue to help us navigate our way out of this pandemic. But this came at some cost: well-established teams had to adapt to deal with staff redeployments on top of absorbing COVID-19 related absences, which meant they had to work even harder to provide care. This was in addition to the repurposing of premises; the cancelation of the majority of face-to-face appointments; and the challenges of implementing physical distancing and other COVID-safe measures.

To protect the most essential services and ensure that, where possible, those who most needed it could be supported, clinicians and third sector providers alike embraced digital solutions and new ways of delivering support and care. Yet these efforts could not prevent a reduction in services, including testing and prevention interventions and contraception provision. As in other parts of the health service, despite measures to prioritise individuals most at risk, the impact was felt most acutely by people already facing additional barriers to accessing services: young people, and people experiencing homelessness or who have other complex needs.

That is why we must now work rapidly to recover; the progress of the last decade was hard won, and we must do all we can to preserve it. In the normal course of events, this year we would have published our update to the SHBBV Framework, which for the last decade has guided our work. That Framework will continue to be an integral part of our delivery of SHBBV services. However, before we renew it and plan for the next five years, we must first return services to a firmer footing.

I believe that this Recovery Plan will help us do that, and allow us to then focus on our longer term ambitions in 2022. The plan is not designed to cover every aspect of SHBBV services. Rather, it is designed to take account of the most significant challenges the pandemic has caused; the positive innovations we can build on to help overcome them; and the actions we will collectively need to take to ensure that our recovery is both swift and lasting.

This plan was developed in close collaboration with those who know these services best, and for all their help, particularly at a time when they were already under tremendous pressure, I offer my most sincere thanks. The success of this plan will

continue to rest on their expertise and commitment, and I pledge that the Scottish Government will support their work however we can in the coming year and beyond.

Maree Todd
MSP

Introduction

Sexual Health and Blood Borne Viruses (SHBBV) services play an essential role in safeguarding and improving the health of people in Scotland. A robust, sustainable network of service provision is necessary if Scotland is to continue to offer and further develop world-class prevention, treatment and care for hepatitis B and C, HIV and other sexually transmitted infections (STI), and to empower people to take control of their own sexual health and reproductive choices.

The SHBBV Framework was first published by the Scottish Government in 2011 and updated in 2015[1]. In 2011, it brought together policy on sexual and reproductive health and wellbeing, HIV and viral hepatitis for the first time. It set out five high-level outcomes which the Government wished to see delivered, and it sought to strengthen and improve the way in which the NHS, academia, the third sector and local authorities supported and worked with individuals at risk of poor sexual health and/or blood borne viruses.

In addition to NHS Board funding, through the Framework, the Scottish Government has provided funding of over £2 million between 2018 and 2021, and we remain committed to the principles of the Framework and its outcomes, outlined at Box 1.

Box 1

SHBBV Framework Outcomes

Outcome 1: Fewer newly acquired blood borne virus and sexually transmitted infections; fewer unintended pregnancies.

Outcome 2: A reduction in the health inequalities gap in sexual health and blood borne viruses.

Outcome 3: People affected by blood borne viruses lead longer, healthier lives, with a good quality of life.

Outcome 4. Sexual relationships are free from coercion and harm.

Outcome 5: A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

These high level outcomes have guided activity over the last ten years and will continue to do so as we aim to recover SHBBV services following the COVID-19 pandemic. However, we must acknowledge that the pandemic and its impacts have directly threatened our ability to deliver those outcomes. Moreover, the effect of the pandemic on SHBBV-related harm and resulting service demand through its social, financial, behavioural, educational and wider health impacts is only beginning to be understood. At the same time, responding to the virus has shown us that new ways

[1] Sexual Health and Blood Borne Virus Framework 2015-2020 Update

of working are possible, and some of the innovations that kept services running during the most difficult months of 2020-21 may help us build a more sustainable future for SHBBV services.

The severity of the pandemic remains the single biggest factor that will affect recovery. However, achieving recovery will also take concerted effort and planning. In recognition of this, we committed in the 2020-21 Programme For Government[2] to develop an interim Recovery Plan for SHBBV services, ahead of a more fundamental review of the Framework in 2022. This Plan, coproduced with our NHS and third sector partners, takes stock of the impacts of the COVID-19 pandemic on SHBBV services and people that use them.

The Plan does not seek to set out a detailed roadmap or to cover the full range of actions that will be necessary to bring us back to full service. Early in the pandemic, much of that operational detail was provided by clinicians, academics and third sector services as they developed localised interventions, co-ordinated through the existing national network structures[3]. This work, described in Box 2, allowed rapid implementation of innovative, agile solutions.

Box 2

SHPN COVID-19 Recovery Plan for Specialised Health Services in Scotland: Stages of Recovery

Recovery within services involves 3 stages and builds on the current essential care arrangements. The timescale will be influenced by the severity of the COVID-19 pandemic nationally and locally, in addition to the availability of staffing, accommodation and other services, such as laboratory capacity. It is a fluid framework that can guide further service restrictions if there is a resurgence in COVID-19 or should other unforeseen critical events arise.

1. Baseline service: Pandemic arrangements - urgent and essential care only

2. Reset and Rebuild Stage 1: Balancing the risks – increasing care for priority groups

3. Reset and Rebuild Stage 2: Fulfilling Public Health duties – widening access to care

4. Reset and Rebuild Stage 3: Providing comprehensive care to meet the needs of all the citizens of Scotland

These operational plans will be central as services rebuild. However, to succeed, they must be underpinned by clear commitments to sustained recovery and a set of

[2] Scottish Government 2021-22 Programme for Government
[3] SHPN Sexual and Reproductive Health Leads: COVID19 Recovery Plan for Specialist Sexual Health Services in Scotland, June 2020

common goals that will ensure a national focus. This complementary plan therefore establishes key aims which will underpin a number of priority actions and recommendations in 2021/22.

These aims are:

- To re-establish a comprehensive range of SHBBV services across Scotland;
- To understand the impact of the pandemic on people with SHBBV service needs, particularly those facing additional barriers accessing services, and to develop targeted responses where possible;
- To assess and begin to mitigate the SHBBV inequalities that the pandemic will have exacerbated or created;
- To ensure that the innovations and service redesigns in response to the pandemic are evaluated, that learning is shared, and local or pilot projects are scaled up where successful and appropriate.

These aims underpin both the actions proposed in the plan, and our wider work going forward. They will be supported by the Scottish Government; however, they will also rely on the commitment and high-level support of Health Boards, including work to ensure the return of sufficient numbers of appropriately skilled staff. Finally, the collaboration between and among Health Boards, third sector organisations, academics and local and national government which has sustained services during the pandemic must be maintained as we begin to rebuild.

COVID-19: the Challenges

In March 2020, the impacts of the COVID-19 pandemic were becoming apparent across the health service, in local communities, and throughout wider society as a whole. Protecting the NHS rightly became a primary focus; difficult decisions had to be made about which services to maintain. Patients themselves also began staying away from health settings, and, even where services could be maintained, COVID-safe measures, such as physical distancing and use of personal protective equipment, meant that appointments took longer and could not be conducted as normal.

These impacts were common in almost all aspects of healthcare. However, the characteristics of SHBBV services made them all the more severe. The services provided are complex and multifaceted, spanning treating, testing for and prevention of blood borne viruses (BBVs) and sexually transmitted infections (STIs); abortion; contraception and sexual and reproductive health. These often support wider healthcare protection goals, but are also often delivered outwith conventional healthcare settings, targeting individuals with complex needs who do not access healthcare elsewhere and require highly patient sensitive approaches to address stigma. Many service users are vulnerable – young people, LGBTQ+ individuals, those at risk of gender-based violence, refugee/asylum seekers/travellers, homeless people, people engaged in prostitution or people who inject drugs. The range of services, and the needs of the populations who use them, mean that the effects of service reductions are likely to be both significant and difficult to repair.

Yet many of the skills and resources built up in sexual health services and within academia over decades were exactly those that could be most useful in a pandemic: contact tracing and testing capability, in particular, have been vital tools and are likely to remain so even as vaccination changes the course of the pandemic. In 2020, staff were rapidly redeployed; testing laboratory facilities were repurposed for COVID-19; and premises were given over to meet COVID-19 priorities.

These were unavoidable and necessary changes. However, they required an almost immediate reprioritisation of available services. From March 2020, SHBBV clinical care was restricted to only urgent and essential care[4], focusing on diagnosing serious and symptomatic STI, BBV, and preventing unplanned pregnancies. In addition, measures to ensure the long term viability of services, such as in-person undergraduate and postgraduate training, had to be limited because of COVID-19 mitigation requirements.

Third sector organisations, which have always played a vital role in supplementing clinical services and offering practical and emotional support for people, were also forced to redesign or limit services almost overnight. The Sector had to prioritise the rapid scale up of a COVID-19 response; provide critical information about the virus to diverse communities and individuals experiencing uncertainty during this time; and work to address some of the health and social inequalities that COVID-19 presented.

[4] The Scottish Health Protection Network Sexual and Reproductive Health Clinical Leads published a Triage policy document on 20th March to guide sexual health services during lockdown. This document was in line with national guidance issued by the Faculty of Sexual and Reproductive Healthcare (FSRH) and British Association of Sexual Health and HIV (BASHH)

Face-to-face care in all instances was almost entirely removed, except for those urgent priorities. Technology and innovation were rapidly redeployed to fill the gaps, but these could not always substitute adequately, particularly given the complexities of the issues, the need for intimate or physical examination and testing, and the populations who needed support. Those most vulnerable, for whom equality of access was already a known issue, are likely to have been further left behind.

Case Study: Impact on Services, Highland Sexual Health (HSH) is an integrated sexual health service based at Raigmore Hospital in Inverness with additional weekly outreach clinics in Invergordon, Fort William, Wick & Thurso. There are over 11,000 patient contacts per year. From 20th March 2020, in response to the COVID-19 pandemic, HSH limited all clinical provision to urgent and essential care only. Staff were asked to vacate the main HSH clinical department which was repurposed in response to the pandemic. All outreach services were closed. Almost 75% of HSH clinical staff was redeployed to COVID-19 facing roles. The majority of service provision was provided remotely from the small departmental office, through telephone and video consultation and posting of testing kits and prescriptions. The available space in the small office was inadequate for privacy for remote consultations, storage of medication and equipment from clinics, as well as safe social distancing.

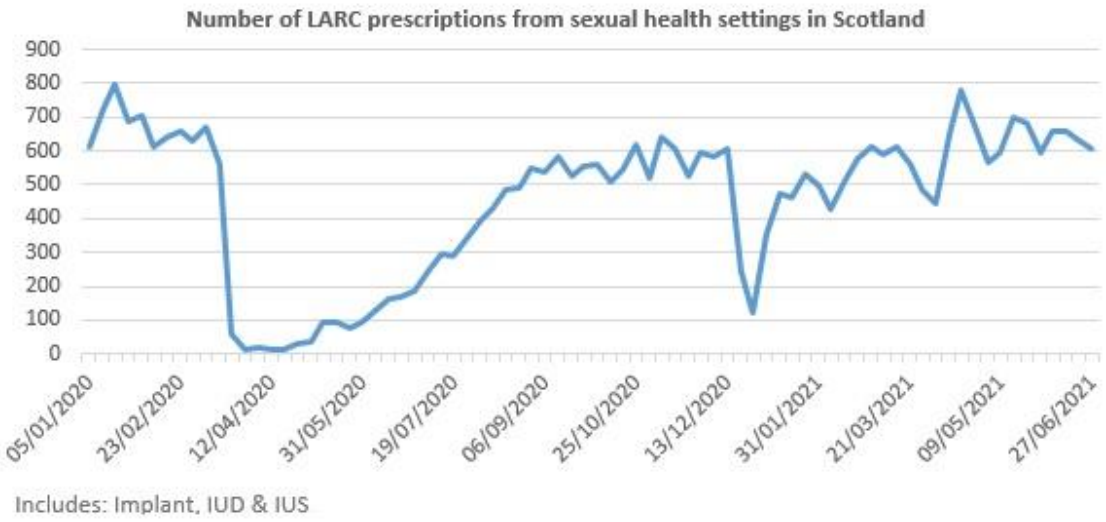
In the eight months it took for clinical premises to reopen, HSH only had access to one clinical room for three mornings per week in the hospital's general out-patient department for emergency face to face care following phone triage. The service was unable to provide any long acting reversible contraception (LARC), even for those who were vulnerable or priority, with the exception of intrauterine devices (IUD) for emergency contraception and subdermal contraceptive implants (SDI) for postnatal women who were seen prior to discharge on the ward. All patients had much of their clinical care provided remotely and were then placed on a waiting list to be seen once clinical premises became available. HSH was, however, able to clear its LARC waiting list over an eight week period by running additional evening and weekend clinics when additional space was available in the general out-patient department.

HSH regained access to clinical premises in November 2020 (shared half time with another speciality) but was restricted in numbers of patients allowed into the clinics owing to social distancing rules, and therefore unable to resume routine asymptomatic screening or HIV or syphilis testing for symptomatic patients. HSH continue to signpost patients to HIV Self-Test Scotland for a home test. Since January 2021, HSH have continued to provide all essential care, including LARC for vulnerable and priority groups. Routine patients continue to be managed remotely. Limited office space and social distancing remains challenging. However, during the period since January 2021, HSH were grateful for the continued access to their clinical premises, additional laptops for remote working, and no staff redeployment.

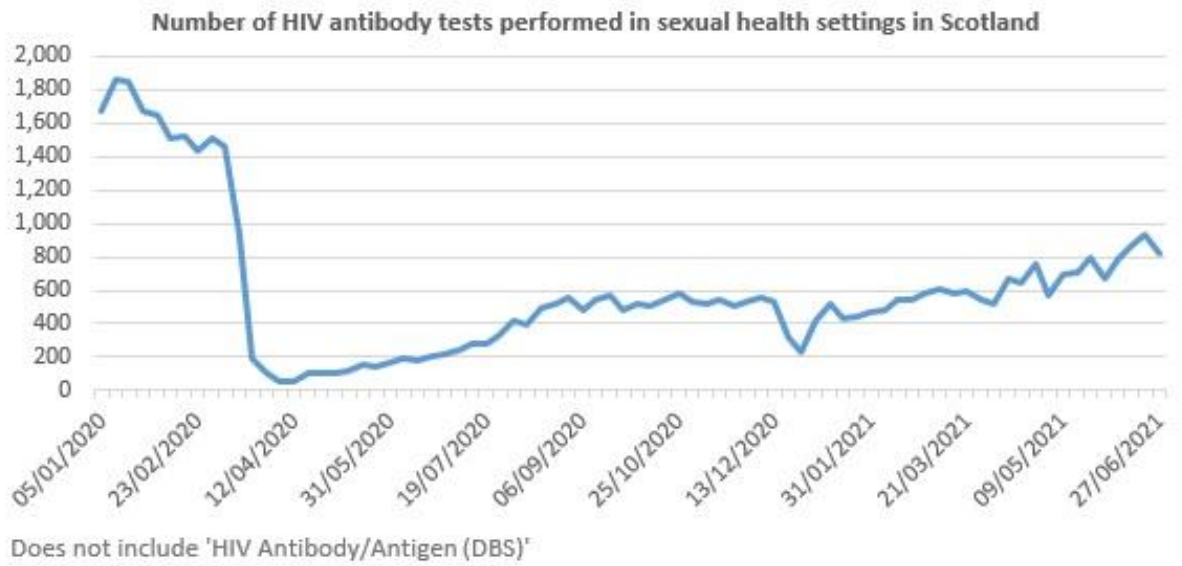
Although these changes manifested in a variety of ways, a few illustrative examples show the early impact. There was:

- A near cessation of very long acting methods of contraception (vLARC) insertions (including intrauterine and implantable methods: graph 1) in particular, the discontinuation of post abortion long-acting reversible contraception (LARC) provision.
- A similar reduction in HIV testing across specialist sexual health services in Scotland (graph 2) including discontinuation of all outreach HIV and BBV testing for the most vulnerable populations.
- An almost complete cessation of outreach BBV testing in the community, delivered using Dried Blood Spot (DBS) or Point-of-care-testing (PoCT) technologies to groups with elevated prevalence of BBVs and/or multiple vulnerabilities including people who inject drugs (PWID), homeless populations, those involved in prostitution or at risk of gender-based violence.
- A parallel reduction in HIV PrEP (HIV Pre-exposure Prophylaxis) provision (graph 3).

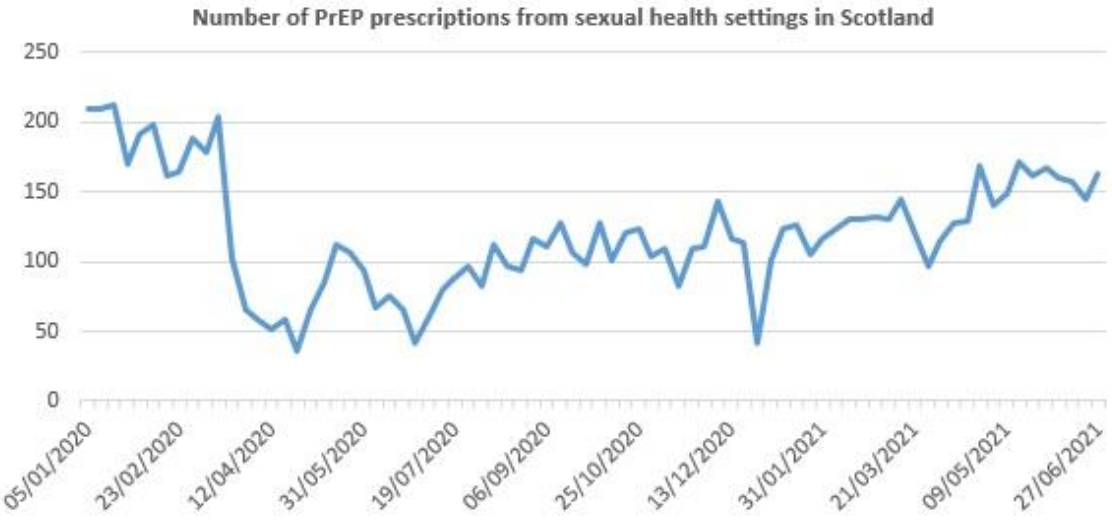
Graph 1: Long Acting Methods of Contraception (LARC) prescribing (number of prescriptions) in sexual health settings in Scotland, Jan 20 – June 21 (source: NaSH)



Graph 2: Number of HIV tests performed in sexual health settings in Scotland, Jan 20 – June 21 (source: NaSH)



Graph 3: HIV Pre-exposure prophylaxis (PrEP) prescribing (number of prescriptions) in sexual health settings in Scotland, Jan 20 – June 21 (source: NaSH)

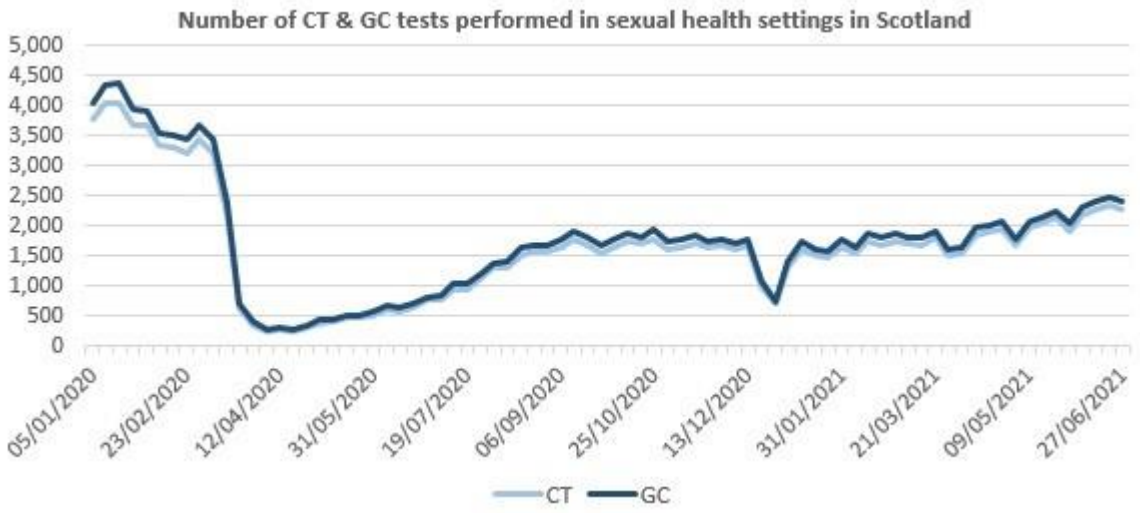


In the latter months of 2020, there were some hopeful, if early, signs of recovery. This recovery has continued, albeit slowly and with some dips, through the first six months of 2021. LARC recovery in sexual health services was particularly strong. Boards reported a return of some staff and increases in testing capacity, and some face-to-face appointments began to resume. However, by almost all measures, services remain at reduced capacity than before the pandemic:

- HIV testing through sexual health services has seen a welcome increase through the first six months of 2021. However, as of June 2021, numbers were around 40% fewer than pre-COVID-19 levels.

- There is reduced Public Health Scotland capacity for SHBBV surveillance and data reporting owing to reassignment to COVID-19 work.
- Testing for other infections including Chlamydia and Gonorrhoea has now recovered to at, or just over, 50% of pre-COVID-19 levels across Scotland (see graph 4). Reduction in testing and specifically near person microscopy availability was replaced by postal testing and empirical treatment.
- Needle Exchange Surveillance Initiative (NESI) data (which is not linked to patient identifiers) suggests concerning numbers of undiagnosed HIV infection in people who inject drugs (PWID) in parts of Scotland[5]. Significant concerns remain regarding the possibility of undetected onward transmission in vulnerable groups, in particular PWID[6]
- Treatment targets for hepatitis C virus (HCV) for 2020-21 were suspended due to the challenges faced by treatment services. Additionally there were radical changes in the provision of opiate substitution therapy and harm reduction services for PWID which have also limited opportunities for HCV diagnosis and treatment.

Graph 4: Number of Chlamydia (CT) and Gonorrhoea (GC) tests performed in sexual health settings in Scotland, Jan 20 – June 21 (source: NaSH)



Understanding the impacts of these changes may take years, but as the examples set out above show, they will be wide-ranging.

There may also be harm that is harder to quantify. While COVID-19 mitigation measures, such as physical distancing and significant curbs on social mixing, may have reduced the short-term prevalence of risky sexual behaviours and sexual contact between households, the longer term impact will be affected by access to SHBBV services and prevention interventions, as well as compensatory behaviours once COVID-19 restrictions have been reduced. Evidence also suggests the harm may be greatest amongst more vulnerable populations: UK data reporting on the

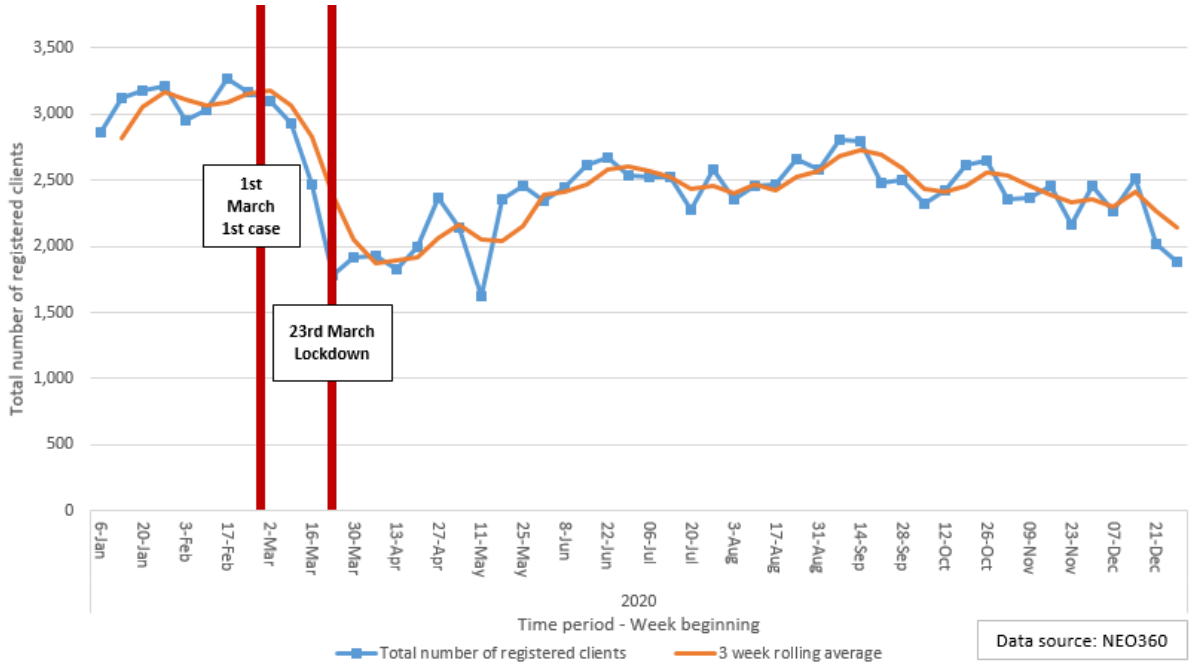
[5] Needle Exchange Surveillance Initiative (NESI) 2019-20 unpublished data, Public Health Scotland
[6] UK Government Shooting Up Report 2020

sexual behaviour of 18-44 year olds in the first four months of lockdown[7] suggests in general, the majority of people reported no change to their sexual behaviour and sexual relationships, but those reporting change tended to be in less stable phases of life, including young people. In addition 81% of those reporting new partners since lockdown also reported condomless sex with a new partner.

Case study: impact on people who inject drugs (PWID) in Glasgow/Lanarkshire

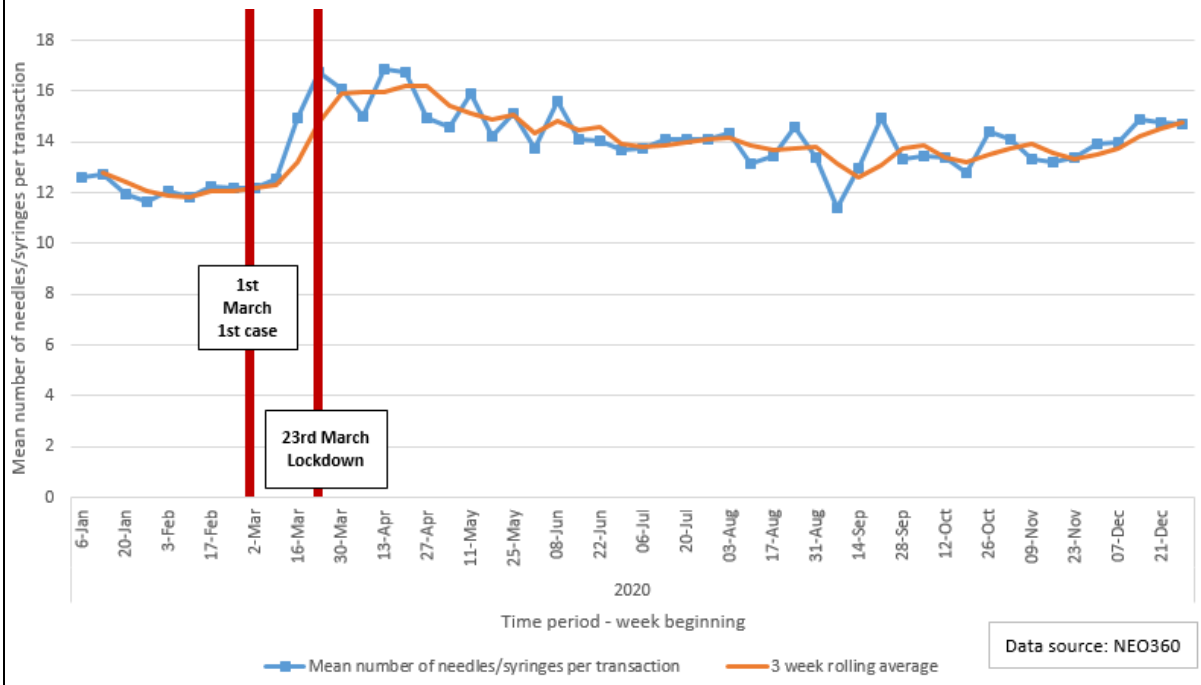
Services for PWID were impacted severely during the first wave of the COVID-19 pandemic as a result of the restrictions placed on individual movement and face-to-face consultation. For example, since the first lockdown policy was implemented on 23 March 2020, the available data suggests that the number of registered clients attending injecting equipment provision (IEP) sites weekly across mainland Scotland fell sharply and has only partially recovered. Specifically, the average number of registered clients fell from around 3,000 pre-lockdown to 2,500 per week, having been as low as 2,000 per week in the immediate period post-lockdown (Figure 1). In response, services adapted rapidly and innovatively to ensure the needs of PWID were met as best as possible to reduce the risk of harms. For example, increased volumes of injecting equipment were given out, secondary distribution was actively encouraged, assertive outreach was enhanced and new injecting equipment provision (IEP) phone/mail order services were established. This translated to an increase in the number of needles/syringes dispensed per transaction from around 12 per week pre-lockdown to 14 per week, having been as high as 16 per week in the immediate period post-lockdown (Figure 2).

Figure 1. Weekly total number of registered clients attending IEP sites in Scotland, 2020 (source: NEO360)



[7] *(Natsal COVID study 2021, Unpublished data)*

Figure 2. Mean number of needles/syringes distributed per transaction in Scotland, 2020 (source: NEO360)



An HIV outbreak among PWID in NHS Greater Glasgow & Clyde, first identified in 2015, is ongoing. Almost 200 individuals have been diagnosed over that period. Bio-behavioural surveillance from the NESI study has illustrated the wider impact of the outbreak on HIV prevalence among PWID; increasing 10-fold from 1% to 11% in Glasgow City between 2013 and 2017 and plateauing thereafter (Figure 3). Data also suggest increasing prevalence in recent years in areas outside of the city centre boundary. However, we have limited understanding of the impact of COVID-19 on the outbreak due to suspended HIV testing as a result of the COVID-19 restrictions. In the first month following the first lockdown, HIV tests in drug services and prisons were down 83% compared to the same period in 2019, but were approaching pre-COVID levels at the end of the summer. More recent intelligence suggests that HIV testing numbers have decreased again during the final quarter of 2020. Even within this restricted environment, there were 20 new diagnoses confirmed in PWID in Glasgow during 2020 indicating ongoing transmission of the virus.

The above findings form part of a recent review of the HIV outbreak among PWID undertaken by Public Health Scotland/Glasgow Caledonian University, in association with NHS Greater Glasgow & Clyde and NHS Lanarkshire and on behalf of the National HIV PWID Oversight Group. The findings of the review will inform further efforts locally by NHS Boards to prevent HIV transmission among PWID and also inform recommendations within a proposal for a National HIV Transmission Elimination Strategy to be considered by Scottish Government.

Figure 3. HIV prevalence in the population of PWID in Glasgow City, 2011-2020. (source: Needle Exchange Surveillance Initiative)

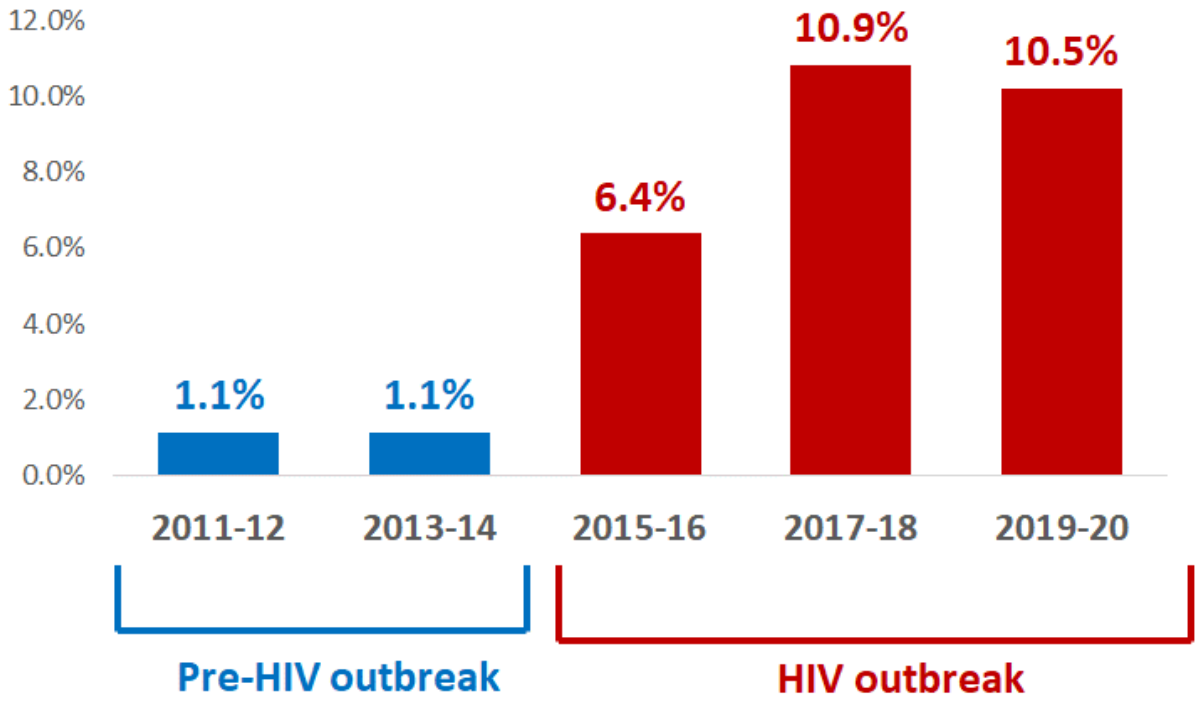
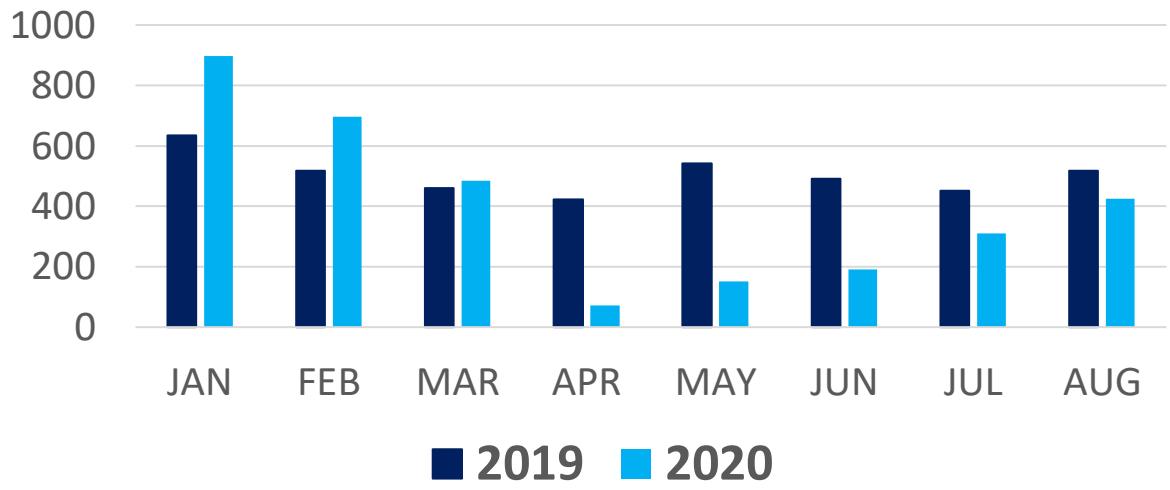


Figure 4. Monthly number of HIV tests at drug services and prisons in NHS GGC 2019 v 2020. (source: NHS GGC HIV laboratory testing data)



In the months ahead, the pace of recovery will inextricably follow to some extent the course of the pandemic, and even in the best case scenario, there will be no immediate solution to all of the harms inflicted by COVID-19. However, it is clear that a number of actions must form the basis of recovery, and as soon as is feasible.

Four key actions, in particular, are required to minimise harm to public health to enable services to be in a position to implement the next SHBBV Framework from 2022:

1. Staff capacity – in line with wider NHS remobilisation plans, and as quickly as possible, staff should be returned to SHBBV services, and every effort should be made to ensure that, wherever possible, highly skilled SHBBV staff are not diverted to COVID-related work which does not make the most of their expertise. Likewise, services should develop coherent and localised plans to build capacity, by continuing to use new technologies or ways of working that have delivered benefits throughout the pandemic. The needs of SHBBV services should be considered when future savings targets are implemented.

2. Testing capability – laboratory capacity is likely to remain under COVID-19 pressure for the foreseeable future, meaning alternative solutions must be found to increase testing for BBVs and STIs, including more coordinated or national solutions.

3. Maintaining and supporting non-specialist capacity. A large proportion of clinical service provision, and SHBBV prevention and health improvement activity is provided through general practice, Health and Social Care Partnerships, the education sector and third sector agencies, all of which rely on specialist services for education, training and governance support. This support has been particularly affected by the pandemic and will require focussed and sustained efforts to rebuild capacity in the face of competing pressures – while also continuing to raise awareness that referral pathways are open for use again with the wider health system.

4. A robust understanding must be developed of the short, medium and long term impacts of both the SHBBV service reductions and changes of the last year, and the impacts of COVID-19 and the associated social isolation, physical distancing, financial hardship, relationship and mental health impacts, loss of education and associated potential changes in people's sexual and emotional health and wellbeing.

Rising to the challenge

As outlined in the previous section, the challenges faced by SHBBV services, and the future consequences in terms of population sexual and reproductive health, are extensive and must not be downplayed. However, it is just as important to recognise the exceptional effort that public health workers, clinicians, third sector services, counsellors, academics and service users have made to respond to these challenges. While some services had to be stopped immediately, the work to redesign them, and to provide alternative solutions wherever possible, was also rapid.

The examples are numerous, and NHS Boards and other services found different approaches, but all across the country, innovations that might not have been considered viable in January 2020 were rolled out at pace, providing vital lifelines. In some cases these were procedural or administrative, for example providing users with increased duration of medications on prescription such as oral contraceptives or HIV pre-exposure prophylaxis (PrEP) drugs. Others involved pilots of new ways of working or expansion of existing services. Some of these are highlighted below.

For treatment of people diagnosed with HIV, rapid service re-design with mitigations successfully maintained routine out-patient care with reduced capacity during lockdown. Remote consulting systems were used where possible, with in-person access offered for urgent or complex problems and newly diagnosed patients. Treatment supply was maintained in all cases through a combination of medication delivery using national contracts or local pharmacy collection arrangements. These clinical efforts were complemented by third sector organisations, which provided information and support, and in some instances delivered medication to those unable to leave home.

Similarly, clinical nurse specialists used telephone consultations to carry out assessment for hepatitis C treatment (HCV) in patients who had already completed appropriate blood tests, which enabled people to be initiated onto treatment using remote working. NHS Lothian Community BBV Clinical Nurse Specialists undertook a pilot from November 2020 to January 2021 using an Xpert Cepheid machine, which can provide HCV polymerase chain reaction fingerstick rapid testing. 70 tests were performed in outreach settings with 8 positives being identified and entered into the treatment pathway.

An emphasis on remote services also helped to maintain access to abortion services. Face-to-face appointments were replaced, where appropriate, with telephone assessment and greater flexibility was introduced for access to allow mifepristone (the first drug taken for a medical abortion) to be taken at home, also where this was clinically indicated.

Case Study: NHS abortion care
NHS Lothian provides abortion care to just over 2600 women annually. Until March 2020 this involved an in-person clinical consultation and a routine ultrasound scan to assess gestational age. Women took mifepristone at the clinic (as required by law), but those less than 10 weeks' gestation had the option to self-administer the second part of the treatment, misoprostol, at home.

In March 2020, Ministerial approvals were amended in Scotland, England and Wales, permitting home use of mifepristone. In Scotland, new clinical guidelines supported telemedicine provision of medical abortion at home without ultrasound in certain circumstances, up to 11 weeks and 6 days' gestation. Chalmers Sexual and Reproductive Health Centre in Edinburgh moved wholly to provision of this model of abortion care on 1 April 2020. In the following three months, 826 women had a teleconsultation and 758 women proceeded to abortion (some continued pregnancy after consult). 663 (87%) had a medical abortion at home and the remainder had either a medical or surgical abortion in a hospital setting.

In NHS Lothian, a formal evaluation of over 650 women using the service[8] indicated the safety and acceptability of Telemedicine Early Medical Abortion at Home. Of the abortion at home group, 20% required a pre-abortion ultrasound to confirm location or gestation of pregnancy following clinical history. 98% had a complete abortion and only 2.4% of women made unscheduled attendances to the hospital, which is the same as the previous in-person care model. Women reported high levels of preparedness to use the medications in their own homes. Similarly 95% of women rated the abortion experience as 'somewhat' or 'very' acceptable and 89% stated that they would opt to have treatment at home again if they needed another abortion.

In testing, there was an increased use of remote testing for STIs and BBVs, including postal testing kits and remote self-sampling, or self-sampling at clinical sites to reduce face-to-face appointments and interactions. There was also rapid development of postal free condom services in most NHS Board areas to mitigate the closure of local venues and the reduction in contraception appointments and STI/BBV testing.

Assertive outreach for PWID was quickly developed in some areas, combining a range of services to focus on user needs. NHS Lothian, for example, provided vapes for all people in homeless settings who were previously unable to afford them and who were using drug and alcohol services, where lung and general health issues are key indicators linked to mortality. This brings an opportunity to assess and improve access to harm reduction tools and primary preventative care outside traditional injecting based services.

National guidance was quickly produced on contingency planning for people who use drugs and COVID-19 by Scottish Drug Forum and partners including the Sexual Health and BBV Prevention Leads Group and with support from Scottish Government. It was shared with all Alcohol and Drug Partnerships and all drug services in Scotland. The guidance helped local areas and services to adapt

[8] British Medical Journal Telemedicine Medical Abortion at Home Study

practice, particularly the provision of opiate substitution treatment (OST) and injecting equipment provision (IEP).

Although there is no evidence yet that COVID-19 has had a significant impact on the national rate of drug deaths in Scotland, the continued growth in numbers of deaths has triggered the creation of a new ministerial portfolio with a Minister for Drugs Policy set up in January 2021. With the new portfolio has come a national drugs mission to improve and save lives. This mission is backed up with an additional £50 million per year for alcohol and drugs services. One of the key aims of the mission is to increase the numbers of PWID who seek support from services. This will have a beneficial impact on the numbers of people who can be tested for BBV, ensuring alcohol and drugs services are working closely with BBV initiatives.

Case study: NHS GGC WAND initiative

NHS Glasgow Greater and Clyde and third sector partners launched an incentive based harm reduction initiative to further reach out to people who inject drugs (PWID) at a time where service provision remained limited. The WAND initiative encourages clients to participate in 4 key harm reduction interventions and was designed to address key issues PWID within Glasgow City Centre face, including drug related death, injecting related complications and BBVs.

The Assessment of Injecting Risk (AIR) tool, a comprehensive assessment tool accessed from any internet enabled device, is aimed specifically at people injecting street drugs. It helps to identify a wide range of injecting-related harms and their causes, and allows in-depth conversations regarding necessary harm reduction. The process is interactive and has demonstrated improved interaction from both specialist workers and clients. The AIR tool uses smart logic to support staff in asking appropriate questions related to current injection activity.

To encourage clients to continue the programme, when all interventions are completed the client is provided with a 'Pay Point' voucher. Although this initiative increased workload, harm reduction staff reported feeling skilled, reinvigorated and focused as the positive interaction of the assessment process improved service users engagement and gave staff greater role validation. The Glasgow Drug Crisis Centre ensured this activity was given priority even with the backdrop of tight Covid-19 restrictions.

In September 2020, there were 377 WAND assessments completed. Most clients had not been tested for BBVs in the previous 6 months, notably HIV (53% - 201 people) and Hep C (50.1% - 191 people). Only a 1/5th were carrying Naloxone with them at the time of the assessment even though a third had overdosed in the past 12 months (126 people).

Case Study: HIV Scotland/Waverley Care Self-Test

A diversified approach to HIV testing delivery can help reach many communities across Scotland, especially those that are considered to be 'harder to reach' or not already engaging with NHS HIV testing services. On 15 April 2020, HIV Scotland and Waverley Care began piloting a national HIV Self-Testing programme called HIV Self-Test Scotland[9]. The programme aimed to cut across communities to ensure that everyone who needed it during the COVID-19 pandemic had equal and equitable access to a free HIV test kit, regardless of their location, sexual identity, or practice.

The service has confirmed that access to the free provision of HIV self-testing can play a role in overcoming barriers to frequent HIV testing, and that online ordering for postal delivery is a feasible and acceptable means of delivering tests.

Overall, the programme demonstrates demand for HIV self-testing across Scotland and among key population groups, including gay and bisexual and men who have sex with men; PWID; heterosexual people; non-binary individuals and people who live in remote or rural settings. Between 15 April 2020 and 12 February 2021, 6551 orders have been made through HIV Self-Test Scotland, representing nearly 600 tests being performed per month.

Although the range of responses to the pandemic is broad, the commonalities are a willingness to adapt, and to respond quickly to the needs of those most vulnerable. These traits must be harnessed as we move forward. Clinicians, academics and third sector leads have identified that recovery should take account of and focus on:

- Remote services – a range of options should be provided for SHBBV care with expansion of remote self-management where feasible and appropriate. This will allow people with straightforward needs to be managed online, by telephone, or by video assessment as desired. This should free up physical services to manage those with more complex needs in person.
- Exploration of abortion care changes – the scope for maintaining telephone assessment and remote prescribing where appropriate beyond the pandemic will continue to be encouraged and the potential for women to take mifepristone at home will be informed by the planned evaluation of the current approach to early medical abortion at home.
- Maintaining easier access to medication – throughout the pandemic, postal and home delivery of medications turned out to be vital. These changes should continue to play a role in patient care and be tailored to priority groups.
- Continuing support for remote testing for STIs and BBVs. As above, increased use of self-testing and self-sampling showed potential to reach more people and to do so in more convenient, accessible ways that also free up staff time.
- E-prescribing for community pharmacy dispensing.
- Using virtual platforms for meetings, teaching and training and for rapid service development.
- Greater use of technology – teaching, training and rapid service development can be done differently and in ways that are more inclusive, and reach higher numbers.

[9] HIV Self Test Scotland

- Ongoing collaboration – the partnerships between Health Boards and third sector organisations were a key component of the efforts to deliver care and redesign services, allowing their skillsets and reach to complement and supplement one another.

In working to build on these innovations, however, we must recognise the speed with which they were implemented, and the highly unusual circumstances that drove them. Their use during the pandemic has undoubtedly helped to support vital services at a time when they were most at risk, but it must also be recognised that some were introduced as temporary or interim measures.

In spite of the pressures and the pace of change, some outcome evaluation and user satisfaction work has been carried out. However, the long term impact of changes has not been evaluated and the complexities of access to and satisfaction with different care models for different groups is not yet understood.

Of most pressing concern is the need to evaluate and understand their impact on priority groups, and those who may already be most at risk. Already, there is some evidence that remote services are problematic for young people, who are less likely to engage with them due to concerns about confidentiality, lack of privacy in their home environment and being unsure about what online consultation would involve.[10] Additionally many of the most vulnerable young people experience digital exclusion and are at risk of missing vital information and support as a result.

Case Study: Engagement with Young People

Young people's sexual health has been of great concern since the pandemic began. Prior to COVID-19 there had been increases in bacterial STIs and a reduction in uptake of vLARC in young people. Lockdown restrictions over the last year removed, reduced or changed modes of access to preventative measures that are known to support young people's sexual health. This included cessation of face-to-face interaction and move to online provision by teaching staff, social care staff, youth workers and other key adults that support young people.

Engagement with organisations working with young people identified that many young people were known to have continued to be sexually active despite the restrictions in place on mixing with other households. This coincided with an initial total suspension of young people's sexual health services and introduction of access methods to essential services that young people are more reluctant to use, such as telephone or video consultation. This raised the prospect that young people could find themselves pregnant, or at risk of an STI and unsure what if any sexual health services were available, or reluctant to engage with services that were available due to concern that they would be in trouble for breaking COVID-19 restrictions.

Rapid partnership working between NHS Board health improvement teams, Scottish Government and Public Health Scotland was undertaken to develop reassuring messages for young people highlighting that the NHS was still open for sexual health

[10] Lewis, R., Blake, C., McMellon C., Riddell J., Graham C., Mitchell K. (2021). Understanding young people's use and non-use of condoms and contraception: A co-developed, mixed-methods study with 16-24 year olds in Scotland. Final report from CONUNDRUM (CONdom and CONtraception UNDerstandings: Researching Uptake and Motivations). MRC/CSO Social and Public Health Sciences Unit: University of Glasgow.

care, that they should come forward and wouldn't be judged or in trouble and that doing so in a timely manner mattered in relation to their choices. These key messages were targeted to young people in the summer though advertising placed on social media platforms known to be used by young people. These directed young people to further dedicated information on NHS Inform[11], highlighted the role of pharmacies and the postal condom services which had been established, and provided information on where local services were still open.

The key messages were also widely distributed to staff in organisations across Scotland working with young people. This process was repeated at the end of 2020 when most of Scotland entered Level 4 restrictions. While it is acknowledged that many of the most vulnerable young people experience digital exclusion, there was strong engagement by young people, with 25,000 active "click-throughs" from the digital resources. Recovering face to face service provision for young people and communicating consistently about how to access it is imperative and will require effective co-design approaches, with young people at the centre of the process.

Remote testing also will continue to be a valuable tool as we move forward, but much more must be done to understand the key demographics that are willing and able to engage with it; the barriers that prevent others from doing so; and how these can be overcome or alternative measures implemented so that inequalities are not inadvertently increased.

Recovery priorities must focus therefore on:

1. Ensuring the infrastructure exists to maintain positive innovations – for example continued support for technologies that are already being used, and a focus on the cultural changes that have allowed and supported digital meetings and training.
2. Increased research and ongoing support for academic institutions – the short and long term impacts of these innovations must be evaluated, and results widely shared so that best practice can be developed; inequalities monitored and mitigated; and the most effective innovations scaled up across Scotland where possible.
3. Dedicated focus on a user/ patient-centred approach – their voices must not be forgotten, and research must be focused on qualitative engagement with people who use services to understand their lived experience, not simply focused only on hard data and user trends.

[11] NHS Inform Sexual Health during Coronavirus

Towards recovery

As the previous sections show, the scale of the challenge in the last year has been matched only by the scale of change it has occasioned. Both have occurred at unprecedented speed, and there has been little time to fully understand the impacts of either. The actions in this section set out to change that, and in so doing, to rebuild services that retain the best of the COVID response; are resilient to future shocks; and remain able to provide the vital services we rely on to prevent, diagnose and treat BBVs and STIs.

Service users must be at the heart of this work, and we must recognise and support the role that research and evaluation will play in ensuring that ongoing innovations and care pathways are evidence-based. Above all, we must enable services that can assess and treat those in most need if we are to progress the ambitions of the SHBBV Framework and its outcomes - offering services that empower and support people to live happy, fulfilled and healthy lives.

Achieving this will not be easy. Sexual health and blood borne virus services will be subject to pressures common across all services, and, while the impact of COVID-19 was immediate, there are no instant solutions that will bring about service and population recovery. Indeed, to some extent, efforts will hinge on the continued success of vaccines to tackle the pandemic, and the ability of the wider healthcare service to remobilise and rebuild. However, below, we have set out a series of actions that are intended to demonstrate the Scottish Government's on-going commitment to and support for SHBBV services, and to put them on the best possible footing to recover as time and conditions allow.

In some instances, progress will be directly accountable to specific groups, such as the Scottish Health Protection Network Hepatitis C Elimination Group, but in general, progress of the whole plan will be monitored by and reported to the Scottish Health Protection Network Strategic Leads. This reflects our commitment to working collaboratively across the range of interests in SHBBV services to build solutions.

As set out throughout this plan, we will prioritise recovering services, patient-centred care and treatment, research and evaluation, and laying the groundwork for a better future. This plan is also one part of wider efforts. In the coming year and beyond, it must support and complement other vital associated priorities, such as the Women's Health Plan, Health Care Improvement Scotland Sexual Health Standards, and the recommendations from the study of young people's use and non-use of condoms and contraception[12]. It must also support longer term aims, such as the elimination of Hepatitis C by 2024 and our ambition to eliminate HIV transmission by 2030.

Below, the actions have been subdivided for ease; however, we recognise that in the real world, there will be no such division, and that they are all linked – building for the future, for example, will not be possible without robust evaluation, and recovery of services will be enabled by changes to treatment that increase the capacity of

[12] CONUNDRUM – a study commissioned by NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Lothian, in partnership with Scottish Government, to provide insight into the social context shaping use and non-use of condoms and contraception among young people in Scotland.

clinicians and third sector workers. Finally, the actions do not constitute all that will be done in the coming year – we will remain flexible and open to responding to new priorities as circumstances dictate. However, we hope they will lay strong foundations on which to build.

ACTIONS - Recovering services

Action 1: the Scottish Government will provide third sector delivery organisations with £0.8 million of funding in 2021/22

In recognition that the end of the current multiyear Framework has impacted on third sector organisations, we have provided funding as an interim measure for 2021/22 for those organisations that were funded under the previous settlement. This funding will support both recovery priorities and the ongoing Framework outcomes, and ensure that third sector organisations can continue to provide the vital services that have supported users both over the last decade and during the pandemic.

Action 2: the Scottish Government will make additional funding available to support recovery actions

The work of recovery may require additional funding to be shared by clinical, academic and third sector projects, recognising particularly that SHBBV services also have a role in teaching, training, and providing expertise for evaluation and policy development. The Scottish Government will therefore provide additional funding over the course of the year that will support specific recovery actions, particularly those focussed on testing, HIV and Hepatitis C elimination. Allocation of this funding will be determined collaboratively with key stakeholders and partners.

Patient centred treatment and care

In 2021/22, we will continue to focus on new models of treatment, building on the successes of the pandemic response, ensuring that patients receive treatment when and how they need it, and freeing up staff capacity by removing face-to-face contact where it is not clinically necessary or desired by the patient. The following actions will help to support this.

Action 3: the Scottish Government will continue to support online testing

In late 2020, the Scottish Government provided just over £375,000 to support an online testing solution to develop a national ‘Once for Scotland’ online service for sexually transmitted infections and blood borne viruses. This allows service users to request testing online, enabling them to take their own samples at home and return to the laboratory for results. As well as increasing access for those who are geographically distant from physical services, work will continue to ensure this service widens access for groups who are traditionally harder to reach, while freeing up capacity of staff for those for whom in-person support remains the best option. The solution will also support national anonymised HIV intelligence systems to provide comprehensive, real time data on HIV care and outcomes locally and to Public Health Scotland.

In recognition of current capacity challenges for HIV testing within healthcare settings, and the increased role of remote testing, as an interim measure in 2021-22, the Scottish Government has also provided funding to expand the use of HIV self-testing. In conjunction with self-sampling, evaluation of HIV self-testing will form part of a more wide-ranging review of the testing landscape in Scotland, with a focus on inequalities and access as well as swift access to support and to care pathways.

Action 4: Community Pharmacies will be supported to provide the progestogen-only contraceptive pill

From September 2021, all community pharmacies will be able to provide a temporary three month supply of the progestogen-only contraceptive pill. This will be implemented through the national community pharmacy contract arrangements and Pharmacy colleagues are working in partnership with Community Pharmacy Scotland on the arrangements. Service specification and training are being developed with input from Health Boards, sexual health leads and Community Pharmacy Scotland as part of the Community Pharmacy Contraception Working Group. Building on this will be the incremental development of an enhanced women's sexual health service in community pharmacies to provide pre-conception, menopause and abortion support.

Action 5: NHS Scotland will widen access to HIV pre-exposure prophylaxis (PrEP)

The NHS Scotland HIV pre-exposure prophylaxis programme was launched in 2017 and has contributed to HIV diagnoses among men who have sex with men in Scotland declining by 20% between the two years before and two years after implementation of PrEP. Recently acquired infections declined by just over one third[13]. However, to further reduce the incidence of newly diagnosed HIV infections, access to PrEP now needs to be widened[14] to enable its benefits to extend to a much wider range of people, including those who do not access sexual health services. To do this, novel models of care will be required and PrEP will need to be provided in additional settings which people from groups not currently accessing PrEP find acceptable.

Remote self-managed care, including postal self-sampling for HIV & STIs combined with an online automated consultation and prescribing pathway, will be considered for routine monitoring and prescribing for people already established on PrEP. Research from Glasgow Caledonian University is being used to develop a prototype "ePrEP clinic" to enable this. This would allow people to meet their PrEP needs easily and conveniently whilst freeing up clinic capacity for those with more complex PrEP needs. It is hoped this could also reduce barriers to accessing PrEP due to its discreet nature.

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[13] Estcourt C et al. Population-level effectiveness of a national HIV pre-exposure prophylaxis programme in Men who have sex with men. AIDS, online ahead of print, 11 January 2021 (open access). doi: 10.1097/QAD.0000000000002790

[14] Grimshaw C et al. Implementation of a national HIV pre-exposure prophylaxis service is associated with changes in characteristics of people with newly diagnosed HIV: a retrospective cohort study. Sexually Transmitted Infections, online ahead of print, 13 January 2021 (open access). http://dx.doi.org/10.1136/sextrans-2020-054732

Action 6: NHS Boards will work to re-establish HCV treatment to meet the goal of elimination in 2024.

Treatment targets for HCV were suspended from March 2020, and work was undertaken to understand how these could best be re-instated. Aided by recommendations developed by the SHPN Hepatitis C Elimination Group, a treatment target of 2000 patients for 21/22 has been agreed. This will be a vital first step in re-energising work to eliminate HCV by 2024. As resources allow, it will be supplemented by concerted effort to adapt outreach and treatment methods. In particular, the SHPN Hepatitis C Elimination Group will explore how Scotland can scale up treatment numbers, find untreated people and support those with increasingly complex needs to engage in and complete treatment.

The Scottish Government welcomes the set of recommendations recently published from the NIHR-funded EPIToPe project, following their research into the upscaling of HCV treatment amongst PWID. These recommendations will be a valuable resource for both policymakers and practitioners working towards the 2024 target.

Research and evaluation

Sustainable recovery will require a dedicated focus on research and evaluation of the impacts of both the pandemic and the service changes that it occasioned. In the coming year, we will work towards a number of projects to understand and put patient needs at the heart of services however they are delivered.

Action 7: The Scottish Government will work with stakeholders to support and develop a number of research projects to understand the impacts of COVID-19 on service users and providers.

In developing these projects, we will recognise the value of academic research, patient voices, and the expertise of clinicians and third sector providers. We will also build on the excellent work that is already underway and rely on existing resources, such as the National Monitoring and Research Group. As standard, evaluation of services will also be embedded into all projects funded by the Scottish Government, and we will explore opportunities for research as they emerge over 2021. At present, we anticipate some key areas of research will include:

- An assessment of the impact of revised models of HIV care through patient outcomes and national data collection, including completion and analysis of the patient satisfaction survey on remote consultations.
- Research investigating the direct impact of COVID-19 and indirect impact regarding risk of BBV and other harms on people who use and inject drugs.
- Evaluation of the use of telephone/video consultation in sexual health services.
- Innovation research and development of novel care models and systems e.g. eHealth solutions.
- Piloting and evaluation of new care pathways e.g. a community-based PrEP service.

Action 8: The Scottish Government will establish a Sexual Health Digital Group

In addition to the specific research projects set out above, there is a need for a more concerted understanding of digital provision in sexual health services. As noted several times throughout this document, digital innovations have been one of the most significant features of the pandemic response. However, as also noted, these are not always suitable for all priority groups in their current form, and the pace of change did not always allow for all systems to catch up or evolve at the same speed. The Group will therefore assess the current digital offering for sexual health services, identifying areas for improvement, either across the whole system or for particular groups, and develop a plan for how innovations during the pandemic can be maintained in a way that continues to support our most vulnerable groups.

Building for the future

Recovery must not only focus on achieving the previous status quo. Too much change has already occurred, and there is too much still to be achieved. Therefore, while our ability to be bold may be more constrained in the coming year, our ambitions for what can be achieved will not. Wherever possible, we will lay the groundwork so that these ambitions can be realised in 2022 and beyond.

Action 9: A Scottish Government-led Short Life Working Group will develop 'Once for Scotland' recommendations on HCV diagnosis and treatment for people who inject drugs.

We have made a commitment in our 2020/21 Programme for Government to work with the Scottish Health Protection Network (SHPN), third sector and people who use services, to understand how best practice and innovative approaches – including that pioneered in NHS Tayside, which resulted in HCV elimination in 2019 – can be replicated across Scotland. The Short-life Working Group will develop practical proposals for a national approach in how PWID are found, treated and diagnosed. This will complement the wider work of the SHPN Hepatitis C Elimination Group.

Action 10: The SHPN Strategic Leads will develop a HIV transmission elimination proposal.

The Scottish Government has commissioned SHPN Strategic leads, working with clinical, academia and third sector partners, to deliver a proposal for how Scotland can be the first country to end HIV transmission. This will be a key element in the Scottish Government's next SHBBV Framework. The proposal will contain advice on definitions, actions, targets and monitoring outcomes, as well as ways to ensure capacity to report timely data.

Action 11: The Scottish Government will evaluate and explore how changes to abortion provision can be embedded into practice post-pandemic

We acknowledge the complexities and sensitivities of this issue. We will therefore work with partners to assess the impact of COVID-19 on how women access abortion care as part of the planned evaluation of the current arrangements for early

medical abortion at home. The results of the recent consultation on early medical abortion will also inform our policy going forward.

This will also include further assessment of provision more locally of later stage abortions up to and over 20 weeks gestation.

Conclusion

This plan has been developed to acknowledge the challenges SHBBV services face, but also to celebrate their resilience and capacity for innovation. The Scottish Government again extends its thanks to the staff and service users who responded with creativity and positivity to some of the most challenging times many of us have ever experienced.

The dedication displayed deserves an equal commitment to lasting change and sustainability, and we pledge that we will work with partners to achieve that. While the actions in this plan are only the first step, we look forward to implementing them, and to building towards a Framework in 2022 that will ensure Scotland continues to offer SHBBV services that improve the lives of the people who need them.

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