

DUMFRIES AND GALLOWAY NHS BOARD

7th November 2005

Spending of additional funding from Scottish Executive for Sexual Health

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RECOMMENDATION

The Board is asked to endorse the recommendations made in this paper, and agree the allocation of funding.

SUMMARY

This paper is the detailed plan following the draft proposals put to the Board in March 2005, for the spending allocation of extra funding from the Scottish Executive. The funding has been provided to help support the delivery of the National Sexual Health Strategy – Respect and Responsibility.

NHS Dumfries and Galloway

November 2005

Detailed plan for the implementation of the Respect and Responsibility National Strategy.

1. Background

In March 2005 the quality of the provision of sexual health services across Dumfries and Galloway was very varied (Appendix 1). Due to the large and highly rural area, many different professionals provided sexual health services in a variety of places across the region. These were –

- Primary Care – General Practitioners (GP's)
- Genito Urinary Medicine (GUM)
- Department of Family Planning and Sexual Health (DFPSH)
- Youth Clinics – run by DFPSH
- Acute services – Maternity, Gynaecology, Urology
- Voluntary Organisations

1.2 In 2003 Dumfries and Galloway had the highest rate of Chlamydia in females under 25 years old in Scotland. The numbers of women diagnosed with chlamydia were far higher than the number of men. The number of people presenting with Genital Herpes had doubled in Dumfries and Galloway since 2002. The number of people testing positive for Gonorrhoea in Dumfries and Galloway had doubled since 2002.

1.3 There were weekly youth clinics in every town with a secondary school, except Dalbeattie. These clinics were run by DFPSH funded by money from Better Neighbourhood Services Fund (BNSF). This money was for three years and is due to run out in March 2006.

1.4 For people who test positive for a sexually transmitted infection, partner notification is carried out by the DFPSH and Youth Clinics. No other service provider carried out formal partner notification.

1.5 The GUM clinic was run by a GP in a shared bay of the outpatient department of the Dumfries and Galloway Royal Infirmary. It ran for two one and a half-hour sessions each week. There were three outpatient nurses with an interest in sexual health on a rota to assist with the clinic. The nurses mainly acted as chaperones. The venue does not offer anonymity for clients and the timing of the clinics is only within office hours. There were no GUM clinics held outside Dumfries town.

1.6 The DFPSH is situated in a one storey building on the Nithbank site. It is led by a full time SCMO who is supported by seven other doctors who run clinics on a sessional basis. Clinics were held at Nithbank and

across the region. (Appendix 2). There was also a part time nurse manager, a temporary youth co-ordinator, one full time and five part time administrative staff. Some practise nurses, health visitors and school nurses also support the department. The department had outgrown the building at Nithbank and had been seeking new premises for some time.

- 1.7 In 2004 in Dumfries and Galloway there was provision within the laboratory service to carry out seven thousand chlamydia tests per annum, at a cost of 28K. This cost does not include biomedical scientist time. The laboratory was over capacity with the eight thousand tests being performed before April 2005.

2. Where do we want to be?

- 2.1 To provide a cohesive, seamless clinical service where every person should have a choice when accessing sexual health services and be able to self refer to all such services. Services should be provided as locally as possible and be as specialist as necessary. To amalgamate the Family Planning and Sexual Health Service and the Genito Urinary Medicine Service.
- 2.2 To bring together a multi agency multi disciplinary steering group, to refresh the local strategy which was published in 2003. This group will aim to ensure that the local strategy and action agenda reflect the key components of the national strategy, whilst reflecting the needs of the local population. Strategy to be released for three month public consultation November 2005. Final strategy to be published April 2006.
- 2.2 To increase the detection rates but lower the transmission rates of all sexually transmitted infections in Dumfries and Galloway.
- 2.3 To continue to reduce the rates of unintended pregnancy in Dumfries and Galloway.
- 2.4 To continue to provide high quality youth clinics in all towns with a secondary school. To increase the knowledge and skills of the staff working within these clinics.
- 2.5 To increase the provision of accessible clinics in areas of high deprivation and for those most at risk of sexual ill health.
- 2.6 To establish a comprehensive partner notification service, working with all providers of sexual health care, across the region. The service would provide partner notification to all clients diagnosed with a sexually transmitted infection.

- 2.7 Provide a confidential, professional service where clients can be seen in pleasant suitable premises, where all clients receive the same quality of service, following agreed protocols.
- 2.8 To increase laboratory capacity, for testing specimens for sexually transmitted infections, to cope with the increased demand.
- 2.9 To have suitable equipment for all staff.
- 2.10 To work closely with local voluntary organisations, helping to build their capacity and improve their skills in sexual health.

3 How do we get there?

- 3.1 Research is required into the quality, suitability and cost effectiveness of the service currently provided across the region. The lead clinician should have clinical time released, to work in conjunction with the executive director and the sexual health strategic lead to undertake a re-design project. This research will enable us to design the most comprehensive service, utilising all funding effectively. Further development of the service would be based around this research. Many of the early recommendations of the re-design are dependent on the department re locating to more suitable premises. A business case has been prepared which will be presented to the Board in September 2005. If new premises are allocated the re-design plan will go ahead. If new premises are not feasible alternative options will be explored for re-design.
- 3.2 Introduce sexual health protocols for all sexual health service providers throughout the region, to ensure that all clients receive the same high quality service. Implement existing guidelines, e.g. the Chlamydia guideline - SIGN Guideline 42. Carry out a mapping exercise of current services provided; develop a clinical network including representation of all service providers throughout the region.
- 3.3 Pilot a 2 morning per week nurse drop-in service in Dumfries. This will help ascertain the problems that may be encountered and will help develop clinical pathways / guidelines
- 3.4 Develop local protocols and guidelines. Implement national and local protocols and guidelines.
- 3.5 Increase screening for chlamydia by 20% by 2007. Roll out the availability of the "P" test to more widespread groups.
- 3.6 Aim for all clients who have a positive result for an STI to then have a full sexual health screening. Increase the provision of free condoms for all age groups specifically most vulnerable groups. Develop one-stop sexual health clinics providing sexual health screening and contraception services.

- 3.7 Train staff in direct microscopy. Purchase equipment for direct microscopy.
- 3.8 Before the current funding finishes, carry out an assessment of the effectiveness and quality of the Youth Clinics currently provided. Re-design the service if and where appropriate. Fund the service once BNSF money has finished. Assess the training requirements of the staff that deliver the Youth clinics.
- 3.9 Employ a full time G grade Partner Notification Nurse, with full time administration support to set up and run a comprehensive partner notification service working with all providers of sexual health care, across the region.
- 3.10 Prepare and present a Business Case to NHS Dumfries and Galloway Corporate Management Team to secure funding for new premises for the amalgamated DPFSH and GUM.
- 3.11 Increase laboratory funding by £20,000 to enable laboratory services to meet the increased demand for testing caused by the Partner Notification Service and the implementation of protocols and guidelines.
- 3.12 Improve the IT hardware and software to enable access to notes and lab results from remote clinics. Improve the quality of data collection. Ensure all staff are appropriately trained in the new IT systems.
- 3.13 Update the office equipment within the departments.
- 3.14 Run capacity building training for local voluntary organisations.

4. Financial Implications

Draft Plan submitted to Scottish Executive

Anticipated extra funding from Scottish Executive - £135,000 per annum for three years.

	Development	Cost
Year One	<ul style="list-style-type: none"> • Release some time of the Lead Clinician to undertake a re-design project by September. • To relocate the Family Planning and Sexual Health Service and the Genito Urinary Medicine Service into new premises. • The amalgamation of the Family Planning and Sexual Health Department and the Genito urinary Medicine Department. (Advertising, printing costs). • Provision of a Partner Notification Nurse. • Provision of administrative support for Partner Notification Nurse. 	<ul style="list-style-type: none"> • £7,000 • £96,943 • £5,000 • £17,556 • £8,501
Total		£135,000
Year Two	<ul style="list-style-type: none"> • Increased laboratory resources – to support the increase in testing for sexually transmitted infections, due to work of partner notification nurse. • Sustain the provision of a Partner Notification Nurse. • Sustain the provision of administrative support for Partner Notification Nurse. • Sustain Youth Clinics in all towns with a Secondary School. 	<ul style="list-style-type: none"> • £20,000 • £35,112 • £17,001 • £63,000
Total		£135,113

Year Three	<ul style="list-style-type: none"> • Sustain laboratory resources – to increase testing for sexually transmitted infections. • Sustain the provision of a Partner Notification Nurse. • Sustain the provision of administrative support for Partner Notification Nurse. • Sustain Youth Clinics in all towns with a Secondary School. 	<ul style="list-style-type: none"> • £20,000 • £35,112 • £17,001 • £63,000
Total		£135,113
This plan was in draft form. Year one has changed due to the re-design work.		

5. Redesigned plan after finalisation of funding from Scottish Executive

Actual funding from Scottish Executive £147,235

	Development	Cost
Year One	<ul style="list-style-type: none"> • Release some time of the Lead Clinician to undertake a re-design project by September. • The amalgamation of the Family Planning and Sexual Health Department and the Genito urinary Medicine Department. (Advertising, printing costs). • Provision of a Partner Notification Nurse. • Provision of administrative support for Partner Notification Nurse. • IT software/equipment • IT training and support • Direct microscopy training • Microscopy equipment • Office equipment • Increase condom distribution to over 25's • Fund the pilot, two morning per week nurse drop-in service • Voluntary agency training/capacity building 	<ul style="list-style-type: none"> • £7,000 • £5,000 • £17,556 • £8,501 • £20,000 • £5,000 • £3,160 • £2,000 • £10,000 • £15,000 • £ 5,400 • £ 5,000

	<ul style="list-style-type: none"> • Funding towards new staff grade post + <ul style="list-style-type: none"> • Family Planning Sexual Health and Sexually Transmitted Infection Training for current staff practise nurses, health visitors, school nurses. • Increased nursing hours 	<ul style="list-style-type: none"> • £17,000 • £14,496 • £12,122
Total		£147,235
Year Two	<ul style="list-style-type: none"> • Increased laboratory resources – to support the increase in testing for sexually transmitted infections, due to work of partner notification nurse. • Sustain the provision of a Partner Notification Nurse. • Sustain the provision of administrative support for Partner Notification Nurse. • Sustain Youth Clinics in all towns with a Secondary School. • Increased nursing hours 	<ul style="list-style-type: none"> • £20,000 • £36,244 • £17,548 • £63,000 • £10,443
Total		£147,235
Year Three	<ul style="list-style-type: none"> • Sustain laboratory resources – to increase testing for sexually transmitted infections. • Sustain the provision of a Partner Notification Nurse. • Sustain the provision of administrative support for Partner Notification Nurse. • Sustain Youth Clinics in all towns with a Secondary School. • Increased nursing hours 	<ul style="list-style-type: none"> • £20,000 • £37,414 • £18,114 • £63,000 • £8,725
Total		£147,253

Please note some prices at this time are estimates.

6. Monitoring and evaluating impact and effectiveness

- 6.1 Alongside the refreshment of the local strategy an action agenda will be developed. The action agenda will specify targets, time scales and expected outcomes.
- 6.2 Once the strategy has been refreshed and published, the multi disciplinary multi agency group that refreshed it will evolve into a strategy implementation group. The aims of this group will be to ensure that the actions are implemented and to monitor and evaluate the impacts and the effectiveness of the actions. The action agenda will be refreshed every three years.
- 6.3 Numbers of clients attending the department and which services they access will be monitored.
- 6.4 User satisfaction audits will be carried out at set intervals.
- 6.5 The 2 morning per week nurse drop-in service will be evaluated.
- 6.6 The department's waiting time will be monitored with an aim to see all patients within 48 hours by 2007 (this will only be achieved if the department is relocated to more appropriate premises where drop in clinics can be developed).
- 6.7 It is aimed that regionwide all people with a positive STI are offered the partner notification service. That 70% of all contacts of someone with a positive STI are screened.
- 6.8 An initial rise in the numbers of positive STI's will be expected due to increased screening, in particular chlamydia. Increase screening for chlamydia by 20% by 2007. Aim to reduce the incidence of chlamydia by 20% by 2008.

7. National Strategy Recommendations

NHS Boards will – Nominate an Executive Director to be responsible for sexual health and wellbeing.

Nominated Executive Director – Dr Derek Cox

The nominated Executive Director will:

Ensure that an inter-agency local sexual health strategy is developed which reflects the key components of the national strategy, the local planning processes such as Integrated Children's Services and that ongoing development and implementation are led by a multi-agency, multi-disciplinary strategy group, which reflects the needs of their local population, taking into account the issues that impact on sexual health, especially in relation to inequalities and utilising the diversity impact assessment process;

Action: NHS Dumfries and Galloway released its Sexual Health Strategy in 2003. In response to the National Strategy a multi agency

multi disciplinary steering group has been set up. This group aims to ensure that the local strategy and action agenda reflect the key components of the national strategy, whilst reflecting the needs of the local population. Strategy to be released for three month public consultation November 2005. Final strategy to be released April 2006. The Diversity Impact Assessment Toolkit has been used early on in the refreshment of the strategy.

Appoint a Lead Clinician to integrate sexual health services across each NHS Board area, utilising community health partnership arrangements;

Action: NHS Dumfries and Galloway have appointed Dr M Gurney head of the Department of Family Planning and Sexual Health.

Ensure that all elements of their local sexual health strategies are developed to be sensitive to Scotland's diverse faiths and cultures;

Action: NHS Dumfries and Galloway has a Diversity and Equality task force which is aiming to ensure that all strategies and policies are sensitive to faiths and cultures and supports all the strands of diversity.

In conjunction with other key partners, ensure that resources for sexual health promotion are identified in local sexual health strategies so that good quality and well resourced specialist services are able to support local initiatives;

Action: NHS Dumfries and Galloway will continue to work with partners and will continue to develop and utilise its Health Promotion Library to ensure the availability of sexual health promotion material and that the quality services it provides are well publicised. NHS Dumfries and Galloway will continue to support and help develop the excellent health promotion work being carried out in the regions schools.

In consultation with other stakeholders, work with local agencies providing help and support for survivors of sexual abuse to consider how best to respond to local needs and include proposals in inter-agency sexual health strategies;

Action: As part of the refreshed local strategy and its action agenda NHS Dumfries and Galloway will develop and promote the need for and delivery of specialist and mainstream counselling services for survivors of sexual abuse.

Ensure that a full range of health promotion programmes are developed and delivered within the context of Community Planning which address the key national and local priorities relating to positive sexual health and wellbeing. These programmes should be supported by sexual health promotion specialists;

Action: NHS Dumfries and Galloway will continue to work with its partners to ensure that Community Planning reflects national and local

priorities related to positive sexual health and well being, supported by sexual health promotion.

In conjunction with other statutory and voluntary sector interests, develop and provide a range of programmes for parents and carers to enhance communication skills around relationships and sexual health, which are sensitive to Scotland's diverse faiths and cultures;

Action: NHS Dumfries and Galloway will continue to work with its partners to develop and provide programmes for parents and carers.

In conjunction with Community Planning Partners and Community Health Partnerships, work with further and higher education, community education and youth work services and the wider voluntary sector to develop effective sexual health promotion and outreach services for adults;

Action: NHS Dumfries and Galloway will work with partners to develop effective sexual health promotion and will continue to develop outreach services in its large rural communities in line with local plans and priorities.

Explore the possibility of making a range of condoms and lubricants more extensively available free of charge to outlets and services, targeted at high risk groups and as part of outreach work;

Action: NHS Dumfries and Galloway will continue to publicise and administer the C-Card distribution scheme to increase access to free condoms, to the under 20's. NHS Dumfries and Galloway will work with its partners to develop services to make free condoms and lubricant available to other high risk groups.

Ensure that the local inter-agency sexual health strategy demonstrates progress made in implementing the HIV health promotion strategy;

Action: The Blood Borne virus team of NHS Dumfries and Galloway will be actively involved in the refreshment of the local strategy. The sexual health strategy and the HIV health promotion strategy will reflect and support each other.

Work with Community Health Partnerships to support school nursing teams and other nurses who wish to develop their role in providing sexual health advice and health services for young people, by providing opportunities for them to update their skills and knowledge (including some training on educational skills) and access to resources.

Action: NHS Dumfries and Galloway will continue to support school nurses, family planning nurses and GUM nurses who wish to update their skills. Training requirements will be assessed and training opportunities will be provided.

The Nominated Lead Clinician will:

Ensure that all services are reviewed in light of this strategy and ensure that proposals to address identified deficits are included in each NHS Boards inter-agency sexual health strategy.

Action: Lead Clinician will bring together a Sexual Health Providers Steering Group that will work closely with the local sexual health strategy to address identified gaps where possible. A joint exercise will look at the amalgamation of the 2 key services and redesign of these throughout Dumfries and Galloway.

Ensure that an audit of training needs is undertaken, in conjunction with all partners providing sexual health services, to ensure that all staff have the opportunity to maintain and develop core skills in communication, attitudes and relationships, addressing the wider social and cultural determinants of sexual health. Following the audit, plans to address these should be identified in the inter-agency sexual health strategy;

Action: A mapping / consultation exercise will identify training needs of all partners providing sexual health services and ensure that training is in place to address these needs.

Ensure that local standards on agreed competencies, confidentiality, access to and provision of sexual health services are developed. This will include specialist sexual health services such as HIV testing and treatment, sexual dysfunction, and other service needs identified at local level;

Action: Lead Clinician will work with other providers in developing standards on agreed competencies, confidentiality and access to and providing of sexual health services (including those listed).

Ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on the RCOG guidelines are in place to help provide consistency in service provision and practice. Counselling and information should be comprehensive and responsive to any individual needs, again reflecting the RCOG guidelines, and should include the biological facts about the development of the pregnancy and the possible emotional, physical and psychological sequelae of termination and alternative courses of action. While women should be given adequate time to assimilate all the implications, in accordance with the RCOG guidelines, no woman should have to wait longer than 3 weeks from her initial referral to the termination;

Action: Lead Clinician will ensure that protocols based on the RCOG guidelines remain in place to provide consistency in service provision and practice. In partnership with Primary, Department of Obstetrics and Gynaecology and other sexual health providers, standards for Pre and Post test Counselling will be agreed and disseminated.

Develop a framework to ensure that HIV testing is offered to all GUM clinic attendees not known to be HIV infected who present with a new STI. This offer should be made in the context of the HIV test being presented as a routine recommended test. Reasons for non-uptake should be recorded;

Action: The GUM service is being reviewed to ensure that the service meets with national standards. This will include an opt out system for HIV testing.

In consultation with other stakeholders, work with agencies for people living with HIV to consider how best to respond to local needs and include proposals in inter-agency sexual health strategies:

Action: The Lead Clinician will work closely with the Consultant managing the HIV service and any other related agencies to ensure the needs of people living with HIV are identified and included in the local sexual health strategy.

Identify the impact on laboratory resources in meeting increased testing arrangements and bring forward proposals to meet unmet need in the NHS Board;

Action: The Lead Clinician will continue to work with the laboratory services to meet the unmet need. Funding has been identified from the Scottish Executive allocation

In developing services, aim to ensure that everyone is able to choose from at least two sexual health providers while recognising that this may not be initially possible;

Action: In the Redesign of Sexual Health Services, it is proposed to increase region wide capacity for sexual health provision to ensure that the rural areas can access services more readily.

Ensure that local health care practitioners are able to demonstrate that they provide information and refer patients to alternative readily accessible services, where they do not provide the sexual health services required:

Action: This will be covered in the action above

Facilitate the development of an NHS Board-wide managed sexual health network, which includes all relevant local organisations and service providers;

Action: Following the mapping exercise / consultation it is proposed to develop a network to obtain feedback and keep stakeholders updated. A clinical network will be developed through the Sexual Health Providers Steering Group.

All providers of sexual health advice, information, learning and services should prominently display their confidentiality approach in information booklets, on notice boards and in waiting areas in a

range of accessible formats including different community languages;

Action: The Lead Clinician will work with sexual health providers to ensure that the confidentiality information is freely available as above.

Service providers should give clear information to users when giving personal and identifiable information, if confidentiality and / or anonymity are of concern.

Action: This will be included in the above

Appendix 1

Current provision of Sexual Health Services

Primary Care – Due to the large rural area, the majority of people may in the first instance look to their General Practitioner (GP), as they are more easily accessible in the local area, for advice on sexual health. In Dumfries and Galloway there are 125 GP's working out of 34 different practices. However many people may not wish to go to their GPs because of embarrassment or a perceived lack of confidentiality. The quality and effectiveness of the service provided by GP's in Dumfries and Galloway appears to be varied. A detailed audit of services provided by GP's regarding Sexual Health will be carried out in October 2005. The service thought to be currently provided by most GP's is –

- Clients are seen by appointment in regular surgery hours.
- Most of the GP's do not follow a sexual health protocol.
- Clients are not routinely screened for all sexually transmitted infections (STI's).
- Most GP's will screen for an STI if the client requests it or if the client has symptoms of an STI, but this is frequently not a full STI screening, i.e. does not include HIV testing.
- If the client is tested positive and requires treatment for an STI, most are referred to the Genito Urinary Medicine (GUM) clinic.
- Some GP's provide long term contraception services.
- Some GP's refer clients to the Department of Family Planning and Sexual Health (DFPSH) for long term and complicated contraception.
- Most GP's do not routinely follow up a client who has tested positive for an STI.
- Most of the GP's do not do formal partner notification.
- Most GP's do not take a full sexual history.

Genito Urinary Medicine (GUM) – Dumfries and Galloway do not have a Consultant led GUM service. Until recently the service was run by one GP. It ran for two one and a half-hour sessions each week, in a shared bay of the outpatients department in the Dumfries and Galloway Royal Infirmary. There are three outpatient nurses, with an interest in sexual health that are on a rota to assist to run the clinic. The nurses mainly act as chaperones.

- Clients are seen by appointment or drop in.
- The Doctor does not use a sexual health protocol.
- Not all clients are screened for all STI's.
- The most common STI treated is genital warts.
- There is no formal partner notification for clients with an STI.
- There is no other GUM service in other parts of the region.

Since March 2005 due to sickness absence, the GUM service has been run by the DFPSH. The clinic times have been increased by two hours a week. Due to the high numbers of patients the Friday clinic is running with two Doctors. Appointments have been introduced for the first hour of the clinic for patients returning for treatment and the drop in clinic runs for the second hour. This is reducing the patient waiting times considerably.

The Department of Family Planning and Sexual Health (DFPSH) – The department is based in an old one storey building on the Nithbank site. It is led by an SCMO who is supported by seven other doctors who run clinics on a sessional basis. There is also a part time nurse manager, a temporary youth co-ordinator, one full time and five part time administrative staff. Some practise nurses, health visitors and school nurses also support the department. The department has outgrown the premises at Nithbank and has been seeking new premises for some time. Since moving to the Nithbank site in 1996 the department has developed significantly. The DFPSH also provides clinics across the region, these clinics run out of a variety of settings dependant upon availability of premises and client need.

- The Department offers full STI screening and management using a Sexual Health Protocol.
- Clients are seen by appointment.
- Clients can not “drop in” to the Department for emergency contraception.
- All clients have a sexual history taken if relevant i.e. when screening for an STI.
- All clients are screened for STI’s if asking for a health screen.
- All clients with an STI have formal partner notification.
- The department provides long term contraceptive services.
- The department has an eight-week waiting list.
- There are 42 general appointment only clinics per month across the region in 8 different towns.

Youth Clinics – Youth Clinics run in every town with a secondary school except Dalbeattie where it is closed while under review. The youth clinics are run by the DFPSH and are funded by Better Neighbourhood Services Fund (BNSF). The funding for the Youth clinics runs out in March 2006. School nurses, practise nurses and health visitors support the DFPSH to run the clinics.

- The clinics offer full STI screening and management using the DFPSH Sexual Health Protocol.
- Clients are seen by “drop in” or appointment.
- All clients have a sexual history taken if relevant i.e. when screening for an STI.
- All clients are screened for STI’s if asking for a full health screen.
- All clients with an STI have formal partner notification.

- The clinics also give advice on many other issues, including relationships and bullying.
- There are 69 drop in youth clinics per month in the 13 towns with a secondary school.

Policy/Strategy Implications	NHS Dumfries and Galloway Sexual Health Strategy and Action Agenda
Staffing Implications	Employment of a G grade Partner Notification Nurse. Employment of a A&C grade 3 Administration Assistant Increased DR hours to release the Lead Clinician until September 2005.
Financial Implications	Detailed in the plan
Consultation	The providers of sexual health services were consulted during the preparation of this paper
Consultation with Professional Committees	All appropriate Professional Consultative Committees will be consulted
Risk Assessment	No
<p>Check the appropriate boxes to confirm that the document (if appropriate) meets the following Board Policy requirements:</p> <p>Diversity <input data-bbox="876 1070 1031 1142" type="checkbox"/> Planned</p> <p><input data-bbox="876 1167 1031 1238" type="checkbox"/> Planned</p> <p>Disability Discrimination Act</p>	