Healthcare Improvement Scotland is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. For this impact assessment, please see our website (www.healthcareimprovementscotland.org). The full report in electronic or paper form is available upon request from the Healthcare Improvement Scotland Equality and Diversity Officer.

On 1 April 2011, Healthcare Improvement Scotland took over the responsibilities of NHS Quality Improvement Scotland.

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www.healthcareimprovementscotland.org
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1 Setting the scene

Healthcare Improvement Scotland was launched on 1 April 2011. This health body was created by the Public Services Reform (Scotland) Act 2010 and marks a change in the way the quality of healthcare across Scotland will be supported nationally.

Our key purpose is to support healthcare providers in Scotland to deliver high quality, evidence-based, safe, effective and person-centred care; and to scrutinise services to provide public assurance about the quality and safety of that care.

We are building on work previously done by NHS Quality Improvement Scotland and the Care Commission.

For further information on Healthcare Improvement Scotland, please visit our website (www.healthcareimprovementscotland.org).

Background

Scotland’s first national sexual health and relationships strategy Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health was launched in January 2005. A range of actions were set out in Respect and Responsibility to enhance sexual health promotion, education, and service provision. As part of Respect and Responsibility, NHS Quality Improvement Scotland took forward the development of appropriate standards for sexual health services provided by or secured by NHS boards. The Standards for Sexual Health Services were published in March 2008.

We are taking a risk based and proportionate approach to the review of the sexual health services standards and have identified the following criteria for assessment through the peer review process:

- Standard 1 – criteria 1.1, 1.2, 1.3, 1.4, 1.6
- Standard 2 – criteria 2.1, 2.2
- Standard 3 – criteria 3.4, 3.6, 3.7
- Standard 4 – criteria 4.1, 4.2
- Standard 5 – criteria 5.1, 5.2, 5.3
- Standard 6 – criteria 6.1, 6.2, 6.3, 6.4
- Standard 7 – criteria 7.2, 7.3
- Standard 8 – criteria 8.2, 8.3, 8.4
- Standard 9 – criterion 9.3

About this report

This report presents the findings from the sexual health services peer review visit to NHS Shetland. The review visit took place on 31 May 2011 and details of the visit, including membership of the review team, can be found in Appendix 1.

The review process has three key phases: preparation prior to the performance assessment review, the review visit, and report production and publication following the visit.
Review teams are multidisciplinary and include both healthcare professionals and members of the public. All reviewers are trained. Each peer review team is led by an experienced reviewer, who guides the team in its work and ensures that team members are in agreement about the assessment reached. The composition of each team varies, and members are not employed by the NHS board they are reviewing.
2 Summary of findings

A summary of the findings from the review, including strengths and recommendations, is shown in this section.

During the visit, the most appropriate assessment category is agreed by the review team to describe the NHS board’s current position against each standard criterion – indicated by the shaded areas, percentages or value in the table below.

For some criteria, ‘met’ or ‘not met’ applies.

- ‘Met’ applies where the evidence demonstrates the criterion is being achieved.
- ‘Not met’ applies where the evidence demonstrates the criterion is not being achieved.

For all other criteria, either a % (criteria 1.3, 5.1–5.3, 6.1, 6.3 and 7.3) or a value per 1000 (criterion 8.2) applies.

- ‘% or value per 1000 achieved (required)’ indicates the % or value demonstrated in the NHS board’s evidence against the % or value required.

Criterion 1.6 will not be assessed using the above categories. The NHS board’s performance against this criterion is described in Section 3.

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<th>Sexual health services standards criteria</th>
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‘Not applicable’ is used where a criterion does not apply to the NHS board under review.
Strengths
The NHS board has:

- a resilient service that is responsive to individual need
- good levels of promotional activity and publicity for the sexual health and wellbeing clinic
- strong partnership working arrangements, and
- a workforce that is committed to service improvement.

Recommendations
The NHS board to:

- ensure the service is sustainable
- engage with partners at strategic level, particularly with education and social work partners
- invest in structured and accredited training programmes, particularly for sexual health nurses, and
- monitor the effectiveness of commissioned services.
3 Detailed findings against the standards

Standard 1: Comprehensive provision of specialist sexual health services

Standard statement 1

A comprehensive range of specialist sexual health services is provided locally and individuals with the greatest need are treated as a priority.

1.1 The NHS board has integrated local specialist sexual health services, which as a minimum, deliver a full range of contraception options, facilities for the diagnosis and treatment of all sexually transmitted infections in both men and women, and HIV testing and counselling.

STATUS: Not met

NHS Shetland runs a sexual health and wellbeing clinic on a Monday evening at the Gilbert Bain Hospital in Lerwick. This offers patients access to a full range of contraception methods and testing for sexually transmitted infections. HIV testing is offered using an opt-out model with risk taking behaviour highlighted during consultations. The clinic is currently staffed by GPs and nurses working on a sessional basis. The NHS board reported that it intends to move towards nurse-led clinics and is developing patient group directives to allow for nurse prescribing.

Clinic staff have access to consultants in NHS Grampian if necessary to discuss complex contraception needs. Women may also be referred to NHS Grampian, for example if they need a termination of pregnancy.

The service currently does not have access to microscopy laboratory services and is required to send samples to NHS Grampian for analysis when testing for sexually transmitted infections. However, treatment would be initiated at the time of the clinic if required. The NHS board is unable to provide a specialist genitourinary medicine service with facilities for the diagnosis and treatment of all sexually transmitted infections. However, NHS Shetland is commended for its partnership working with NHS Grampian to meet its sexual health service needs. This addresses the practical problem in a very small board of being able to provide a specialist service. It allows services to be delivered locally where possible, supplemented by an efficient referral process when necessary.

It was reported that everyone who attends the drop-in clinic is seen that evening. However, this means that they may experience a wait as the clinic often overruns the opening hours. It is a testament to the personal commitment of the staff who run the service that the clinic remains open until all patients have been seen. However, the NHS board is encouraged to continue its review of the way the service is delivered to ensure that a more sustainable model is developed that meets the needs of service users. This is likely to be addressed as part of the ongoing re-organisation of the clinic and the move towards a nurse-led service. The NHS board should also ensure, that as part of the re-organisation of the service, nurses have time built into their job plan to check the results of tests for sexually transmitted infections and to inform patients. It was noted there is currently limited provision for this, often relying on breaks within the nurses’ full time nursing role.

It was also noted that the sexual health and wellbeing clinic currently uses a paper-based system for patient records. While this is sufficient for holding one clinic a week, it does not
allow for easy analysis of patient information for audit purposes and for further expansion of the clinic. The NHS board should consider implementing an electronic records system such as the NHSScotland national sexual health system, NASH. This would significantly improve the service’s ability to conduct audits and demonstrate its level of performance. It would also increase the service’s ability to monitor patients visiting NHS Grampian for sexual health services by postcode data analysis.

1.2 There is a minimum of 2 full days per week of integrated local specialist sexual health service provision available within 30 minutes travel time from each settlement of over 10,000 people.

**STATUS: Not applicable**

Shetland does not have any settlements with populations over 10,000, therefore this criterion is not applicable for assessment.

The largest population in Shetland is approximately 7,000 in Lerwick where the sexual health and wellbeing clinic is located. In addition to the Monday evening clinic, the NHS board has engaged with primary care and community pharmacies on sexual health issues. For example, most GP practices can fit long acting and reversible methods of contraception (LARC) such as the coil or an implant. They have also been sent guidance on taking swabs for sexually transmitted infection testing and partner notification. Community pharmacies can supply emergency hormonal contraception.

1.3 80% of individuals with priority sexual health conditions are offered the opportunity to be seen within 2 working days of initial contact with a specialist sexual health service.

**STATUS: Data not available**

NHS Shetland has not conducted an audit to identify whether people with priority conditions are seen within 2 working days. As the clinic operates solely on a Monday evening it is unlikely that an audit would demonstrate that the NHS board is able to fulfil the requirements of this criterion. People are unable to contact the service directly outwith clinic hours. However, it was reported that if someone presented at the emergency department with an urgent sexual health condition, a nurse from the clinic would be contacted informally (if available) and arrange to see the patient outwith standard clinic hours if possible. Patients can also be seen in primary care for urgent sexual health problems. If necessary, GPs can contact one of the GPs involved with the sexual health clinic on an informal basis, or sexual health services in NHS Grampian, for advice.

It was also noted that people can contact NHS 24 or the health improvement department for advice on available sexual health services. Staff answering calls in the health improvement department have not been trained on specific sexual health issues, but advise callers to contact their GP if they are symptomatic.

The NHS board is considering investing in a mobile phone for people to contact during office hours to provide access to the service outside clinic hours. It is anticipated that a nurse that works in the sexual health clinic would answer this. This is in the early stages of development and NHS Shetland is encouraged to progress this.
1.4 There are targeted services for communities or individuals with specific needs.

**STATUS: Met**

NHS Shetland has identified groups and communities that may have specific sexual health needs. These include:

- people who are lesbian, gay, bisexual or transgender (LGBT)
- young people – including those who are looked after and accommodated
- people with learning disabilities
- people with substance misuse problems, and
- people from ethnic minority communities.

These communities tend to be small in population size and in some cases difficult to identify, particularly the LGBT community. NHS Shetland has, therefore, opted to focus on providing a generic service open to everyone regardless of background. However, it has attempted to engage with key groups to ensure the service it is providing can meet their needs.

Examples of this include working in partnership with the Terrence Higgins Trust to facilitate local awareness raising and deliver training. The partnership with this voluntary organisation has helped to raise staff awareness of the needs of the LGBT community and informed how it can develop the service. The sexual health strategy group has linked with a local LGBT group. This group was set up in Shetland by the Equality Network as part of the Speak Out Highlands and Islands work to develop social networks and help engage with local service providers to improve services.

The NHS board has formed links with people with learning disabilities, primarily through working with staff and carers to promote the service. A similar arrangement is in place with the community alcohol and drugs service to promote the service and engage with people who have substance misuse problems. Furthermore, the health improvement team has made links with adult learning in Shetland. Adult learning run an English as a second language course for people new to Shetland who require it. The NHS board reported that it intends to use the link to promote sexual health services to ethnic minority communities in an appropriate manner.

In terms of young people, there are strong links between sexual health services and school nurses. When the sexual health and wellbeing clinic was launched it was promoted to the secondary school and residential care homes for discussion with pupils in year 4 of secondary school as part of their sex education programme. There have also been good links formed with the Shetland Youth Information Service which provides advice and guidance to young people. A significant amount of promotional work has been carried out in partnership with this voluntary organisation. The organisation signposts people to the sexual health service and in some instances facilitates transport where required.

NHS Shetland has effective partnership working arrangements in place to ensure people from target groups are appropriately directed and supported within the sexual health service. This makes best use of limited resources.
1.6 The standard of specialist sexual health service accommodation conforms with recommendations made by Department of Health, Health Services Building Notes and the Monks report.

The sexual health and wellbeing clinic is held in the outpatients department of the Gilbert Bain Hospital. It is the only clinic open on a Monday evening so patient confidentiality is optimum. The department is situated next to the emergency department entrance so folding screens are used to protect the privacy of patients in the waiting room. Directions to the clinic are clearly signposted. Given the confidentiality issues often raised in remote and rural areas, the NHS board is commended for the approach and thought put into ensuring the layout of the clinic is appropriate.
Standard 2: Sexual health information provision

Standard statement 2
The public has access to accurate and consistent information about sexual health relevant to its needs.

2.1 The NHS board has a system in place to identify the diverse sexual health information needs of its population and to respond to those needs appropriately using relevant information formats.

STATUS: Met

The health improvement team has responsibility for identifying the sexual health information needs of the Shetland population. The NHS board is responsive to requests for further information, particularly when a specific group or community identifies these needs. An example of this is the production of a DVD about the sexual health and wellbeing clinic. This was developed in partnership with the Shetland Youth Information Service. The DVD was produced in response to young people expressing the view that they did not feel suitably informed about sexual health services and specifically about the sexual health and wellbeing clinic.

A resource officer from the health improvement team provides information on sexual health services to other healthcare staff, organisations, workplaces, groups and members of the public on request. There is also an initiative in place between the health improvement team and the council library called ‘Help yourself to Health’. This project allows members of the public to access a range of healthcare information in the form of leaflets, books and DVDs on topics including sexual health through the library. It also promotes certain topics and campaigns, for example the Family Planning Association’s national sexual health week. Planned future topics include promotion of the hepatitis B vaccination.

In addition, the NHS board makes use of information gained through other consultations and health needs assessments. In 2005, a project called 2020 Vision was undertaken in Shetland to consider the future of health services. This involved extensive consultation and discussion with a broad range of partners including NHS staff, the Shetland Islands Council, the voluntary and independent sector, and members of the public. This project considered a range of future health issues and how the NHS board could prepare for these. A key issue raised through the project was the increasing levels of sexually transmitted infections. To address this, the health improvement team was tasked with identifying training, resources and information needs and providing continuous education.

In general, the NHS board uses nationally produced leaflets to promote good sexual health and different methods of contraception. Leaflets that are produced locally are reviewed to ensure they use appropriate language and accessible formats. Due to the population size of the NHS board, it does not routinely produce information in alternative formats unless specifically requested. If a requirement for a leaflet in another language was identified, the health improvement team would endeavour to source this from another location such as the ‘Health in my language’ national resource bank.

The sexual health service has good links with the health improvement department. This facilitates provision of sexual health information relevant to the needs of the population. However, there is scope for a more strategic and proactive approach to ensure that the
information needs of the whole population, particularly the harder to reach and more vulnerable groups, are met.

2.2 There are clear and effective arrangements to ensure accurate information describing sexual health conditions and local service provision arrangements. The information details links with partner organisations outside the NHS, such as local authorities.

**STATUS: Met**

NHS Shetland has good working arrangements in place with partner organisations including education, the local authority, residential care homes, youth groups, other healthcare professionals and the Shetland Youth Information Service. There is also strong, ongoing promotional activity with regards to the sexual health and wellbeing clinic. A weekly advert appears in the local newspaper and on local radio. The clinic is also widely promoted on posters in workplaces, shops, health centres, libraries, pharmacies, licensed premises and leisure centres. The NHS board is commended for its publicity campaigns which have proved to be successful by increasing attendance at the clinic.

As described above, the NHS board uses national leaflets on condition-specific topics. These are distributed in consultation where appropriate or in other healthcare or community settings such as libraries. Training packs on sexual health are shared with local authority colleagues, for example housing outreach workers, to signpost their clients into the service. It was noted that currently there was limited provision of information on the NHS Shetland website. This is being addressed through the website re-design which is due for launch in the near future.

The NHS board is congratulated on the progress it has made in awareness raising and promoting the sexual health services available. It is encouraged to gain feedback from service users on the quality of the information it makes available to ensure it is making an impact and meeting the needs of the population.
Standard 3: Services for young people

Standard statement 3

NHS boards ensure the development and delivery of integrated approaches to sexual health improvement, particularly in relation to young people.

3.4 There is evidence of active engagement of local key partners including health, education, social work, youth services and the voluntary sector, to improve sexual health for young people and reduce teenage pregnancy.

STATUS: Met

The NHS board has a multi-agency sexual health strategy group with representatives from a range of healthcare backgrounds, education, environmental health, youth services and the voluntary sector. This group acts as a link between a number of other committees and groups that are responsible for the development of services at a strategic level, for example the community health and care partnership management team, child protection committee and patient focus, public involvement committee.

The sexual health strategy group takes strategic direction on issues such as young people’s sexual health and incorporate this into local service delivery. Similarly it acts as a forum to discuss issues affecting the wider sexual health agenda with a number of key partners and potentially escalate this up the NHS board’s management structures. It was reported that attendance of partner organisations at this group can be variable and decisions may be reached through other mechanisms such as email communication. The NHS board is encouraged to ensure attendance is appropriate and well maintained. It is also encouraged to consider whether regular reports to a strategic level, for example a senior management sponsor would be appropriate for the group.

NHS Shetland has identified that engaging young people in service development is a challenge for the NHS board. It has taken steps to address this through close partnership working with the Shetland Youth Information Service. Young people have been involved in creating a DVD about the sexual health and wellbeing clinic for other young people which has proved to be a success. To address young people’s engagement, there has been representation from Youth Voice via the youth empowerment and participation worker. This organisation engages with young people through schools and youth clubs. At the Youth Voice annual meeting there were a number of workshops and discussions on a variety of sexual health topics.

There is also regular engagement with youth services and the Shetland Youth Information Service on national events such as World Aids Day. Young people engage with voluntary organisations on a regular basis through the Shetland Youth Information Service and have taken part in fundraising activities for the Terrence Higgins Trust. Furthermore, teachers, school nurses and youth workers are regularly in contact with the service and have participated in sexual health and relationships education (SHARE) training. An audit of the effectiveness of this training in 2009 led to an action report.
3.6 Targeted interventions are demonstrated for young people at greatest risk of teenage pregnancy and poor sexual health, including looked-after children.

STATUS: Met

NHS Shetland has identified the young people it considers to be at risk of poor sexual health. This includes:

- young people who are looked after and accommodated
- young people who are not in mainstream education, training or employment
- young mothers
- those with substance misuse problems
- those in touch with youth services including Shetland Youth Information Services and housing outreach services, and
- vulnerable young people not in direct contact with any services.

Due to the diverse nature and small population size of these groups and the limited resources of the NHS board, it recognises that individual targeted services may not be feasible. It has, therefore, invested significantly in training staff involved with young people in these settings. Of particular note is the ongoing work with the local authority’s Bridges project. This project works with young people who are not in mainstream education, training or work. It also runs a young mums group. The school nurse works directly with young people attending the Bridges project to deliver the SHARE programme. The school nurse also works with high school pupils who are having difficulty with mainstream education through Club XL.

There is also significant ongoing work with looked after and accommodated children through residential care homes, foster carers, housing outreach workers and the Bruce Family Centre (which provides support to vulnerable families). A range of resources has been distributed to these locations including information on the clinic, contraception methods and sexually transmitted infections. The NHS board is also piloting a confidentiality card which young people can discretely give to staff members. This alerts the member of staff that the young person requires to speak to them about an issue in a private consultation setting. This is an area of good practice and the review team encourages roll-out of this card scheme across the whole NHS board.

As highlighted throughout the report, access to services for people in remote and rural communities is often a challenge for the NHS board. This is particularly the case for young people who may rely on parents or public transport. Young people who live on the main island can attend the Lerwick clinic on a Monday evening. Anderson High School in Lerwick is the only high school for young people above year 4 (age 16). As several young people live in a school hostel Monday to Friday while attending Anderson High School, this is a suitable arrangement for young people living in the hostel or in Lerwick. However, it was noted there was limited provision of facilities for young people who live in other areas of the main island or live on the outer islands and attend junior high school at these locations. The NHS board has recently redesigned the health visiting service (which incorporates school nursing in rural communities). This has allowed for the drop-in service at Brae to be re-started. The South Mainland local service delivery group instigated the re-introduction of the drop-in clinic at Sandwick in response to feedback from the community. This expands young people’s access to sexual health information and advice.
The NHS board is commended for the good partnership working arrangements in place that allows this to happen. The drop-in clinics are run in collaboration with key partners. These vary between clinics but often include guidance teachers, the health improvement team and the Shetland Youth Information Service.

3.7 The NHS board supports the delivery of sex and relationship education training for professionals in partner organisations such as youth workers and social workers who work with the most vulnerable young people.

**STATUS: Met**

NHS Shetland has run a number of joint training events on sexual health primarily aimed at education staff, community nursing, social care staff and youth workers.

The NHS board has run a number of SHARE training programmes to enable sex education in schools and youth settings to be delivered in a consistent and structured way. There are currently two trainers in NHS Shetland: the school nurse and a guidance teacher. The NHS board also intends to train a health improvement adviser to deliver this training so that there is appropriate availability of trainers to ensure sustainability of the programme. The NHS board audited the effectiveness of the SHARE programme in secondary schools which has led to a number of actions being implemented across the NHS board and education settings.

In addition to SHARE training there has been a number of multi-agency training courses for workers who regularly engage with young people. In 2010, the NHS board hosted a combined sexual health and blood borne virus (BBV) training day which included workshops from local staff and presenter from partner organisations including NHS Grampian and the Terrence Higgins Trust. All training events are evaluated using either a standard NHS Shetland form or a form adapted for the specific session, and action taken as appropriate.

The NHS board is commended for its comprehensive sex and relationship education training programmes and promotion with limited resources and trainer availability.
Standard 4: Partner notification

Standard statement 4

Individuals who are diagnosed with a sexually transmitted infection see an appropriately trained member of staff to organise partner notification (contact tracing).

4.1 A sexual health adviser, or a professional trained and supported by a sexual health adviser (eg a practice nurse), is available to all individuals diagnosed with chlamydia or gonorrhoea.

STATUS: Not met

NHS Grampian provides laboratory services to confirm the diagnosis of chlamydia or gonorrhoea. As such, NHS Shetland has taken the opportunity to use NHS Grampian’s sexual health advisers to offer support and facilitate partner notification for individuals diagnosed with chlamydia or gonorrhoea.

However, there is currently no monitoring arrangement in place between NHS Shetland and NHS Grampian for this process. The NHS board cannot, therefore, be assured that people from Shetland diagnosed with chlamydia or gonorrhoea have access to a trained sexual health adviser. It was noted that there are informal arrangements in place for a nurse to contact people tested in the sexual health and wellbeing clinic and notify them of the result. The nurses working at the sexual health and wellbeing clinic can contact the health advisers at NHS Grampian for support if required.

4.2 Individuals are offered partner notification in all settings delivering sexual healthcare, including in primary care, youth services and community pharmacies.

STATUS: Not met

As described above NHS Shetland uses NHS Grampian’s sexual health advisers for partner notification. Prior to adopting the NHS Grampian model there was limited and inconsistent access to partner notification services. It was reported that nurses at the sexual health and wellbeing clinic undertook simple partner notification for people testing positive in the clinic setting. They would also provide support to GPs if requested. However, it was unclear if people tested in primary care settings would be offered partner notification in any form.

NHS Shetland anticipates that using NHS Grampian’s model will ensure there is a standard and consistent approach to partner notification through its trained health advisers. The NHS board is encouraged to ensure that partner notification is in place for all people diagnosed with chlamydia or gonorrhoea regardless of test setting. It should ensure that the nurses in the sexual health and wellbeing clinic are trained in partner notification. This would ensure that people that do not consent to contact from a sexual health adviser can still access the service. Furthermore, the NHS board is encouraged to ensure there are monitoring arrangements in place between NHS Grampian and NHS Shetland to allow for audit of the service.
Standard 5: Sexual healthcare for people living with HIV

Standard statement 5

Individuals attending for ongoing HIV care are offered high quality sexual and reproductive healthcare to improve personal wellbeing and to minimise the risk of transmitting infections to others.

5.1 90% of adults receiving ongoing HIV care have the result of syphilis serology taken within the preceding 6 months recorded in their HIV records, or documentation why this is not required updated at 6 monthly intervals.

STATUS: Data not available

NHS Grampian provides care to people in Shetland living with HIV. No audit data were available for syphilis serology testing for NHS Shetland patients receiving ongoing HIV care from NHS Grampian. NHS Shetland is encouraged to implement monitoring arrangements with NHS Grampian to ensure a high standard of care is delivered to the cohort of patients living in NHS Shetland. It may also wish to consider if delivering some services locally would be beneficial to the population as part of the new combined BBV and sexual health framework.

5.2 80% of HIV+ adults presenting for the first time in Scotland have their sexual and reproductive history documented within 4 weeks of their initial HIV diagnosis, and are given advice to prevent onward HIV transmission, backed by the availability of condoms.

STATUS: Data not available

NHS Grampian provides this service on behalf of NHS Shetland as described above. No audit data were available for analysis.

5.3 80% of adults receiving ongoing HIV care have an offer of a sexual health screen at least once every 12 months. If a sexual health screen is not required or if the offer is declined, this information is documented at 12 monthly intervals.

STATUS: Data not available

NHS Grampian provides this service on behalf of NHS Shetland as described above. No audit data were available for analysis.
Standard 6: Termination of pregnancy

Standard statement 6

Women receive safe termination of pregnancy with minimal delay, followed by contraceptive advice and psychological support.

6.1 70% of women seeking termination of pregnancy undergo the procedure at 9 weeks gestation or earlier.

STATUS: 71%

Data from the Information Services Division show that 71% of women seeking a termination of pregnancy in NHS Shetland undergo the procedure at 9 weeks gestation or less. Currently women are referred to NHS Grampian for the procedure by their GP. They can also be advised on the process and discuss their options at the sexual health and wellbeing clinic. However, due to the opening hours of the clinic the woman is required to attend their GP for a referral to the NHS Grampian service as it is made by telephone to ensure efficiency. NHS Shetland is commended for the efficient referral process in place between GPs and NHS Grampian to allow this criterion to be fulfilled. The NHS board is encouraged to investigate ways in which the sexual health clinic could make direct referrals to the termination of pregnancy service in NHS Grampian to reduce the number of appointments a woman would need to attend if initially presenting at the clinic.

6.2 There is a mechanism to ensure that all women are offered, at the time of termination of pregnancy, a range of contraceptives in addition to condoms, including implants or intrauterine methods where appropriate.

STATUS: Met

NHS Shetland reported that if a woman attends the sexual health and wellbeing clinic requesting a termination of pregnancy their future contraception needs would be discussed at this point.

In addition, NHS Grampian processes are followed for women from Shetland undergoing a termination of pregnancy within the service provided there. There is a standard form completed for every woman having a termination. This records the discussion about future contraception and details the leaflets provided to supplement the discussion. It also documents the chosen method or action taken on the day. This demonstrates that there is a mechanism in place to ensure all women from NHS Shetland having a termination of pregnancy are offered a range of contraception at the time of the procedure.

6.3 60% of women leave the facility with one of the more effective methods of contraception (hormonal oral contraceptives, intrauterine devices or contraceptive implants).

STATUS: Data not available

NHS Grampian carries out termination of pregnancy services on behalf of NHS Shetland. No data were available to demonstrate if women undergoing the procedure leave the facility with one of the more effective methods of contraception. The NHS board is encouraged to implement monitoring arrangements with NHS Grampian to ensure that it can report on this criterion.
6.4 Post termination of pregnancy counselling to provide psychological support is available within 4 weeks for women (and their partners) who request it.

STATUS: Not met

NHS Shetland does not provide a specific post termination of pregnancy counselling service. Women requiring counselling would be referred back to NHS Grampian or to the local community mental health team for this service. It was noted that NHS Grampian focuses on providing pre-termination of pregnancy counselling and advises women to contact their GP for further support following a termination of pregnancy if necessary. Women who have undergone a termination of pregnancy are given written information on how to contact the service if they need to speak to someone urgently when they are discharged.

While women can be referred to the local community mental health team for this service, they are unlikely to be seen within 4 weeks by this team. The NHS board is encouraged to ensure there is a mechanism in place for psychological support within 4 weeks for all women having a termination of pregnancy.
Standard 7: Hepatitis B vaccination for men who have sex with men

Standard statement 7
Men who have sex with men who are at risk of sexually transmitted hepatitis B are offered vaccination.

7.2 Men who have sex with men (MSM) have a choice of where hepatitis B vaccination is available, with a protocol to promote hepatitis B vaccination of all individuals at risk outside specialist sexual health services. Information on other health promoting activities such as risk reduction and sexually transmitted infection testing is also available in that setting.

STATUS: Not met

Men who have sex with men (MSM) can access hepatitis B vaccinations at the sexual health and wellbeing clinic in Lerwick. The standard patient enquiry form includes questions that will highlight people at risk of acquiring hepatitis B, including MSM, who will then subsequently be offered the vaccination. Everyone completes this form prior to their consultation appointment.

NHS Shetland was unable to confirm that MSM can access this vaccination in other settings at this time. The NHS board reported that hepatitis B vaccination is available at all GP surgeries on request. However, this has not previously been explicitly promoted. To address this, the NHS board has commenced awareness raising work with GP practices, healthcare professionals and a number of workplaces. Recognising that identifying MSM is often a challenge in remote and rural communities, NHS Shetland has attempted to normalise vaccination through mainstream health improvement campaigns that target all men.

The NHS board is also working to improve the process for vaccination when attending the clinic. It has drafted a patient group directive that will allow nurses to administer the vaccine and streamline the process. It is also currently developing a combined BBV and sexual health framework. The NHS board anticipates that this will increase collaborative working and further improve awareness of the needs of MSM in a variety of healthcare settings.

7.3 70% of all MSM attending specialist sexual health services and not known to be immune to hepatitis B receive at least one dose of hepatitis B vaccine.

STATUS: 100%

All patients identifying themselves as MSM at the sexual health and wellbeing clinic have been immunised against hepatitis B. It was noted that there are very low numbers of MSM attending the clinic. The NHS board is encouraged to continue promoting the availability of the vaccine to its population and to consider innovative ways of engaging with the LGBT community.
Standard 8: Intrauterine and implantable methods of contraception

Standard statement 8
All individuals have access to intrauterine and implantable methods of contraception.

8.2 60 or more females per 1,000 females of reproductive age per year are prescribed intrauterine and implantable contraceptives.

STATUS: 60.8 per 1,000
Key clinical indicator audit data, published by the Information Services Division, show that 60.8 women of reproductive age per 1,000 in NHS Shetland were prescribed intrauterine and implantable contraceptives in 2009-2010. The NHS board is commended for the improvement from 42.3 per 1,000 women in 2008-2009. This is due to significant investment in training for GPs and practice nurses.

The NHS board reported that most GP practices now provide at least one LARC method. If a GP does not provide the requested method there are informal arrangements in place to refer the woman to another local practice where it would be supplied.

NHS Shetland is commended for the promotional work it has undertaken in this area across a range of healthcare settings, including midwives and community pharmacies. This has enabled the NHS board to reach a variety of community groups and has contributed to the improvement in the figures over the last year.

8.3 Contraceptive service providers who do not provide intrauterine and implantable contraceptives within their own practice or service have an agreed mechanism in place for referring women for intrauterine and implantable contraceptives.

STATUS: Met
Women accessing services that do not provide intrauterine and implantable contraceptives can be referred to other GP practices locally or attend the sexual health and wellbeing clinic on a Monday evening. This is an area of good practice for NHS Shetland allowing equitable levels of service to be provided to women that live in remote and rural populations.

8.4 A consultation appointment with a service providing intrauterine and implantable contraceptives is available within 5 working days.

STATUS: Not met
NHS Shetland has not performed an audit on whether women can access an appointment for LARC provision within 5 working days and cannot, therefore, meet this criterion.

Women can attend the sexual health and wellbeing clinic on a Monday evening on a drop-in basis, or make an appointment to attend their GP. However, there is currently no monitoring of the number of people who are not seen when they attend a drop-in clinic. The NHS board states that it is rare that a person is not seen at the clinic, which frequently runs past its opening hours to ensure all patients are seen. It is anticipated a formal audit would demonstrate that the NHS board is able to meet this criterion.
Standard 9: Appropriately trained staff providing sexual health services

Standard statement 9
All staff who deliver sexual health services are adequately and appropriately trained.

9.3 All health professionals providing sexual health interventions in both generic and specialist services demonstrate knowledge gained from post registration courses in sexual health and provide evidence of relevant continuing professional development.

STATUS: Not met

All staff working within NHS Shetland undergo a comprehensive induction which includes topics relevant to sexual health services, for example confidentiality, equality and diversity and infection control. Staff working in the sexual health and wellbeing clinic also have a local induction which includes orientation, introduction to service specific policies and templates and shadowing clinic staff.

External trainers provided the Sexually Transmitted Infections Foundation Course and family planning training to a number of GPs, practice nurses and other healthcare providers in 2007. It was reported that the nurses who work in the clinic have full-time substantive posts elsewhere in the NHS board and work in the sexual health and wellbeing clinic on a sessional basis. As such, they have had limited exposure to sexual health issues and training. To address this, they have undertaken distance learning courses in sexual health to increase their knowledge and regularly shadow nurses at NHS Grampian sexual health clinics.

Local training has been provided to practice nurses by a GP with special interest in gynaecology and sexual health. For example, a significant amount of training has been delivered to allow increased provision of LARC methods of contraception in community settings.

NHS Shetland is to be commended for its efforts to provide local solutions to the issues of training in a remote and rural environment. However, the review team considered that a more structured approach would be beneficial to the NHS board. For example, ensuring that nurses working in the sexual health and wellbeing clinic have personal development plans related to the NHS Education for Scotland competencies for sexual healthcare. They should also have time built into their job plan to allow for continuous professional development. The NHS board is encouraged to ensure that there is evidence of accredited post-registration training in sexual health for all sessional staff working in the sexual health clinic.
Appendix 1 – Details of review visit

The review visit to NHS Shetland was conducted on 31 May 2011.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Jim Chalmers (Team Leader)</strong></td>
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<tr>
<td>Consultant in Public Health Medicine, NHS National Services Scotland</td>
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<td><strong>Indranil Banerjee</strong></td>
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<td>Consultant in Genitourinary Medicine, NHS Fife</td>
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<td><strong>Audrey Brown</strong></td>
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<td>Consultant in Sexual and Reproductive Health, The Sandyford Initiative, NHS Greater Glasgow and Clyde</td>
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<tr>
<td><strong>Maureen Summers</strong></td>
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<tr>
<td>Public Partner</td>
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<td><strong>Julia Trowell</strong></td>
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<td>Lead Nurse in Sexual Health, NHS Fife</td>
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<th>Healthcare Improvement Scotland staff</th>
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<tr>
<td><strong>Nanisa Feilden</strong></td>
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<tr>
<td>Programme Manager</td>
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<tr>
<td><strong>Deborah McIntyre</strong></td>
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<tr>
<td>Project Officer</td>
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<tr>
<td><strong>Fiona Dagge-Bell (Observer)</strong></td>
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<tr>
<td>Clinical Development &amp; Improvement Team Leader</td>
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### Appendix 2 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BBV</td>
<td>blood borne virus</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>LARC</td>
<td>long acting and reversible methods of contraception</td>
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<tr>
<td>LGBT</td>
<td>lesbian, gay, bisexual and transgender</td>
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<tr>
<td>MSM</td>
<td>men who have sex with men</td>
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<tr>
<td>SHARE</td>
<td>sexual health and relationships education</td>
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</tbody>
</table>
We can also provide this information:

- by email
- in large print
- on audio tape or CD
- in Braille (English only), and
- in community languages.

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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.