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
Contents

1 Setting the scene .......................... 4

2 Summary of findings ......................... 6

3 Detailed findings against the standards .......................... 9

Appendix 1 – Details of review visit ......................... 29
Appendix 2 – Glossary of abbreviations ......................... 30
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 Lothian. The review visit took place on 4 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.

<table>
<thead>
<tr>
<th>Sexual health services standards criteria</th>
<th>Assessment category</th>
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<th>% or value per 1000 achieved (required)</th>
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<td><strong>Standard 3: Services for young people</strong></td>
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### Sexual Health Services Standards Criteria

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<td><strong>Standard 5: Sexual Healthcare for People Living with HIV</strong></td>
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<td><strong>Standard 9: Appropriately Trained Staff Providing Sexual Health Services</strong></td>
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* achieved within the sexual health service  
** achieved within the infectious diseases service  
† achieved within the Royal Infirmary of Edinburgh  
†† achieved within St John’s Hospital, Livingston
Strengths
The NHS board has:

- an explicit tiered approach to the sexual health service with robust planning for integration
- a wide range of targeted services for those with specific needs
- good partnership working arrangements, particularly with City of Edinburgh Council, and
- effective use of information technology for clinical and management needs, for example Empower, Refhelp and HIV clinical database.

Recommendations
The NHS board to:

- increase longer acting and reversible methods of contraception provision in primary care and access to intrauterine contraception in specialist services
- develop a systematic approach to partner notification, and
- implement termination of pregnancy service improvements in St John’s Hospital.
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: Met

NHS Lothian has an integrated local specialist sexual health service. At the time of the review visit, an integrated management structure was in place and patients could move easily between services, without having to reregister. However, the NHS board is currently in the final stages of moving to the new Chalmers Sexual and Reproductive Health Centre based in Edinburgh city centre. The new centre will bring together services provided by the sexual and reproductive health team based at Dean Terrace, Edinburgh, the genitourinary medicine service based at Lauriston Building, Edinburgh, and Healthy Respect. The new centre will offer a one-stop shop service and will be a significant step forward for the NHS board as it improves its delivery of an integrated and accessible sexual health service.

In addition to Chalmers Sexual and Reproductive Health Centre there are a further 11 clinic locations situated throughout Edinburgh, East Lothian, West Lothian and Midlothian. Currently, Howden Health Centre, West Lothian, is the only peripheral clinic offering a fully integrated service. It is anticipated that all clinics will become integrated in the future. The resource outreach and advice for men (ROAM) clinic provides an out-of-hours walk-in service on a weekly basis for gay and bisexual men. There is also a large number of Healthy Respect drop-in clinics based at schools and health centres for young people aged 13–18.

NHS Lothian sexual and reproductive health service is managed by the Edinburgh Community Health Partnership - one of four community health partnerships within the NHS board. Services have been arranged using an explicit five tier approach as set out by the Respect and Responsibility strategy. This approach is apparent in the robust planning and organisation of the sexual health service. Recently, much progress has been made to up-skill staff across both disciplines to prepare for full integration.

A full range of contraception options is available from both the central and peripheral clinics. Complex contraception clinics for women with chronic conditions such as diabetes, hypertension and epilepsy are available. Counselling and assessment is offered for male and female sterilisation at the central sexual and reproductive health service. Sterilisation is then carried out by the acute service. Facilities for the diagnosis and treatment of all sexually transmitted infections are available at the central service and most peripheral clinics offer contraception and routine sexually transmitted infection testing and management.

Opt-out HIV testing is offered at the central sexual and reproductive health service and Howden Health Centre. Pre-test discussion is offered to all those having a test. HIV
counselling is available at the central sexual health service, Howden Health Centre, and the Western General Hospital, Edinburgh, where the regional infectious diseases unit is based. Half of all HIV patients are cared for and managed by the genitourinary medicine department, while the remaining half is managed by the regional infectious diseases unit.

It is clear that staff are enthusiastic and prepared for the impending move to Chalmers Sexual and Reproductive Health Centre. Although the change will bring challenges, staff are being supported and appropriately trained to offer a fully integrated service. It was also apparent that the Board and community health partnership are prioritising sexual health and have been supportive in the decision to develop the Chalmers site.

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: Met**

NHS Lothian has identified nine settlements of over 10,000 people outside of the city of Edinburgh. The three populations over 10,000 people in East Lothian and Midlothian are able to travel to the centralised sexual health service in Edinburgh within 30 minutes. There are also some peripheral clinics that serve these areas. The other settlements over 10,000 people in West Lothian are able to travel to Howden Health Centre within 30 minutes. Currently, the Howden clinic offers a total of 3 full days of integrated service. However, the NHS board has been building capacity within West Lothian and proposals are in place to increase coverage in this area to a full 5 day service. This would include two other clinics in Whitburn and Bathgate.

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**

Currently, there is no systematic approach to monitoring patient contact with the specialist sexual health service. The NHS board stated that this is soon to be resolved after the move to Chalmers Sexual and Reproductive Health Centre takes place. The new centre will implement a telephone results system with the ability to monitor calls. This will include calls that are not answered and, therefore, all contact with the service. The review team encourages NHS Lothian to undertake a regular audit to ensure accessibility improvements continue for priority conditions.

Local audits were carried out in 2009 in both the genitourinary medicine department and Dean Terrace clinic. However, the information gathered was only of those patients who had managed to make an appointment and/or get through on the telephone. The genitourinary medicine department front door survey did show that a very high percentage of patients attending the walk-in clinic were seen within 2 working days. Within Dean Terrace, audit information gathered led to the setting up of a special helpline in order to deal with priority calls. The helpline is staffed by a senior nurse during weekday mornings.

Historically, the genitourinary medicine department has offered daily walk-in clinics. A shortage of booked appointment slots has meant many patients have attended walk-in clinics in order to be seen. The sexual and reproductive health service at Dean Terrace has
not offered walk-in appointments (apart from the Saturday morning drop-in clinic for under 25s in partnership with Healthy Respect). At the new Chalmers Sexual and Reproductive Health Centre, a mix of drop-in clinics and booked appointments will be provided. A triage policy for the centre has been developed, and is also in place in all peripheral clinics.

1.4 There are targeted services for communities or individuals with specific needs.

STATUS: Met

The NHS Lothian sexual health and HIV strategy board is responsible for identifying communities and groups with specific needs. This group includes representation from the NHS board, local authorities and third sector organisations. Targeted groups are identified using information about areas of deprivation, information provided by service users, third sector services, epidemiology and the results of the strategy consultation exercise.

The NHS board carried out rapid impact assessments on the draft sexual health and HIV strategy 2011–2016 and the proposed Chalmers Sexual and Reproductive Health Centre. These identified specific groups and individuals who were considered and consulted with. The strategy was approved in March 2011. The specific population groups that NHS Lothian has identified to target sexual health services towards include:

- young people (with a focus on vulnerable young people and those living in areas with a higher prevalence of unplanned pregnancy and sexually transmitted infections)
- men who have sex with men (MSM)
- people working in the sex industry
- women with substance misuse problems, and
- African communities.

Much work has been done to target services according to need. Following the review of peripheral clinics, services were mapped according to areas of deprivation. The mapping exercise analysed post code districts in relation to chlamydia diagnoses, abortions and teenage pregnancy rates. This work continues to focus on improving and refining sexual health services in the peripheral clinics. A number of recommendations are being followed up and an action plan is in place to ensure all clinics become fully integrated over the next 2 years.

As listed above, young people are one of the NHS board’s targeted groups. NHS Lothian provides a range of services for young people, both directly and through service level agreements, right across the five tiers of service provision. These services are explained more fully in Standard 3.

In addition to the general genitourinary medicine clinics, there is also a weekly evening gay man’s clinic that MSM can choose to go to. The harm reduction team run the ROAM outreach service aimed at MSM in public sex environments and men engaged in the sex industry. As well as the weekly out-of-hours testing clinic, NHS Lothian provides outreach and support online and in cruising areas, one-to-one work and peer education sessions in two gay saunas. The NHS board has also commissioned Gay Men’s Health and LGBT Youth to provide support and outreach into the MSM scene.
There is a dedicated weekly vulnerable women’s clinic run by the substance misuse team with input from sexual health services. This clinic serves women with substance misuse problems and women working in the sex industry. Outreach work to saunas and a mobile unit for sex workers offers sexually transmitted infections testing, a free condom scheme, harm reduction advice and signposting to services.

In recent years, NHS Lothian has seen a sharp rise in people from Eastern Europe accessing sexual health services, especially those from Poland as there is a large Polish community living in Edinburgh. Heavy usage of the translation service has been made. Translated materials are used from a number of agencies as well as the NHS board producing its own Polish language information leaflets. In the past, a Polish clinical support worker has been particularly valuable to the sexual and reproductive health service by also working as a translator.

The current sexual and reproductive health service at Dean Terrace has worked closely with the community learning disability team to provide a tailored service for people with learning disabilities. A community learning disability nurse with a background in family planning is available to support people at sexual health consultations if so desired. Work is also ongoing to provide information seminars for staff who work with this group. Specific initiatives, such as adapting the condom card (c-card) leaflet for those with low literacy, have been developed to help people with a learning disability access services more easily. It was also reported that Caledonia Youth are well recognised as a source of advice and support by young people with a learning disability.

The review team noted difficulties experienced during the pilot clinic at HMP Edinburgh. This outreach clinic has now stopped and the sexual health service now supports prison health service staff to deliver a basic sexual health service. As prison health service staff are to transfer later this year to the NHS, this may be an opportunity to further explore sexual health service provision in prisons.

NHS Lothian has supported a number of health events specifically for members of the armed forces. Two health fairs were attended during 2009–2010 at Dreghorn Barracks and Glencorse Barracks. Information about sexually transmitted infections and safer sex was provided as well as details about services and chlamydia testing.

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.

Current accommodation arrangements in both the genitourinary medicine department at Lauriston Building and the sexual and reproductive health service at Dean Terrace do not comply with Department of Health HBN12 guidance. However, the imminent move to the new Chalmers Sexual and Reproductive Health Centre will address many of these issues. Indeed, the building project was designed to incorporate such requirements and a design team was set up to develop accommodation that would be fit for purpose and improve the patient pathway of care.

The original Chalmers Hospital has been retained and refurbished and a new extension has been added. The review team was impressed with architect plans and artist impressions of the new building which includes both clinical and office space and on-site laboratories. Patient representatives have been consulted on the proposed plans and feedback has led to
some design changes. For example, patients can leave through another exit and do not have to be directed back through waiting rooms.

A review of all 11 sexual health peripheral clinics was carried out during 2010. A number of challenges were identified during the review. The main issue was signposting of clinics within GP practices and health centres. Stock ordering, storage and delivery was also a challenge for staff in these clinics. An action plan is now in place to take forward a number of recommendations and the NHS board is working through these in order of priority starting in areas of most deprivation. NHS Lothian recognises the need to invest and monitor accommodation standards in these peripheral clinics.
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: Not met

NHS Lothian undertook an extensive audit of information provided by sexual health services in 2009. This piece of work was carried out to ascertain what information was provided throughout all the different services and to find out what systems were in place for identifying the sexual health information needs of the local population. The audit demonstrated that a large amount of information in the form of leaflets, posters and website information was available and being distributed in NHS Lothian. However, there was an ad-hoc rather than systematic approach to identifying information needs. A re-audit is to be undertaken at the end of 2011.

A sexual health communications group has been established to address a number of issues arising from the audit. This group was set up in January 2011 and reports to the strategy board. It has responsibility for assessing the sexual health information needs of the population and ensuring a consistent approach to developing new sexual health information. It would appear that plans for this work are in early stages. NHS Lothian also reported that this group will be very much informed by the strategy as during its development there was considerable engagement and consultation work done among the general public and stakeholders. Although the review team was pleased with progress made to date, it would encourage the NHS board to further develop a systematic approach to identifying information needs.

Information needs for specific groups, such as young people, parents and MSM, have been identified through the national Respect and Responsibility strategy. Reviews of information needs, such as the sexual health and relationships review of resources for people with learning disabilities have also informed the NHS board about what is required. Gay Men’s Health also undertakes consultation work with MSM on behalf of NHS Lothian.

There is a large amount of sexual health information available in various different formats throughout NHS Lothian. The new sexual health website is close to completion and has been developed in conjunction with service users and user testing which has instigated a number of changes. Proposed plans are for the new website to launch at the same time as a mass media campaign for the opening launch of Chalmers Sexual and Reproductive Health Centre. A communications plan has been implemented to advertise the move to the new location and tell people what services are available.

A mixture of in-house and nationally produced resources are used. Of particular note is the award winning HIV comeback tour campaign aimed at MSM. This campaign was first user tested through various groups and men with HIV. Another example is the booklet produced by the minority ethnic health inclusion project and the health promotion team detailing sexual health service provision in NHS Lothian.
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

All patient information must adhere to NHS Lothian’s policy and procedures for clinical information for patients. Internal measures to quality assure patient information are also in place. This role will be taken over by the sexual health communications group after the move to Chalmers Sexual and Reproductive Health Centre. There are a number of key groups and agencies who oversee production and distribution of information. These include:

- NHS Lothian library and resource centre
- the clinical service subgroup of the strategy board
- the four NHS Lothian local sexual health subgroups of the strategy board, and
- Chalmers service redesign and integration group.

Good partner links exist between NHS Lothian and partner organisations outside the NHS, for example local authorities and voluntary sector organisations such as Waverley Care. There is an agreement between the NHS board and key partners to swap press statements before their release to help prepare those concerned for further press interest. Much collaborative work and information sharing is achieved through membership and input into multi-agency groups.

The new website will also act as a point of reference for partner organisations and the public to access accurate information about conditions and service provision. The website will link with a number of other organisations and professional websites to signpost users on to further relevant help and information. The website team have been working with the Royal National Institute of Blind People and Deaf Action to ensure website resources meet the needs of people with visual and hearing impairment.

Effective arrangements for sharing information in primary care are also in place. The review team was interested to hear about Refhelp – an electronic system that offers GPs guidance on referrals, clinical information and information on specialist service provision. Refhelp is well established and well used by GPs. There is also a quarterly newsletter, the Deano, sent out by the sexual and reproductive health service to GPs with service updates. In addition, a quarterly sexual health e-bulletin is sent out by Healthy Respect to health colleagues as well as voluntary sector organisations detailing new information resources and how to access them.
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**

NHS Lothian supports a wide range of targeted services for young people to improve sexual health and reduce teenage pregnancy. It works alongside other key partners such as education, social work, youth services, the voluntary sector and other health colleagues to achieve this goal. Strong partnership working is a core principle outlined in the sexual health and HIV strategy and it was clear to the review team that multi-agency relationships and working arrangements are well established. Gantt charts and logic models have been used to evaluate progress made by partnership working.

Both the sexual health and HIV strategy board and the four local sexual health subgroups, representing the four community health partnerships and local authority areas, bring key partners together on their various groups. A strategic lead for young people has now been identified. Service level agreements have been developed with LGBT Youth, Caledonia Youth, Gay Men’s Health and Waverley Care to deliver initiatives for young people and the wider population on behalf of NHS Lothian.

Partnership working is demonstrated in both the development and continued sustainability of the Healthy Respect initiative. The network of 24 Healthy Respect drop-in clinics is set up throughout the Lothians. They take place in schools, health centres and third sector organisation premises and offer advice and information as well as facilitating c-card points. A number of drop-ins are provided by the central service at Dean Terrace both during the week and on Saturday mornings. The Chalmers Sexual and Reproductive Health Centre will also offer young people’s clinics at times that have been identified as best by young people.

Caledonia Youth (in the centre of Edinburgh) and Midlothian Young People’s Advice Service (MYPAS) in Midlothian also offer dedicated clinical services for young people. Caledonia Youth is a specialist third sector organisation working across Scotland which offers advice, counselling, testing and information. MYPAS is a community-based organisation offering a range of services for young people in the local area. Part of MYPAS is a nurse-led sexual health service, including two nurse prescribers. It offers five sexual health drop-ins each week, in three different locations, for young people aged 12–25 years old.

Young people have been involved in shaping services through consultation exercises by way of focus groups and questionnaires. Most recently, young people have been asked about the proposed planning of new services in Chalmers Sexual and Reproductive Health Centre. There is also an annual satisfaction survey carried out for young people attending the Healthy Respect drop-in clinics.
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

The work done around mapping of services in relation to deprivation, high teenage pregnancy rates, location of Healthy Respect drop-ins and abortions in under 20 year olds has helped NHS Lothian target areas of poor sexual health in young people. The NHS board is aware of the most at risk groups and links have been developed with NHS Lothian’s vulnerable young people’s strategic group and healthcare in schools groups. In addition, each of the Healthy Respect drop-ins has a school nurse and youth worker assigned to it.

Joint working with local authorities around deprivation and free school meals has led to specific targeting of drop-in services and sexual health and relationships education programmes. Some drop-ins have a specific focus on vulnerable young people, in particular, Throughcare and Aftercare (those leaving care) and the Bridges project. All drop-in services have been accredited with the LGBT Charter to ensure the inclusive nature of the service. The City of Edinburgh Council demographic report on sexual health needs of looked after and accommodated children is worthy of note and shows local authority partnership working.

The review team was interested to hear about the family nurse partnership pilot which targets first time pregnant teenagers in NHS Lothian. Analysis of vulnerability data shows that at least 75% have multiple issues. The programme, which addresses future pregnancies, has been shown to reduce the number of subsequent pregnancies and increase the interval between pregnancies.

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 Lothian, along with key partners, provides a variety of training programmes for people working directly with vulnerable young people. An annual training event for residential care workers and foster carers is held with participation from the NHS board. Work with voluntary organisations, such as Health Opportunities Team, has also involved developing new training including Turnaround and Are you ready for sex?

A capacity building programme is supported by the health promotion service, this includes sexual health and relationships education (SHARE) training. SHARE training has been delivered to a range of professional partners over the past 10 years. These include: healthcare workers, school nurses, youth workers, community learning and development staff, teachers and residential care staff. Engagement with social work has been more challenging.

Special SHARE, a training course for people who work with young people with learning disabilities, is also available. The NHS board also reported that a particular piece of work addressing sexually problematic behaviour within special schools is being carried out. Although progress has required time, this model of service development is now available to special schools.
The Zero Tolerance Respect programme, which is seen as a foundation to SHARE, has been delivered to a number of primary aged children in all local authority areas. Called to Love, which offers a package of materials to support teaching about relationships and moral education in Catholic schools is used in some denominational secondary schools. Young people in non-denominational secondary schools within Edinburgh are able to access a range of age appropriate sexual health websites. However, it was not clear if this was the case for other local authority schools within the NHS board area.
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

All patients diagnosed with a sexually transmitted infection within either the genitourinary medicine department or the central service at Dean Terrace are offered an appointment with a sexual health adviser or a professional supported by a sexual health adviser. However, the NHS board did not provide evidence of the number of staff with sexual health advising competencies. Diagnoses of chlamydia can be treated in either setting. Diagnoses of gonorrhoea are referred to the genitourinary medicine department for treatment and partner notification. If the patient does not want to attend, staff will manage them in the preferred clinic and liaise with the central service for advice.

The review team noted that robust protocols exist within the genitourinary medicine department. There is a health adviser direct phone line which is staffed throughout the day to ensure quick access to advice and/or referral for staff. At the time of the review visit, all positive results for chlamydia and gonorrhoea across the NHS board were not copied to a sexual health adviser. NHS Lothian has since arranged for all positive results to be copied to a sexual health adviser. A report on the impact of the Scottish Intercollegiate Guidelines Network (SIGN) 109, the management of chlamydia, carried out in 2009 by NHS Lothian made a number of suggestions about how to improve the system. This was followed up by an option appraisal which is now being considered.

Within peripheral clinics, patients are seen by a nurse or doctor who will be able to do simple partner notification. However, processes for contacting the patient to arrange an appointment and the availability of a sexual health adviser would appear to vary across different clinics. Six nursing staff have been trained in-house to take the lead on sexual health advising throughout the NHS board. These nurses will be linked to peripheral clinics to ensure there is a more robust system for access to a sexual health adviser.

Within primary care, GPs notify and treat patients in the practice. Access to a sexual health adviser is dependent on GPs following guidelines on Refhelp which provides a direct number to sexual health advisers. The review team was unclear if all GPs refer on to a sexual health adviser and would encourage the NHS board to ensure that GPs are, aware of, and follow the process for ensuring patients have access to a sexual health adviser.

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

Currently, patients seen by the genitourinary department receive results by a telephone results system and are given an appointment for treatment and partner notification. Within
the sexual and reproductive health service, patients are contacted by a doctor to arrange an appointment at a local clinic. All nurses and doctors in both the central and peripheral clinics are trained in simple partner notification. For more complex partner notification, patients are referred to a sexual health adviser via the health adviser direct phone line.

Within primary care, a number of GPs and practice nurses have been trained to facilitate simple partner notification. A recent practice nurse survey showed that around 50% of those responding were confident carrying out partner notification.

Youth services providing testing, such as Healthy Respect drop-ins and MYPAS, have good links with the genitourinary medicine department so young people can be referred quickly. Caledonia Youth has a dedicated health adviser clinics 1 day a week and telephone support throughout the rest of the week. Gynaecology departments are also able to use the health adviser direct phone line to refer patients to either the central service or the Howden clinic.

Robust protocols for partner notification exist in the genitourinary medicine department but there is no clear, robust pathway across the NHS board. A more structured approach to partner notification is required. The impact assessment carried out on SIGN 109 in 2009 shows that partner notification processes are poor in some areas, in particular, in primary care. A group has already met to discuss plans to address this.

The NHS board reported that the whole process will be streamlined when the move to Chalmers Sexual and Reproductive Health Centre is complete. All staff and patients will have access to a sexual health adviser or professional trained and supported by a sexual health adviser. The telephone results system, currently used in the genitourinary medicine department, will be installed in the new centralised service and patients will continue to receive results in this way.
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: 72% (sexual health service), 87% (infectious diseases service)**

The care of people living with HIV in Lothian is undertaken in both the genitourinary medicine department of the sexual health service and the infectious diseases service. There is a roughly equivalent split of people between the two services.

Results from audits carried out in 2010 indicated that 72% of adults receiving ongoing HIV care in the sexual health service and 87% of adults in the infectious diseases service had the result of syphilis serology taken in the preceding 6 months recorded in their HIV records.

There are different policies in place in the two services regarding routine syphilis serological testing. For the infectious diseases service group of patients, syphilis serology testing is now part of the routine bloods set and has to be actively de-selected if not required. For the sexual health service group of patients, the clinicians explained that they conduct a risk-assessment of the need for syphilis serology at each consultation, and that this is sometimes informed by the pre-clinic multidisciplinary meeting. MSM would routinely have syphilis serology taken. The review team encourages the NHS board to adopt the same routine opt-out testing policy used in the infectious diseases service for the sexual health service group of patients.

The review team was impressed by the comprehensive local HIV clinical database which is in use at each patient contact in both services. Clinicians are immediately able to access information from both services which is particularly beneficial for patients under joint care.

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: 96% (sexual health service), 71% (infectious diseases service)**

Audit data from 2010 showed that within the sexual health service, 96% of HIV+ adults presenting for the first time in Scotland, had their sexual and reproductive history documented within 4 weeks of diagnosis. All patients had their sexual history documented.

Within infectious diseases, audit data indicated that 71% of patients had their sexual and reproductive history taken within 4 weeks of diagnosis. The review team noted concerns that some patients presenting very unwell to the infectious diseases service would not be in a position to have a sexual history taken or documented. However the criterion was set at 80% to reflect this possibility.
Condoms are available to patients at clinics within both services. NHS Lothian intends to introduce an electronic care plan which will be used in both services. This care plan will electronically record the dates of discussion about onward HIV transmission.

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: 98% (sexual health service), 94% (infectious diseases service)**

Results from audits carried out in 2010 indicated that 98% of adults receiving ongoing HIV care in the sexual health service and 94% in the infectious diseases service had a documented offer of a sexual health screen within the past 12 months.

The HIV clinical database has automatic pop ups to remind the clinician to discuss sexual health at each consultation. The outcome of this discussion must be entered to close down the consultation entry. This robust approach was commended by the review team.

The review team noted that while few patients had no discussion about sexual health, the proportion actually achieving a sexual health screen in the previous 12 months was low. Within the infectious diseases service 10% of patients were recorded as having had a sexual health screen carried out and 5% were advised to attend the sexual health service. Within the sexual health service only 15% of patients had a sexual health screen carried out. There is a high rate of patients declining or not requiring sexual health screening. NHS Lothian reported that an ongoing audit indicates that many of the patients are not sexually active.

The review team encourages the NHS board to monitor the proportion of patients having a sexual health screen and give consideration to how to improve acceptability of routine sexual health testing in those who are sexually active.
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: 61.4%

Audit data published by the Information Services Division in 2009 show that 61.4% of women seeking a termination within NHS Lothian had the procedure at 9 weeks gestation or earlier. This is an improvement on the 2008 figure of 47.5%. Within NHS Lothian, 80% of terminations take place at the Royal Infirmary of Edinburgh. The remainder are mainly carried out at St John’s Hospital.

The NHS board has taken a number of steps to improve the service offered to women and minimise delays in access. Referral guidance for GPs is available through the web-based, Refhelp, system. The electronic Scottish Care Information (SCI) gateway referral system is in use. This system documents the stage of pregnancy and the woman’s preference for type of termination and contraception. There is also an integrated care pathway for termination of pregnancy in place in the Royal Infirmary of Edinburgh which documents all required clinical information.

Two major initiatives were piloted at the Royal Infirmary of Edinburgh which have improved the NHS board’s performance. An early medical discharge abortion service allows women at less than 9 weeks gestation, who fulfil certain criteria, to go home early after treatment. There is also an early surgical abortion service where surgical abortion takes place under local anaesthesia in an outpatient setting.

The NHS board plans to roll out the early medical discharge service to St John’s Hospital and nurse training is currently taking place to achieve this. The integrated care pathway will also be introduced at St John’s Hospital.

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 Lothian has mechanisms to ensure that women are offered a range of contraception options at the time of termination of pregnancy. Contraceptive options are discussed with women before termination at assessment clinics at both the Royal Infirmary of Edinburgh and St John’s Hospital. Checklists are used to ensure that women are counselled regarding the pros and cons of their chosen method of contraception. A patient information DVD about termination of pregnancy is available in the clinic. This DVD includes a section on long acting and reversible methods of contraception (LARC).
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: 70% (Royal Infirmary of Edinburgh), 52% (St John's Hospital)

Following a termination of pregnancy, 70% of women attending the Royal Infirmary of Edinburgh and 52% of women attending St John’s Hospital leave the facility with one of the more effective methods of contraception.

On discharge from both hospitals women can be provided with either a 3-month supply of the contraceptive pill or an injectable method of contraception. Women having a surgical termination who wish an intrauterine method of contraception can have this fitted at the time of the procedure. Women having a medical termination who wish an intrauterine method of contraception are fast-tracked for an appointment to have this fitted at a specialist sexual health clinic. However, local audit has shown that only 53% of women actually attended their fitting appointment.

Currently, contraceptive implants are only available on discharge from the Royal Infirmary of Edinburgh. Women attending St John’s Hospital are fast-tracked for an appointment to have this fitted at a specialist sexual health clinic. The NHS board has recognised this as a barrier to meeting this criterion and is putting in place measures to address this. Arrangements are being made to train staff at St John’s Hospital to fit implants before discharge. A Lean in Lothian efficiency exercise has been carried out for the termination of pregnancy service at St John’s Hospital with 30, 60 and 90 day action plans for improvement in place. The review team supports continued action to ensure equality of provision in St John’s Hospital and the Royal Infirmary of Edinburgh.

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: Met

NHS Lothian has an abortion counselling service for women (and their partners) run by a senior nurse who has a diploma in person-centred counselling. Details of this service are contained in a patient information leaflet. This leaflet is given to all women attending hospital termination of pregnancy services. Women are able to self refer and referrals are also received from GPs and sexual health services. Caledonia Youth also offers pre and post abortion counselling to women under 25 who use the service. A counselling service was also provided by the gynaecology service at St John's Hospital. However, this service is not currently available as there is not a suitably trained counsellor in post. Women attending St John’s hospital for a termination are, therefore, directed to the Edinburgh-based counselling service.

The NHS Lothian abortion counselling service has three 50 minute protected sessions available each week. Women can attend up to six sessions. Audit data on waiting time for a counselling appointment show that the mean wait to initial consultation is 7 days.
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: Met

Hepatitis B vaccination is available at the Lauriston Building genitourinary medicine clinics and the Howden genitourinary medicine clinic. All MSM are routinely offered testing for hepatitis B as well as vaccination. The specialist gay man’s clinic which runs once a week from the Lauriston Building also offers hepatitis B vaccinations, as does the ROAM outreach clinic, which mainly targets male sex workers.

The blood borne virus resource pack has been developed for primary and community healthcare staff within NHS Lothian. A section on hepatitis B vaccination is included and recommends it is offered to MSM. The primary care facilitation team support this recommendation in its training courses. Access to the hepatitis B vaccination for MSM in the community is thought to be very good. It was reported that the vast majority of GP practices will hold the hepatitis B vaccination on premises. For those who do not, a prescription can be given and patients would be asked to return so that the vaccination can be administered.

The British Liver Trust hepatitis B leaflet is used to make MSM aware of the availability of testing and vaccination. These leaflets are available at GP practices and on the NHS Lothian sexual health website. Information is also accessed through the ROAM website and outreach clinic. However, there is no leaflet specifically aimed at MSM available from NHS Lothian. The NHS board should continue to meet the challenge in supporting and training staff in the offer of hepatitis B vaccination for MSM as the service moves forward into fully integrated clinics.

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: 87%

NHS Lothian undertook an audit of 308 MSM between January–July 2010. Data show that 87% of MSM included in the audit have received at least one dose of hepatitis B vaccine. The audit included men attending the genitourinary medicine department, the gay men’s clinic and ROAM services. Men attending services provided by the Howden clinic and the regional infectious diseases unit were not included. The audit was also limited to MSM who have also been offered an HIV test.

The NHS board plans to repeat this local audit within the next 12 months. NHS Lothian is encouraged to include a sample of all MSM attending services and not just those who have been offered an HIV test.
Standard 8: Intrauterine and implantable methods of contraception

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

### 8.2

<table>
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<th>Status: 49.6 per 1,000</th>
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Key clinical indicator data from the Information Services Division show that NHS Lothian prescribed 49.6 per 1,000 females of reproductive age intrauterine and implantable contraceptives during 2009–2010. This is an increase from the previous year which saw 41.6 per 1,000 women prescribed LARC.

About half (64) of GP practices throughout NHS Lothian participate in the national enhanced service for provision of intrauterine contraceptives and 80 GP practices provide implants. Those contracted to provide LARC significantly increased their provision this year. Of particular note is the considerable rise in provision of implants within primary care. The figure more than doubled from the previous year. However, the number of women having intrauterine devices fitted in the community remains low.

Within the specialist sexual and reproductive health service, provision of LARC has not significantly increased. However, the review team did commend staff for the amount of training they have provided in recent years. There is a flexible approach to running training clinics which includes Saturday mornings and providing training at peripheral clinics for local GPs. Additionally, intrauterine contraception clinics have doubled from three to six over the last 2 years – this includes an evening training clinic. Demand, however, for LARC remains high and the review team would encourage NHS Lothian to further increase access to, and provision of, LARC, particularly intrauterine contraception within specialist services.

Caledonia Youth also provides a contraceptive service and fits a large number of implants for young women. Caledonia Youth has five staff trained to do this and will continue to increase its LARC fitting numbers.

Although NHS Lothian does not currently meet this standard, it is committed to increasing provision of LARC among the population it serves. NHS Lothian reported that LARC provision will be one of the major focuses at the new Chalmers Sexual and Reproductive Health Centre. As it begins to offer intrauterine contraception at all clinics, it expects provision of LARC to increase.

### 8.3

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<th>Status: Met</th>
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Agreed mechanisms are in place to ensure women attending GP practices or services which do not provide intrauterine and implantable contraceptives are directed to either the sexual and reproductive service at Dean Terrace or one of the peripheral clinics. Well-established
referral pathways are in place between primary care and specialist sexual health services. These have been communicated with primary care and other services for a number of years through training updates, newsletters and on the website. Patients can also self refer to the specialist sexual health service.

A number of peripheral clinics are situated in GP practices and this further raises awareness regarding the provision of LARC in local settings. The NHS board reported that the review of peripheral clinics had taken account of which GPs had been trained to insert both intrauterine and implantable contraceptives with a view to ensuring peripheral clinics are based in areas that lack this provision.

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

**STATUS: Not met**

At present, waiting times for a consultation appointment at a dedicated intrauterine contraception clinic are around 4 weeks. Although a small audit took place in 2007, it only covered intrauterine devices, did not use the same definition of five working days and relied on patient recall. NHS Lothian has not re-audited to find out exactly how long waiting times are for consultation appointments. The review team encouraged the NHS board to put in place a programme of audit to monitor waiting times for consultation appointments. The NHS board should also consider how to increase uptake of intrauterine and implantable contraceptives in primary care where GP practices may be able to offer an appointment within 5 working days.

The review team considered the development of a short counselling DVD about intrauterine contraception an example of good practice. The DVD, which patients can watch in privacy, gives women all the information they need before fitting. It also makes the process more efficient as it allows the clinician to see another patient while the woman watches the DVD.

As LARC provision will be one of the major focuses at the new Chalmers Sexual and Reproductive Health Centre, the NHS board expects to be able to reduce waiting time for a consultation appointment. The NHS board may wish to consider telephone consultations to reduce waiting times as well as putting the counselling DVD on the website.
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: Met**

NHS Lothian provides a large number of opportunities for further training for health professionals providing sexual health interventions in both generic and specialist services. Most recently, the priority has been on preparing staff across the sexual and reproductive health team and the genitourinary medicine department for the forthcoming opening of Chalmers Sexual and Reproductive Health Centre.

Within the specialist service, medical, nursing and clinical support staff have had one to one meetings with managers in each service to assess competence and training requirements. Staff have had protected learning time provided and had relevant in-house training so that they are already offering an integrated service. All staff, including reception staff, have experienced working across both sites as a way of preparing for the move. A test run in the new building is planned to take place just before the opening.

NHS Lothian sexual health service provides a range of training for many different health professionals, including GPs, practice nurses, midwives, health visitors and school nurses as well as voluntary sector workers. An annual update is provided for primary care and this is always well attended. The most recent update was attended by almost half of the 126 GP practices in NHS Lothian. A review of sexual health provision was undertaken in 2006. A more recent practice nurse survey has been completed this year; however, findings are still to be analysed.

All sexual and reproductive health staff have been offered suicide awareness training - 11 nurses and four clinical support workers have so far attended. It was also reported that alcohol brief intervention training is to begin later this year.

The review team was interested to hear about the Empower management system used to record training needs. The system holds all human resources records and updates line managers on mandatory training requirements and renewal of professional qualifications. Gaps in training can be identified and addressed as part of the personal development planning process. Empower is widely used across the NHS board, including staff in peripheral clinics, but not in primary care.
Appendix 1 – Details of review visit

The review visit to NHS Lothian was conducted on 4 May 2011.

Review team members

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Programme Manager

Catriona Foley
Project Officer

Lorraine McLafferty (Observer)
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### Appendix 2 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<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>MYPAS</td>
<td>Midlothian Young People’s Advice Service</td>
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<tr>
<td>ROAM</td>
<td>resource outreach and advice for men</td>
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<tr>
<td>SCI</td>
<td>Scottish Care Information</td>
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<tr>
<td>SHARE</td>
<td>sexual health and relationships education</td>
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<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
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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.