We are committed to advancing equality, promoting diversity and championing human rights. The sexual health standards are intended to enhance improvements in health and social care for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other status. Suggested aspects to consider and recommended practice throughout the standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment (EQIA) to help us consider if everyone will experience the intended benefits of these standards in a fair and equitable way, regardless of protected characteristic or experienced health inequalities. A copy of the EQIA is published on our website.

Healthcare Improvement Scotland is committed to ensuring that our standards are up to date, fit for purpose and informed by quality evidence and best practice. We consistently assess the validity of our standards documents, working with stakeholders across health and social care, the third sector and those with lived experience. We encourage you to contact the standards and indicators team at his.standardsandindicators@nhs.scot to notify us of any updates that the sexual health standards project team may need to consider.
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Introduction

Access to sexual health care is an essential part of improving the health and well-being of society. Sexual health care may also encompass specialist interventions for groups with particular needs and vulnerabilities.

The responsibility for comprehensive sexual health service delivery extends beyond specialist services to include:

- NHS boards
- Health and Social Care Partnerships
- Integrated Joint Boards (IJBs)
- third sector and community services
- Public Health Scotland, and
- Scottish Government.

People from all communities are affected by issues of sexual health, with social determinants such as deprivation often leading to poorer sexual health outcomes. These standards address inequity in sexual health care and aim to minimise variance in health outcomes across all communities.

In 2019, Healthcare Improvement Scotland carried out a scoping exercise to determine the ongoing validity of the 2008 standards for sexual health services. The view from stakeholders was that the standards needed to be updated in line with changes in local and national policy and current clinical best practice. In February 2019 Healthcare Improvement Scotland withdrew the 2008 standards for sexual health services and convened a multidisciplinary standards development group to refresh the standards for sexual health.

The standards are intended to complement, not duplicate, existing organisational standards and professional guideline. References to appropriate and relevant documentation have been included throughout the standards. Organisations, services and staff should continue to refer to appropriate and applicable professional guidance, policy and best practice.

Key principles

The overall aim of the standards is to improve access to sexual health care and to improve the quality of care, information, treatment and support for people accessing services. These standards will help services to identify areas for improvement and outline the benchmark for what constitutes good sexual health care. They are founded on human rights and seek to provide better outcomes for everyone. These sexual health standards aim to ensure that:

- harm is reduced through early intervention and improved access
- people are treated with compassion and respect, with their rights upheld, and
- people experience a service that is free from stigma.
Policy context
Since March 2020, services have responded to the significant challenges of the COVID-19 pandemic. Services have accelerated new and innovative ways to access care, including home testing, new treatment options and increased use of virtual clinics. The response to COVID-19 sits alongside wider social, political and structural changes to the delivery of services, including the 2018 General Medical Services contract in Scotland\(^7\) and an emphasis on preventative healthcare through community partnerships, local delivery and integrated services.\(^8\)-\(^12\) These standards will reflect this broad and varied landscape and will help ensure that individuals have the support they need to achieve and maintain good sexual health and well-being.

Scope of the standards
The standards should be read alongside relevant legislation, policies, national health and wellbeing outcomes and health and social care standards.\(^1\), \(^13\), \(^14\) In particular:

- updates to the Sexual Health and Blood Borne Virus Framework\(^15\)
- Pregnancy and Parenthood in Young People (2016-2026)\(^16\)
- Health and social care integration legislation\(^17\)
- Equally Safe: Scotland’s strategy for reducing inequality for women and girls\(^18\)
- National Review of Child Protection Guidance\(^19\)
- The Promise\(^20\)
- Getting it Right for Every Child\(^21\) and
- Women’s Health Plan (due to be published spring 2021).

The standards also support the principles of realistic medicine,\(^8\) recognising the importance and value of informed choice and ensuring that people are at the centre of care decisions. In addition, the standards emphasise the role of multidisciplinary working and co-ordinated care and support for people in need of sexual health care.

The standards apply to:

- any person with concerns about their sexual health
- any person accessing contraception or abortion care
- services and organisations responsible for sexual health, including:
  - contraception
  - genitourinary medicine
  - sexually transmitted infections (STI)
  - abortion care
  - sexually-transmitted blood borne viruses
  - psychosexual medicine, and
  - public health and health promotion.
The standards cover the following areas:

- leadership and governance
- information and supported decision making
- education and training
- access to sexual health care
- sexual well-being
- prevention, detection and management of sexually transmitted infections
- services for young people
- services for gay and bisexual men and other men who have sex with men
- preventing unintended pregnancy, and
- abortion care.

**Using the standards for self evaluation, assurance and improvement**

All standards follow the same format which includes:

- a clear statement of the standard
- a rationale giving reasons why the standard is considered to be important
- a list of criteria describing the required structures, processes and outcomes
- what to expect if you are a person receiving care
- what to expect if you are a member of staff, and
- what the standards mean for organisations, including examples of evidence of achievement.

The implementation and monitoring of these standards will be for local determination by relevant organisations and services.

**Terminology**

These standards, wherever possible, use generic terminology that can be applied across all sexual health care providers. The term *organisation* refers to anywhere providing any level of sexual health care, including health improvement and prevention services. It is not restricted to specialist sexual health services. It may include services such as:

- condom provision in a community health setting
- a GP practice that provides any service related to the provision of sexual health care
- hospital settings such as gynaecology services, and
- third sector services providing community testing.

The terms *NHS boards* and *Integrated Joint Boards (IJBs)* are used throughout these standards. This is in recognition of the fact that primary and specialist sexual health care in most of Scotland has been delegated to these boards through their scheme of establishment. Accountability may sit with one board or may be shared across boards.
In addition, the following terminology is used throughout this document:

- **Person** or **people** refers to the individual receiving care or support.
- **Carer** refers to a parent, guardian or person providing care and support.
- For Standard 9 and 10, **women** refers to women and people who are able to become pregnant, reflecting the terminology used in the NICE Abortion Care Guideline.\(^\text{22}\)
- **Young person** refers to anyone under the age of 26 in line with established practice for specialist young people’s services.

**Supporting implementation**

Healthcare Improvement Scotland has published these standards to inform organisational self evaluation and improvement. Healthcare Improvement Scotland may use these standards in a range of assurance and inspection activities. They may be used to review the quality and registration, where appropriate, of health and social care services.

There are no plans for Healthcare Improvement Scotland to use these standards as part of specific inspections or routine external quality assurance. These standards complement existing Healthcare Improvement Scotland quality assurance programmes.
How to participate in the consultation process

We welcome feedback on the draft standards and will review every comment received. We are using different methods of consultation including:

- wide circulation of the draft standards to relevant professional groups, healthcare service staff, social care staff, voluntary sector organisations
- an online survey
- tailored engagement with:
  - the public
  - young people and adults who have experienced services
  - staff and volunteers working within sexual health service, and
  - voluntary organisations representing the views of excluded groups.

For more information, please contact:

Allan Barr
Project Officer
his.standardsandindicators@nhs.scot

Submitting your comments

Responses to the draft standards should be submitted through our online survey (www.smartsurvey.co.uk/s/SexualHealthStandardsSurvey/). The consultation closes on 18 June 2021. If you would like to submit your comments using a different format, please contact the project team using the email address provided above.

Consultation feedback

At the end of the consultation period, all comments will be collated and the sexual health standards development group will respond to each comment received. The response will explain how the comments were taken into account in producing the final standards. Where the development group did not support a suggested amendment or inclusion, a detailed explanation will be provided in the report.

A summary of the responses to the consultation will be made available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org.

The sexual health standards will be published in October 2021.
Standards summary

Standard 1: Leadership and governance
Each organisation demonstrates effective leadership, governance and partnership working in the management and delivery of sexual health services.

Standard 2: Information and supported decision making
All individuals receive accessible information to facilitate informed choice and support decision making.

Standard 3: Education and training
Each organisation demonstrates commitment to the education and training of all staff involved in sexual health care, appropriate to roles and workplace setting.

Standard 4: Access to sexual health care
All individuals have equitable and consistent access to sexual health care.

Standard 5: Sexual well-being
All individuals are empowered to maintain positive sexual health, well-being and function.

Standard 6: Prevention, detection and management of sexually transmitted infections
All individuals can access safe, high-quality and person-centred services for the prevention and treatment of sexually transmitted infections.

Standard 7: Services for young people
Young people can access safe, high-quality and person-centred sexual health care which upholds their rights.

Standard 8: Services for gay, bisexual and other men who have sex with men
Gay, bisexual and other men who have sex with men have access to safe, high-quality and person-centred sexual health care.

Standard 9: Preventing unintended pregnancy
Women receive a holistic assessment of their needs and have access to a full range of contraception methods.

Standard 10: Abortion care
Women can access safe, timely and person-centred abortion care services.
Standard 1: Leadership and governance

**Standard statement**

Each organisation demonstrates effective leadership, governance and partnership working in the management and delivery of sexual health services.

**Rationale**

Effective leadership and governance are critical to ensuring safe, person-centred and high-quality health and social care services. Individuals accessing sexual health care should have confidence that their care and support is of the highest quality. 1, 13, 16, 23

People accessing services should benefit from partnership working at a local, regional and national level.

Effective planning and partnership working should be underpinned by arrangements and information sharing that facilitate the delivery of high-quality, equitable care. Public health and clinical leadership should support effective planning and continuous quality improvement. To allow for effective planning and management, organisations must ensure the effective collation, analysis and review of sexual health data, such as local and national epidemiological and improvement data.

**Criteria**

1.1 Organisations can demonstrate robust governance arrangements, with clear lines of accountability, covering all aspects of the patient journey.

1.2 Organisations can demonstrate a commitment to quality planning and assurance through:
   - effective data collection, including data on health inequalities
   - local and national benchmarking against agreed outcomes
   - clear alignment of strategic policy objectives and implementation strategies, and
   - routine monitoring of sexual health outcomes to inform public health interventions.

1.3 Organisations take a rights-based approach to sexual health care.

1.4 People are given meaningful opportunities to input into the design or evaluation of sexual health services and organisations can demonstrate where this feedback has resulted in change.
1.5 There are clear and structured adverse events processes, which include:
- accountability and responsibility arrangements for reporting any adverse events
- a consistent approach to reporting adverse events
- a documented escalation process for adverse events in sexual health, and
- organisational learning from adverse events.

1.6 Information management structures and governance processes are in place to support:
- the use of a national IT system such as the National Sexual Health System (NaSH) for reporting, benchmarking and performance to improve patient safety and quality of care, where appropriate
- the routine sharing, with fully-informed consent, of identifiable personal healthcare data between care providers, and
- the effective collation of anonymised data in support of sexual health care governance.

1.7 There are agreed pathways and processes to ensure:
- accessible and responsive sexual health care
- timely management options are consistently available
- information is shared appropriately between public health and primary care, secondary care, laboratories, third sector, local authority and independent healthcare sector services
- there are resilience plans for service disruption
- there is timely testing, communication of testing results and onward referral for diagnosis, management and support as necessary
- pathways and processes are in place which prioritise those most in need, and
- appropriate signposting to additional areas of support, including the third sector, as necessary.

1.8 There are systems in place to ensure that all equipment and peripherals used in the provision of sexual health care have:
- planned preventative maintenance
- a mechanism for routine checks and testing, and
- rolling replacement schedules.

1.9 NHS boards and IJBs demonstrate effective partnership working at a local and national level.
1.10 NHS boards and IJBs have:
- a clinical lead for sexual health delivery,
- a public health lead for sexual health, and
- a multiagency strategic group for sexual health.

1.11 NHS boards and IJBs ensure that there are effectively-led public health systems in place to monitor and respond to sources of sexual health concern, including:
- trends and epidemiology of STIs
- outbreaks of STIs or blood borne viruses
- adverse outcomes
- determinants of poor sexual health, and
- unintended pregnancy in young people.

1.12 NHS boards and IJBs support and encourage research to develop and share best practice.

<table>
<thead>
<tr>
<th>What does the standard mean for the individual receiving sexual health care?</th>
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<tbody>
<tr>
<td>You can be confident that:</td>
</tr>
<tr>
<td>• you will receive a safe, equitable and high-quality service that meets your needs</td>
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<tr>
<td>• services have effective leadership and governance, and are committed to quality improvement</td>
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<tr>
<td>• you will be given meaningful opportunities to influence how services are shaped, and</td>
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<tr>
<td>• information about you and your care will be shared with your consent and in line with national guidance.</td>
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<tr>
<th>What does the standard mean for a member of staff?</th>
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<tr>
<td>Staff:</td>
</tr>
<tr>
<td>• understand and can access care pathways, standards, and guidance relevant to their role</td>
</tr>
<tr>
<td>• actively participate in the multidisciplinary team and are supported by their organisations to understand their role</td>
</tr>
<tr>
<td>• are supported to attend training and continuing professional development (CPD) opportunities</td>
</tr>
<tr>
<td>• are aware of how to report and escalate adverse events</td>
</tr>
<tr>
<td>• are proactive in raising and responding to identified concerns which may impact on patient safety, care or community sexual health, and</td>
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<tr>
<td>• are encouraged and supported to work collaboratively with allied services.</td>
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</tbody>
</table>
### What does the standard mean for the organisation?

The organisation:
- has governance arrangements in place to determine roles, responsibilities and lines of accountability, including adverse event management
- supports a culture where concerns can be raised and appropriately acted upon
- ensures co-ordinated person-centred pathways for access and delivery of sexual health care are developed and implemented
- performs regular routine monitoring of sexual health outcomes to inform public health interventions and improve service delivery
- monitors and responds to outbreaks and areas of concern
- engages with staff and communities to identify areas for improvement
- records and monitors data
- undertakes quality improvement and assurance activities to ensure performance against standards
- has planned preventative maintenance, quality assurance checks and a rolling replacement schedule in place for all equipment and peripherals, and
- encourages research and clinical excellence where research is undertaken.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Documentation describing lines of accountability, roles and responsibilities and escalation of adverse event reporting.
- Documentation outlining local strategies for treatment, care and prevention or local implementation of national strategies.
- Documentation describing monitoring and reporting systems for local strategic aims and objectives, quality improvement and service delivery objectives.
- Care pathways and local and national standard operating procedures demonstrating multidisciplinary working.
- Collaboration through multidisciplinary community primary care clusters.
- Adoption of initiatives such as Pharmacy First.\(^{24}\)
- Improvement work, including action plans, data collection and review of data, such as feedback from service users, staff members, national benchmarking and evidence of timeliness of processes.
- Documentation describing preventative maintenance, quality assurance checks and rolling replacement schedules for equipment and peripherals.
- A management system for reporting, reviewing and learning from all types of adverse events.
- Evidence of research activity.
- Evaluation of clinical effectiveness against national or local outcomes.
- Evidence of codesigned service plans, innovative engagement with the local community and good communication with service users.
Standard 2: Information and supported decision making

**Standard statement**

All individuals receive accessible information to facilitate informed choice and support decision making.

**Rationale**

Decision making is an ongoing process and requires people to be fully informed. The provision of high-quality, accessible information is essential to empower and support people to make decisions which are right for them, about what matters to them.\(^8, 9, 11, 25\)

People accessing sexual health services should be given appropriate time and resources to discuss fully their treatment with healthcare professionals. People should receive relevant information about the benefits and harms of proposed options and reasonable alternatives.\(^26\) People should also have access to accurate information on choices and treatment, including digital or home treatment options. Providing accessible information enables people to look after their sexual health.\(^1\)

The collection, use and sharing of personal data should be fully explained to all people accessing sexual health services and be shared following consent in line with national policies and procedures.\(^27\)

**Criteria**

2.1 People using sexual health services are provided with accessible information on all aspects of their care, including any onward referrals or interventions.

2.2 People are listened to and are fully involved in all decisions about their sexual health.

2.3 Information about time-dependent sexual health options such as emergency contraception, early medical abortion or post exposure prophylaxis is given within the required timeframes.

2.4 Individuals receive information which is timely, relevant, and in a language and format that is right for them.

2.5 Individuals can discuss results, treatment and management options with appropriately trained staff and are supported to participate in shared decision making.
2.6 Staff, volunteers and carers can, where appropriate, access:
- information and support on sexual health and relationships, and
- health promotion services.

2.7 People are provided with appropriately tailored and accessible information on the collection, use and sharing of personal data. Such information should:
- detail consent
- include information on the general duty of confidentiality in the wider healthcare team and on limitations of confidentiality where these apply
- be tailored to the particular sensitivities and legislative and legal issues which may exist
- be presented in a way that emphasises the benefits of sharing personal health data with wider healthcare agencies
- provide clarity on the use of identifiable and anonymised data for different purposes and on the options for anonymity where these exist, and
- be continuously reviewed as an individual’s circumstances change.

<table>
<thead>
<tr>
<th>What does the standard mean for the individual receiving sexual health care?</th>
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<tr>
<td><strong>You will:</strong></td>
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<tr>
<td>• be listened to and fully involved in all decisions about your sexual health</td>
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<tr>
<td>• receive information to support shared and informed decision making in a language and format that is right for you</td>
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<tr>
<td>• be given information on your results or diagnosis</td>
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<tr>
<td>• have your data treated with confidentiality and shared where appropriate to improve quality of care</td>
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<tr>
<td>• offered support and time to discuss the options available to you, and</td>
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<tr>
<td>• be given an opportunity to discuss any aspect of sexual health care, raise questions or concerns and discuss how any results will be communicated to you.</td>
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<th>What does the standard mean for staff?</th>
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<tr>
<td><strong>Staff:</strong></td>
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<tr>
<td>• offer a responsive, person-centred and trauma-informed service</td>
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<td>• are impartial, without judgement, and can demonstrate good communication</td>
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<tr>
<td>• can readily access information to support those accessing sexual health care</td>
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<tr>
<td>• offer evidence-based information in a range of formats and languages appropriate to the needs of the individual</td>
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<tr>
<td>• can support individuals to reach informed decisions, and</td>
</tr>
<tr>
<td>• have a clear understanding of any outcomes or test results which can be communicated to individuals.</td>
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What does the standard mean for organisations?

Organisations have systems and process in place to ensure:
- the availability of appropriate, easily accessible and timely information, and
- access to consistent support resources.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of information provided in alternative formats and languages, taking account of the needs of people who may be digitally excluded.
- Clinical audit of sexual health consultations with documentation of signposting or written information being provided.
- Cluster quality improvement projects to improve provision of sexual health information within general practice.
- Evidence of patient involvement in decision making, tools for shared decision making, and effective communication.
- Specific and tailored information for young people, trans people, people with complex social needs and gay, bisexual men and other men who have sex with men.
Standard 3: Education and training

**Standard statement**

Each organisation demonstrates commitment to the education and training of all staff involved in sexual health care, appropriate to roles and workplace setting.

**Rationale**

To ensure that sexual health care is safe, effective and person-centred, all staff should be provided with training appropriate to their role and responsibilities. Sexual health treatment and testing is rapidly developing and ongoing training must be embedded in all organisations providing sexual health care. Staff working in specialist sexual health services should be supported to provide external training where appropriate.

Sexual health outcomes are affected by the lived experiences and social realities of people, including any structural disadvantage which they face, and staff should be aware of the potential impact of their own unconscious bias. All staff should understand and respond appropriately to people who may have sexual health concerns or access contraception or abortion care after being victims of domestic abuse, coercive control or gender-based violence. Staff should adhere to the principles of trauma-informed practice: safety, trustworthiness and transparency, choice, collaboration and mutuality, and empowerment.

**Criteria**

3.1 The organisation implements a comprehensive and multifaceted education and training programme that:

- includes an assessment of staff training needs that is responsive to staff roles, responsibilities and workplace setting
- supports continuous professional development
- is aligned to professional development frameworks, and
- includes an evaluation of the provision, quality and uptake of training.

3.2 Organisations have a training plan to ensure that continuous professional development for sexual health care is available to clinical and non-clinical staff.

3.3 Staff are supported to access and attend training and education appropriate to their roles, and are allocated appropriate time and resource to complete it.
3.4 Staff providing sexual health care have access to training covering:
• trauma-informed care
• brief interventions and behaviour-change interventions
• identifying trafficking
• sensitive enquiry into identification of domestic abuse and coercive control
• identification and appropriate support for people who have experienced or are at risk of female genital mutilation
• communication skills which focus on person-centred care,
• lesbian, gay, bisexual and trans (LGBT+) diversity, and
• unconscious bias training.

3.5 Staff experiencing vicarious trauma have access to and are supported to attend support services.

3.6 Staff are aware of local child and adult protection processes, including onward referral and information sharing appropriate to their role.

3.7 Staff working within specialist sexual health services are supported by the service to provide sexual health training across allied services.

3.8 Sexual health service providers undertake training appropriate to their role according to the National Trauma Training Plan.

<table>
<thead>
<tr>
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<tr>
<td>You can be confident that:</td>
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<tr>
<td>• staff providing your care and support are trained, skilled, knowledgeable and competent, and</td>
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<tr>
<td>• you will be treated with respect and compassion, listened to and fully supported to make informed choices.</td>
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</table>
### What does the standard mean for staff?

Staff:
- can demonstrate knowledge, skills and competencies relevant to their roles and responsibilities
- provide safe, effective and person-centred care to people with specific needs
- attend and participate in relevant training, and achieve and maintain the required competencies and qualifications for their roles and responsibilities
- are confident in their role within multidisciplinary and multiagency teams and can fulfil their responsibilities
- are clear what their contribution is to ensuring that people have a positive experience of care and support
- receive accurate and evidence-based information to enable them to support people
- treat individuals with dignity and compassion
- will be supported by their organisation if they have experienced vicarious trauma
- are supported to attend and complete training, and
- receive training and support in triage roles, where appropriate.

### What does the standard mean for the organisation?

Organisations provide staff with:
- ongoing support for training and skills development that is recognised across NHS boards and IJBs
- ongoing personal and peer support opportunities, and
- appropriate support and opportunities to participate in training and CPD.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of provision and uptake of staff training to continuously improve the support, care and treatment they provide.
- Evidence of promotion and implementation of the Health and Social Care Standards.\(^\text{13}\)
- Consistent staff appraisal and use of professional development frameworks.
- Evaluation of training needs and training programmes.
- Information and support mechanisms for staff.
Standard 4: Access to sexual health care

**Standard statement**

All individuals have equitable and consistent access to sexual health care.

**Rationale**

NHS boards and IJBs have a responsibility to understand the sexual health needs of their populations and to plan services accordingly. Addressing public health and population needs requires partnership working across the system.\(^9\) Improving access to healthcare should include community pharmacy, primary care, the third sector and education partners. Inequalities and barriers to access can be reduced by effective participation and codesign with people with lived experience, delivery of services in locality areas and targeted public health messaging.\(^{30}\)

Prompt access to sexual health care promotes positive sexual health and reduces sexual health inequalities.\(^{31}\) People with complex social needs may face additional barriers to accessing sexual health services as a result of structural health inequalities.\(^{32-35}\) The design and provision of services should consider and seek to address everyone’s needs in ways that are person centred. Outreach or specialist services may reduce barriers for some population groups.\(^{36-38}\) The use of remote consultations or at-home treatments may reduce additional barriers and improve equitable access.

All providers of sexual health care should work within the wider public health system to ensure that the provision of digital services does not exacerbate existing inequalities or create additional barriers to access.

**Criteria**

4.1 NHS boards and IJBs ensure all individuals have access to sexual health care. Where local specialist care is not feasible, robust pathways must be in place to provide timely access to an alternative accessible NHS board or IJB.

4.2 Organisations can demonstrate consistent assessment of impact of reducing health inequalities.

4.3 Organisations ensure that service planning, delivery and evaluation is informed by user feedback and participation.

4.4 NHS boards and IJBs demonstrate a commitment to identifying health inequalities in sexual health care by:

- completing comprehensive population needs assessments, and
- identifying the specific needs of different groups of individuals who are accessing sexual health care.
4.5 Organisations identify people with additional social and clinical needs and provide person-centred care which includes:

- tailored appointments
- ensuring there is adequate time for consultation, and
- providing accessible information in a range of different formats.

4.6 Organisations ensure that individuals accessing sexual health care:

- have their needs met by staff with the knowledge, skills and competencies required
- receive timely testing and treatment, and
- have access to counselling, mental health support and support for other health issues.

4.7 Organisations have processes and systems in place to provide individuals with timely access to emergency contraception and postexposure prophylaxis (PEP) for human immunodeficiency virus (HIV) infection.

4.8 Individuals are offered an assessment for the need for sexually transmitted infection testing within two working days of self referral.\(^{39}\)

4.9 There are referral pathways in place to provide timely pre-exposure prophylaxis (PrEP) for HIV infection.

4.10 Individuals can access PEP within 72 hours of exposure, where required.

4.11 Individuals can access:

- a consultation about long-acting reversible contraception (LARC) within five days of initial request, and
- an appointment for a procedure for LARC within 28 days of request.
### What does the standard mean for the individual receiving sexual health care?

You can be confident that:
- you will be able to see the right person in the right place at the right time
- you will receive testing and treatment in a timely way
- you can access contraception when you need it, and
- you are able to be assessed again, go to a different service, or try different treatments or options.

### What does the standard mean for staff?

**Staff:**
- promote and deliver a personal outcomes approach for people
- are compassionate, responsive, non-judgemental and understanding
- support people to access health, social care and third sector support
- connect and refer people, where appropriate, to local and national resources
- have access to clear guidance on their roles and responsibilities in supporting people receiving sexual health care, and
- have awareness of their local populations that face barriers to accessing sexual health services and work to address these issues.

### What does the standard mean for the organisation?

**Organisations:**
- recognise different needs for different groups and plan to meet these needs
- have systems and processes in place to ensure equitable and timely access to sexual health care in their local area or network
- have action plans and strategies in place to address barriers
- engage meaningfully with seldom-heard groups
- have well-co-ordinated care and referral pathways and protocols
- provide information in formats that are accessible,
- ensure services are appropriately advertised and promoted, and
- support people to receive prompt access to testing and treatment.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Tools and processes to support people with lived experience to participate meaningfully in shaping service design.
- Effective engagement, codesign or outreach across communities, including excluded communities.
- Specialist clinics or outreach services which meet the needs of trans people.\(^{35}\)
- Improvement programmes, based on data from service user feedback, on reducing barriers to accessing services.
- Routine completion of Children’s Rights and Well-being Impact Assessments, Equality Impact Assessments, Islands Impact Assessments and assessments against the Fairer Scotland Duty.\(^{40}\)
- Evidence of access to sexual health care in general practice to the standards described within Sexually Transmitted Infections in Primary Care 2013 or current equivalent guidance.\(^6\)
- Pathways of support for issues including chemsex and problematic alcohol and recreational drug use.
- Evidence of preferential access to care and interventions by individuals or groups at higher risk of poor sexual health outcomes.
- Evidence of signposting and supporting people to access further sexual health care.
- Demonstration of re-entry and rereferral pathways to reflect an individual's changing needs.
- Community testing and outreach aimed at high-risk groups.
- Use of local assets such as community pharmacies to deliver services close to home.
- Data on uptake of home testing, postal prescriptions, online repeat prescription services, and video or telephone consultations.
- Piloting, evaluation and shared learning of innovative approaches to improving access.
Standard 5: Sexual well-being

**Standard statement**

All individuals are empowered to maintain positive sexual health, well-being and function.

**Rationale**

Sexual well-being is about the promotion of healthy, respectful, consensual and safe relationships.\(^{15, 41}\) All individuals should be given the knowledge, resources, support and skills to:

- claim and uphold their rights
- explore personal risk and sexuality, and
- enjoy sexual relationships.

Good sexual health is positively associated with a wide range of physical and mental health benefits. Where people are in harmful relationships or relationships which are unhealthy for them, this has a detrimental impact on a range of different health and well-being outcomes.\(^ {42}\)

Sexual health services provision should be psychologically informed and understand the reality of people’s lives and experience. Services should recognise the need for motivational interviewing and other multi-level psychological and behavior-change interventions.\(^ {43}\)

Staff should identify those most at risk of harm and should offer an appropriate, safe and consistent response.\(^ {15, 38, 44}\)

**Criteria**

5.1 Staff empower individuals and support good sexual health and well-being by:

- supporting informed choices and assessment of personal risk
- promoting safe relationships
- promoting healthy sex
- assessing an individual’s psychosexual health and sexual function
- being compassionate, and
- addressing stigma and inequality.

5.2 Staff are aware of risk factors associated with domestic abuse, coercion and harm, and can escalate to appropriately trained staff if needed.

5.3 Individuals who express concerns about their sexual well-being are referred, with their consent, to appropriate support services, including behavior-change interventions.
5.4 Staff are aware of how to identify individuals who may have been trafficked and can respond according to local safeguarding protocols.

5.5 Staff have access to information and referral pathways to support individuals presenting with sexual dysfunction.

5.6 Individuals who are referred to services for sexual dysfunction are seen within 18 weeks.

<table>
<thead>
<tr>
<th>What does the standard mean for the individual receiving sexual health care?</th>
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<tbody>
<tr>
<td><strong>You can be confident that:</strong></td>
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<tr>
<td>• services understand that your well-being is important for healthy, enjoyable sex</td>
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<tr>
<td>• your concerns will be listen to and acted upon</td>
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<td>• your life, experiences and circumstances will be considered, and</td>
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<tr>
<td>• you will have access to support and treatment when you need it.</td>
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<th>What does the standard mean for staff?</th>
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<tr>
<td><strong>Staff:</strong></td>
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<tr>
<td>• promote and deliver a personal outcomes approach for individuals</td>
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<td>• connect and refer individuals, where appropriate, to wider community resources</td>
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<tr>
<td>• are supported to identify safeguarding concerns, and</td>
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<tr>
<td>• take a proactive approach to reviewing issues that may affect sexual well-being.</td>
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<table>
<thead>
<tr>
<th>What does the standard mean for the organisation?</th>
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<tbody>
<tr>
<td><strong>Organisations have systems and process in place to ensure that:</strong></td>
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<tr>
<td>• good sexual health and well-being is promoted to all communities</td>
</tr>
<tr>
<td>• well co-ordinated care, referral pathways and protocols are in place, and</td>
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<tr>
<td>• information on services that they deliver or refer to is both accurate and current.</td>
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<table>
<thead>
<tr>
<th>Practical examples of evidence of achievement (NOTE: this list is not exhaustive)</th>
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<tbody>
<tr>
<td>• Positive health promotion activity and community engagement.</td>
</tr>
<tr>
<td>• Pathways of referral to services.</td>
</tr>
<tr>
<td>• Staff training in domestic abuse and gender-based violence, including disclosure training.</td>
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<tr>
<td>• Nationally-developed screening tools for identifying people at risk of harm.</td>
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<tr>
<td>• Multiagency referral pathways for specific harm-reducing interventions.</td>
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<tr>
<td>• Audits reviewing assessments for domestic abuse, sexual dysfunction and harm.</td>
</tr>
<tr>
<td>• Waiting times for psychosexual clinics.</td>
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</table>
Standard 6: Prevention, detection and management of sexually transmitted infections

Standard statement

All individuals can access safe, high-quality and person-centred services for the prevention and treatment of sexually transmitted infections.

Rationale

To reduce prevalence and prevent ongoing spread of STIs, a wide range of co-ordinated systems and pathways need to be in place. Shared decision making empowers people to be actively involved in all decisions about the care and support they receive. People should be treated with dignity and respect with their choices respected and supported.\textsuperscript{13}

Individuals should be supported to have an open conversation to identify risk of STIs in a safe and person-centred environment.\textsuperscript{31} By having open conversations, staff are able to identify individuals at risk of STIs and provide information, advice and prophylaxis where appropriate.\textsuperscript{31}

In order to stop the spread of infection, it is vital that there is a robust surveillance system which includes consistent and accurate testing and contact tracing.\textsuperscript{39}

Supporting people who have been diagnosed with an STI to notify their sexual partners can reduce health complications through early prevention and detection and reduce transmission.\textsuperscript{31, 39}

Criteria

6.1 Individuals can access consistent, responsive and readily available information on how to protect against STIs.

6.2 Free condoms are provided and organisations promote their use among high-risk groups.

6.3 Individuals are able to consistently access a range of testing options, including testing at home and in the community.

6.4 NHS boards and IJBs will ensure availability of
- testing for \textit{Trichomonas vaginalis} and \textit{Mycoplasma genitalium} as clinically indicated, and
- testing for STI and bloodborne virus resistance.
6.5 Laboratories providing testing for STIs meet professional standards and are accredited to UKAS ISO15189.

6.6 There are referral pathways for microscopy in place.

6.7 NHS boards and IJBs have in place an effective process of STI surveillance and epidemiological information and use this to inform wider public health strategies.

6.8 Organisations support partner notification for individuals diagnosed with an STI, helping to promote engagement and shared decision making.

6.9 NHS boards and IJBs maximise uptake of vaccinations, within the principles of informed choice, for eligible individuals in accordance with national guidelines, for:
- human papillomavirus virus (HPV)
- hepatitis B, and
- hepatitis A.

6.10 Individuals who are diagnosed with an STI:
- are provided with support to make decisions and understand the diagnosis
- are offered treatment within two working days of diagnosis, where clinical or personal need is indicated
- are referred to the service appropriate to their condition, if needed
- are offered information on protection from STIs in the future, and
- are treated with sensitivity, dignity and respect.

6.11 Individuals presenting in all settings can access:
- PEP
- PrEP, and
- non-pharmaceutical interventions to reduce risk of STI.

6.12 People living with HIV are offered:
- frequent testing for STIs and other relevant bloodborne viruses including hepatitis C
- vaccinations as needed, and
- access to emotional support for people living with HIV.
What does the standard mean for the individual receiving sexual health care?

You can be confident that:
- staff and organisations will work together to ensure that you can access the right care and support at the right time
- you will be supported and empowered to make choices
- you will experience consistency and continuity in care
- you will have access to high-quality testing and early treatment if needed, and
- you will receive information about relevant third sector organisations, support groups and local services that might benefit you.

What does the standard mean for staff?

Staff:
- have consistent access to testing services, testing venues and treatments to manage STIs
- work in a sensitive and compassionate manner
- can deliver person-centred care and support, which is responsive and appropriate to the individual’s needs
- support individuals to make an informed choice about the care they wish to access, and
- can confidently refer and signpost people to appropriate health, social care and third sector support services.

What does the standard mean for the organisation?

The organisation has systems and processes in place to ensure that:
- people can access safe and person-centred testing and treatment
- laboratories are safe and effective and comply with recognised professional standards
- there are prevention strategies in place which reduces overall demand
- people are supported to access testing and treatment
- there is equity of access, and
- there are referral pathways to ensure consistent access to specialist sexual health services across all areas.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Testing rates within and outwith specialist services.
- Impact data on preventative strategies.
- Audit and data collection to identify and monitor:
  - rate of vaccination uptake and completion
  - rate of uptake and access to PEP and PrEP among high-risk groups, including women and trans people, and
  - rate of partner notification and successful contacts made.
- Evidence of onward referral for people’s sexual care needs.
- Evidence of signposting and support to access appropriate third sector and specialist organisations.
Standard 7: Services for young people

Standard statement

Young people can access safe, high-quality and person-centred sexual health care which upholds their rights.

Rationale

The United Nations Convention on the Rights of the Child (UNCRC) Article 3 outlines the general principle that the best interests of the child should be the primary consideration for decisions made about a child. Providing a holistic service, with appropriate and relevant integrated care referral pathways to other health and social care services, is important for ensuring that young people receive the care, advice and support they need.

Young people face particular barriers in accessing sexual health services. Young people should be supported with enhanced access to STI testing, contraception and health promotion. Young people should be offered a range of appointment options such as face-to-face, online, drop-in and booked appointments.

Young people should be seen by staff who have skills to sensitively enquire about their sexual health needs. In addition, staff should be trained to identify vulnerabilities, such as exploitation and abuse. Staff should know how to manage concerns, and refer on as appropriate. For the most vulnerable young people, including care experienced young people, relationship-based approaches, which emphasise participation, supported decision making and the rights of the child should be integral to a preventative approach.

All young people should receive high-quality information on relationships, sexual health, pregnancy and parenthood in order to respect, protect and fulfil their human rights as they grow. Young people who understand the importance of healthy, respectful, consensual and safe relationships are more likely to delay the onset of sexual activity and experience positive outcomes when they do enter into sexual relationships.

Criteria

7.1 Young people accessing sexual health care are assessed in a dedicated service by staff with the knowledge, skills and competencies required to address their needs.

7.2 Organisations ensure that young people’s sexual health needs are routinely:

- assessed
- documented, and
- met.
7.3 Young people are fully supported to make active decisions about their sexual health care and well-being.

7.4 Young people receive care, information and support which is:
   - accessible
   - holistic
   - rights based, and
   - joined up.

7.5 NHS boards and IJBs work in partnership with organisations, such as schools, and with youth workers and social workers to support and empower young people and promote good sexual health.

7.6 Sexual health care providers have:
   - appropriate referral pathways for young people to local support services
   - appropriate child protection pathways, and
   - robust information sharing protocols that respect young people’s right to safety as well as their right to privacy and health.\(^{45}\)

7.7 Staff working with young people hold relevant competencies in:
   - child sexual exploitation
   - sexual capacity
   - consent
   - child protection and safeguarding
   - online safety and pornography, and
   - sexuality and gender.

7.8 Care-experienced young people have an assessment of their sexual health care and sex education needs.

7.9 Young people have access to emergency contraception at a range of accessible locations.

7.10 Young people, including those in remote and rural areas, can access free condoms.
### What does the standard mean for the individual receiving sexual health care?

You can be confident that:

- your rights are upheld and your best interests are always taken account of during discussions with people you talk to
- you will have access to the right contraception and testing for you in ways that work best for you
- you will be listened to and taken seriously
- people will support you to be safe and healthy, and
- your appointments and information about you will be confidential and only ever shared without your consent legally when there are concerns about your safety.

### What does the standard mean for staff?

Staff:

- put the best interest of young people at the centre of their work
- involve young people in decision making and support them to make choices
- can demonstrate knowledge, skills and competencies relevant to their roles and responsibilities with regard to young people
- are proactive in identifying and responding to concerns such as abuse, exploitation, substance misuse, mental health or safeguarding, and
- can, at all times, refer to a paediatrician with child protection experience and skills (of at least Level 3 safeguarding competencies) to provide immediate advice and subsequent assessment, if necessary, for young people.

### What does the standard mean for the organisation?

Organisations have systems and processes in place to ensure that:

- there is a dedicated service for young people
- there is targeted promotion and advertising of sexual health and abortion care services for young people linked to sexual and reproductive education
- they promote collaborative working across all agencies who come into contact with young people
- they react to concerns about a young person and follow child protection procedures where necessary, and
- they provide effective interventions for young people where concerns have been identified.
### Practical examples of evidence of achievement (NOTE: this list is not exhaustive)

- Effective multiagency working and referral to specialist programmes such as the Family Nurse Partnership. ⁵⁰
- Multiagency service-level agreements, regular multiagency meetings or governance arrangements with young people’s services, including education, youth work and social work.
- Availability of information for people, their family and carers, including leaflets and appropriate websites, for example NHS Inform ⁵¹ and ALISS. ⁵²
- Audit of uptake and attendance of services among young people.
- Referral pathways for child protection concerns.
- Needs assessment for a dedicated young person’s service.
- Use of multidisciplinary teams to review child protection concerns.
- Codesigned participation and engagement strategies with a particular focus on involving care-experienced young people.
- Outreach services for lesbian, gay and bisexual young people.
- Outreach services for trans young people with links to specialist gender identity clinics and peer support groups. ³⁵
Standard 8: Services for gay, bisexual and other men who have sex with men

**Standard statement**
Gay, bisexual and other men who have sex with men have access to safe, high-quality and person-centred sexual health care.

**Rationale**
Gay, bisexual and other men who have sex with men (GBMSM) may experience a higher incidence of STIs including HIV. The reported experience of prejudice and discrimination in wider society, as with other groups, acts as a barrier to some GBMSM in accessing health care. As a population group, GBMSM in Scotland have a low frequency of testing for STI and HIV compared to infection rates. Many GBMSM who access sexual health and HIV services also have a high incidence of co-occurring emotional and mental health experiences which impact on their risk behaviour.

As GBMSM are a diverse population with a range of needs a range of preventative measures should be available to promote safe sex. This can include condom provision, motivational interviewing, behaviour-change interventions, PEP or PrEP. Organisations should provide care without delay for individuals presenting with symptoms of an STI and encourage assessment of those at risk of STIs.

Testing, support and information should be available in a range of settings and methods to reduce barriers and support decision making.

**Criteria**

8.1 GBMSM accessing sexual health care are assessed by staff with the knowledge, skills and competencies required to identify and address their needs.

8.2 GBMSM can access a range of person-centred behaviour-change interventions which are tailored to individual need.

8.3 GBMSM have easy access, where indicated, directly or by referral, to timely provision of:
- frequent testing for STI according to national guidelines
- PEP and PrEP
- condoms and lubricant
- HPV vaccination
- hepatitis A and B vaccination
- behaviour-change interventions, and
• counselling or mental health support for issues including chemsex, alcohol and recreational drug use.

8.4 Staff are trained in communication and engagement techniques to support GBMSM.

8.5 Sexual health services for GBMSM are promoted in ways which are person-centred, non-judgemental and inclusive.

8.6 NHS boards and IJBs ensure that person-centred and relevant information about the prevention, testing and treatment for STIs and bloodborne viruses is available to GBMSM.

<table>
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<tr>
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<tr>
<td>You can be confident that:</td>
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<tr>
<td>• your specific needs will be addressed by people who are sensitive, non-judgemental, understanding, and who listen to you</td>
</tr>
<tr>
<td>• you have access to PEP, PreP and other treatments as required, and</td>
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<tr>
<td>• you can access counselling and support if you need it.</td>
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<tr>
<th>What does the standard mean for staff?</th>
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<tr>
<td>Staff:</td>
</tr>
<tr>
<td>• have access to relevant training, information and support to be aware of and understand the sexual health needs of GBMSM</td>
</tr>
<tr>
<td>• are compassionate, informed and non-judgemental</td>
</tr>
<tr>
<td>• are proactive in assessing GBMSM for sexual health concerns and offer support or referrals where needed, and</td>
</tr>
<tr>
<td>• put people’s rights to non-discrimination at the centre of their work.</td>
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<tr>
<th>What does the standard mean for the organisation?</th>
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<tr>
<td>Organisations have systems and processes in place to ensure:</td>
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<tr>
<td>• GBMSM can access timeous care for STI testing, treatment, preventative care and PEP and PrEP when required</td>
</tr>
<tr>
<td>• GBMSM have access to counselling where appropriate</td>
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<tr>
<td>• GBMSM are able to access timeous care for more urgent sexual health needs</td>
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<tr>
<td>• there are referral pathways in place to ensure equitable access of care</td>
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<tr>
<td>• services are appropriately advertised and promoted, and</td>
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<tr>
<td>• support services are available to GBMSM experiencing specific issues.</td>
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Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Audit and data collection to assess uptake and vaccination rates for hepatitis B among GBMSM.
- Audit and data collection to identify and monitor:
  - STI testing rates
  - STI testing rates in community or primary care settings, and
  - Offer and uptake of PrEP among GBMSM.
- Pathways of referrals including behaviour-change interventions.
- Engagement and health promotion activity for excluded GBMSM.
- Local and regional sexual health promotion activity for GBMSM.
Standard 9: Preventing unintended pregnancy

**Standard statement**

Women receive a holistic assessment of their needs and have access to a full range of contraception methods.

**Rationale**

A person’s reproductive choices are a human right, and a key part of the UN Committee on the Elimination of Discrimination Against Women. Access to contraception is vital to ensure wider social and economic equity. Women should be fully informed, listened to, and treated with respect to offer maximum control and choice over their reproductive rights. All women should have local and timely access to a range of different hormonal contraceptive methods, including long-acting reversible contraception (LARC).

Where women have pre-existing health conditions, discussions around contraception and planning should be considered as part of wider care planning. Trans and non-binary people who can become pregnant should be fully supported to access contraception that is right for them without discrimination.

**Criteria**

9.1 Women have easy access to a range of contraception methods (including LARC) and are given the appropriate time and information to make informed decisions.

9.2 Staff have the knowledge and skills to discuss contraception, assess risk and provide information and support.

9.3 NHS boards and IJBs provide:

- a consultation to provide information about LARC within five working days of initial request
- provision of LARC within 28 days of initial consultation
- emergency contraception on the day of initial request
- quick start contraception on the day of initial consultation, if chosen, and
- contraception after giving birth prior to discharge from maternity services or gynaecology, if chosen.
9.4 Information about contraception is provided on:

- the benefits of contraception
- the range of methods and how they work
- the effectiveness of each method if used optimally
- potential side effects and how to minimise them
- how to access initial contraception and ongoing supply, and
- the options and responsibilities for all individuals in relation to preventing unintended pregnancy.

9.5 Organisations offer a 12 month contraceptive plan which, if chosen, includes further provision and follow-up where required.

9.6 Organisations have enhanced or tailored services for women with complex social needs or who face barriers to accessing contraception.

9.7 NHS boards and IJBs work collaboratively and proactively with partner agencies to increase uptake of contraception and reduce barriers to access.

9.8 Individuals can access high-quality and person-centred information and support on how to prevent unintended pregnancy.

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<tr>
<th>What does the standard mean for the individual receiving sexual health care?</th>
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<tr>
<td>You can be confident that:</td>
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<tr>
<td>- you have choice and control in your method of contraception, if any</td>
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<tr>
<td>- you are listened to when you have concerns</td>
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<tr>
<td>- you are fully informed about different contraception methods, including any side effects or benefits</td>
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<tr>
<td>- you are supported to continue with your chosen method of contraception, if safe to do so</td>
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<tr>
<td>- you are able to access support easily if you have issues with your chosen contraceptive methods</td>
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<tr>
<td>- you are supported to plan your contraception for a longer period, such as 12 months, and</td>
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<tr>
<td>- you can access information about relevant third sector organisations, support groups and local services.</td>
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</table>
### What does the standard mean for staff?

Staff will:
- adopt proactive and responsive measures to support individuals to have full choice and control over their contraception
- provide support, advice and guidance on all aspects of contraception, including side effects
- make the appropriate referrals in line with relevant guidance
- be trained to national standards, relevant to their role, in discussing and providing contraception, and
- promote good sexual health and encourage regular STI testing.

### What does the standard mean for the organisation?

Organisations have systems and processes in place to ensure that:
- barriers are minimised and people are supported to access contraception
- there are well-coordinated care and referral pathways and protocols
- they provide a consistent range of venues where all contraceptive methods can be accessed
- co-ordination between organisations is well supported
- there is consistent access to LARC
- there are referral pathways for people with complex contraceptive needs, and
- systems and pathways relating to a 12-month contraception plan with adequate follow up are in place.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Pathways for complex contraception or sterilisation referrals.
- Audit and data collection to identify and monitor:
  - local and community provision of contraception
  - abortion rate
  - rate of women becoming pregnant within one year of last pregnancy
  - contraception provision in maternity services
  - LARC rates within and outwith specialist settings, and continuation rates with LARC.
- Documentation describing examples of integrated care or multidisciplinary involvement in patient care.
- Prescribing data evidencing contraceptive use within GP practices and across clusters.
Standard 10: Abortion care

Standard statement
Women can access safe, timely and person-centred abortion care services.

Rationale
Access to legal abortion care should be open and free from discrimination and stigma. Equitable access to abortion care is essential for gender equality, well-being and improvements in health outcomes. Abortions should be carried out as early as possible following presentation and it is important that unnecessary delays are kept to a minimum.

Women should be listened to and supported to have full choice and control and be fully supported and informed to make the right decision for them. Staff should be sensitive to any concerns and anxiety that an individual may be experiencing, and offer referrals to specialist care, including counselling, as appropriate.

Women with complex social needs, trans men and non-binary people should be supported to access safe abortion services without discrimination.

Criteria

10.1 Women who have chosen to have an abortion can self refer to the assessment appointment.

10.2 NHS boards and IJBs offer an abortion assessment appointment that takes place within one week of self referral to abortion services.

10.3 NHS boards and IJBs offer an abortion procedure that takes place within one week of the abortion assessment appointment.

10.4 Women have access to information on both medical and surgical abortion to enable an informed choice.

10.5 Women have access to impartial counselling before and after a procedure if requested.

10.6 Women are provided with a clinically appropriate choice of abortion method, including early medical abortion at home.
10.7 NHS boards and IJBs provide local abortion services up to at least 20 weeks gestation.

10.8 Where an NHS board or IJB cannot offer abortion services above 20 weeks gestation within their area, they work in partnership to provide an appropriate and person-centred care pathway for all women requiring an abortion up to the legal limit.

10.9 NHS boards and IJBs ensure that women attending abortion care services:

- have their right to accept or decline contraception respected and acted upon
- receive an immediate supply of their chosen method of contraception, should they wish it, with a bridging method where LARC is chosen and cannot be fitted immediately, and
- receive sensitive information about how to arrange a follow-up STI test if needed.

10.10 All organisations only share information about a woman’s abortion care with other organisations to promote safety while ensuring concerns around privacy and confidentiality are addressed in line with data protection guidance.

10.11 Staff sensitively and appropriately assess and respond to:

- risk of STI
- areas for health promotion
- risk of gender-based violence
- risk of trafficking, and
- risk of sexual coercion.
### What does the standard mean for the individual receiving sexual health care?

You can be confident that:
- you can access legal abortion close to home wherever possible. If the service cannot be provided locally, you will be able to receive an abortion out of your area and this will be planned for you
- you will be supported without judgement throughout the process
- decisions you take will be informed and taken in partnership with clinical experts
- you will be informed prior to assessment about how long your consultation should take and what investigations you may need, and
- you can access counselling services at any time in the process.

### What does the standard mean for staff?

**Staff:**
- listen to and support people to make informed choices
- act with compassion and without judgement
- conduct sensitive enquiries to identify gender-based violence
- conduct sensitive enquiries to identify sexual coercion
- promote good sexual health
- have specialist training in abortion provision, and
- can deliver care and support in a format appropriate to the individual’s needs, to allow individuals to make an informed choice about the care they wish to access.

### What does the standard mean for the organisation?

The organisation ensures that:
- abortion care is delivered free from stigma as part of routine sexual and reproductive health services, and
- there are pathways are in place for referral to other NHS boards and IJBs to ensure equity of care regardless of geographical area.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Documentation relating to shared decision making and informed choices for abortion care.
- Documentation of STI risk assessment.
- Information and data on waiting times for access.
- Percentage of abortions performed under 10 weeks gestation.
- Onward referrals and use of screening tools to identify gender based-violence.
- Partnership working with Violence Against Women partnerships.
- Engagement and participation with people who use services.
Appendix 1: Development of the standards

These sexual health standards have been informed by current evidence and best practice recommendations and were developed by group consensus.

Evidence base
A systematic review of the literature was carried out using an explicit search strategy devised by an information scientist based in the HIS Evidence Directorate. Databases searched include ERIC, Cinahl, Embase, Medline, ASSIA and Public Health and PsychArticles. Additional searching was done through citation chaining and identified websites, grey literature, and stakeholder knowledge. This evidence was also used to inform all relevant impact assessments.

Development activities
A standards development group, chaired by Dr Rona MacDonald, was convened in February 2019 to consider the evidence and to help identify key themes for standards development.

Membership of the standards development group is set out in Appendix 2.

To ensure each standard is underpinned with the views and expectations of staff, third sector representatives and the public, engagement throughout the development has been sought through:

- a three-week scoping engagement period
- a lived experience and third sector workshop, and
- preconsultation meetings with third sector and advocacy organisations.

Consultation feedback and finalisation of standards
Following consultation, the standards development group will reconvene to review all comments received and to make final decisions and changes relating to the standards content. More information will be available on the Healthcare Improvement Scotland website following publication of the final standards.

Quality assurance
All project group members were responsible for advising on the professional aspects of the standards.

All development group members made a declaration of interest at the beginning stages of the project. They also reviewed and agreed to the project group’s Terms of Reference. More details are available on request from:

his.standardsandindicators@nhs.scot
Healthcare Improvement Scotland also reviewed the draft standards document as a final quality assurance check. This ensures that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope, and
- any risk of bias in the standards development process as a whole is minimised.

For more information about the role, direction and priorities of Healthcare Improvement Scotland please visit:

[www.healthcareimprovementscotland.org/improvement.aspx](http://www.healthcareimprovementscotland.org/improvement.aspx)
Appendix 2: Membership of the sexual health standards development group

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Rona MacDonald</td>
<td>Consultant in Sexual Health and HIV, Sandyford Services and NHS Ayrshire and Arran</td>
</tr>
<tr>
<td>Esther Aspinall</td>
<td>Consultant in Public Health Medicine, NHS Ayrshire and Arran</td>
</tr>
<tr>
<td>Judith Ainsley</td>
<td>Head of Health Protection Policy Team, Scottish Government</td>
</tr>
<tr>
<td>Heather Bett</td>
<td>Interim Senior Manager Children Services, Sexual Health &amp; Blood Bourne Viruses and Rheumatology, NHS Fife</td>
</tr>
<tr>
<td>David Bingham</td>
<td>Scotland Health Promotion Manager, Terrence Higgins Trust Scotland</td>
</tr>
<tr>
<td>Daniela Brawley</td>
<td>Consultant in Sexual Health and HIV, Co-Chair of Scottish Health Protection Network, Sexual and Reproductive Healthcare Clinical Lead, NHS Grampian</td>
</tr>
<tr>
<td>Audrey Brown</td>
<td>Consultant, Sandyford Services, Lead of Abortion Care Providers Group</td>
</tr>
<tr>
<td>Dan Clutterbuck</td>
<td>Clinical Lead for Sexual and Reproductive Health, NHS Lothian and Clinical Lead for HIV, Chalmers Centre</td>
</tr>
<tr>
<td>Nicky Coia</td>
<td>Health Improvement Manager (Sexual Health), NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Eilidh Dickson</td>
<td>Policy and Parliamentary Manager, Engender</td>
</tr>
<tr>
<td>Shona Galbraith</td>
<td>Lead Nurse for Public Health and Protection, Sandyford Services, NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Anne McLellan</td>
<td>Consultant in Sexual and Reproductive Health, NHS Lanarkshire</td>
</tr>
<tr>
<td>Leonee Moorhead</td>
<td>Community Services Manager, Barnardo’s Scotland</td>
</tr>
<tr>
<td>Rosalynn Morrin</td>
<td>General Practitioner with an interest in sexual health, Local Medical Committee Representative, NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>Cheryl Newton</td>
<td>Inspector, Quality of Care, Quality Assurance Directorate, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Andrew Radley</td>
<td>Consultant in Public Health Pharmacy, NHS Tayside</td>
</tr>
<tr>
<td>Kate Templeton</td>
<td>Laboratory Technician, NHS Lothian</td>
</tr>
</tbody>
</table>

The standards development group was supported by the following members of Healthcare Improvement Scotland’s standards and indicators team:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly MacDonald</td>
<td>Programme Manager (until March 2020)</td>
</tr>
<tr>
<td>Rachel Hewitt</td>
<td>Programme Manager (from October 2020)</td>
</tr>
<tr>
<td>Wendy McDougall</td>
<td>Project Officer (until March 2020)</td>
</tr>
<tr>
<td>Allan Barr</td>
<td>Project Officer (from October 2020)</td>
</tr>
<tr>
<td>Paula O’Brien</td>
<td>Administrative Officer (until March 2020)</td>
</tr>
<tr>
<td>Angela Hislop</td>
<td>Administrative Officer (from October 2020)</td>
</tr>
</tbody>
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References


