Sexual Health Services

Local Report | NHS Orkney
September 2011
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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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 Orkney. The review visit took place on Wednesday 8 June 2011 and details of the visit, including membership of the review team, can be found in Appendix 1.

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

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

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

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

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

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

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

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

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### Sexual health services standards criteria

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‘Not applicable’ is used where a criterion does not apply to the NHS board under review.
Strengths
The NHS board has:

- effective leadership and a well thought out model of care providing good access to sexual health services
- an innovative and responsive approach to address remote and rural issues and make continuous improvements to services
- strong links with key partner organisations
- a comprehensive programme for sexual health and relationships education
- an efficient termination of pregnancy service, and
- high levels of long acting and reversible methods of contraception provision.

Recommendations
The NHS board to:

- arrange access to microscopy facilities to ensure a full range of sexual health services
- develop effective partner notification systems, and
- agree a structured sexual health training programme.
3 Detailed findings against the standards

Standard 1: Comprehensive provision of specialist sexual health services

Standard statement 1
A comprehensive range of specialist sexual health services is provided locally and individuals with the greatest need are treated as a priority.

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

STATUS: Not met

NHS Orkney has developed a local delivery model that ensures the population has appropriate access to sexual health services. It has spent time planning what service model would best suit the population it serves, in particular, in relation to the remote and rural nature of the area. General sexual health care provision takes place in the primary care setting and a more specialist service is available at Skerryvore GP practice in Kirkwall. A service level agreement has been established between the NHS board and Skerryvore practice which is the largest GP practice on the Orkney isles. Since January 2010, the practice has provided a sexual health service.

Orkney Health and Care, the NHS board’s only community health and social care partnership, manages sexual health services. The multi-agency sexual health and relationships strategy group is the strategic planning group that organises sexual health care across the NHS board. There are also three subgroups that report into the strategy group. The sexual health service, based at Skerryvore practice, is led by a GP with special interest in sexual health. It has good links with secondary care, as well as support from NHS Grampian sexual health service. There is good access to the service as it is open to the public Monday to Friday. There is also a young people’s drop-in clinic run every Wednesday afternoon.

Of the 14 GP practices, nine are NHS board administered and the remaining five are independent contractors. The independent practices have all signed up to a sexual health locally enhanced service to increase access to sexual health care. The NHS board has encouraged GP practices, particularly those on the outer isles, to contact the Skerryvore practice for advice and support. However, it is also possible for practices to contact the NHS Grampian sexual health service directly.

NHS Orkney offers a full range of contraception options. It has adopted NHS Grampian’s family planning guidelines for information about contraception options and prescribing. The guidelines are being adapted for local use. They have been sent to all GP practices, are available on the NHS Orkney website and the Skerryvore intranet site. Patients requiring contraception, with chronic conditions such as epilepsy or diabetes, would be seen initially by any of the GPs. In more complex cases, advice would be sought or patients would be redirected to one of the two GPs with special interest in sexual health. Advice and referral to NHS Grampian for female sterilisation is also provided. Male sterilisation procedures are carried out by the general surgeons at the Balfour Hospital, Kirkwall.
The service currently does not have access to microscopy laboratory services and is required to send samples to NHS Grampian for analysis when testing for sexually transmitted infections. However, treatment would be initiated at the time of the consultation, if required. The NHS board is unable to provide a specialist genitourinary medicine service with facilities for the diagnosis and treatment of all sexually transmitted infections. However, NHS Orkney is commended for its partnership working with NHS Grampian to meet its sexual health service needs. This addresses the practical problem in a very small NHS board of being able to provide a specialist service. It allows services to be delivered locally where possible, supplemented by an efficient referral process when necessary.

HIV testing is available from GP practices and NHS Orkney sexual health service. The NHS board reported that testing for HIV has been low and recording has also been poor. However, recent changes to the booking sheet, which now includes a sexual health risk assessment, have increased testing. The aim is to normalise HIV testing. HIV pre and post test discussion and counselling are guided by the sexual health advisers handbook. At present, there are no patients who have been diagnosed with HIV living on the Orkney isles. However, in the event of a positive test, the patient would be managed in conjunction with NHS Grampian, with care and treatment arranged most appropriately for the individual.

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

**STATUS: Not applicable**

NHS Orkney does not have a settlement of 10,000 people or above. The largest settlement is Kirkwall with a population of less than 8,000 people. Skerrvore practice, which is open Monday to Friday, is located in Kirkwall. Stromness, the second largest settlement, is also within 30 minutes travel time of Skerrvore practice.

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: 88%**

NHS Orkney routinely offers all patients an appointment at the Skerrvore practice sexual health service within 24 hours rather than questioning patients about priority conditions. For those cases where this is not possible, or declined, this is recorded. The sexual health service has capacity to offer this as numbers accessing the service are very small. An in-depth report on activity data was produced covering the first 12 months of the sexual health service. It demonstrated that of the 32 patients with priority conditions, 28 (88%) had attended an appointment within 2 days.

The sexual health service has set up a separate phone line within Skerrvore practice in order to help identify callers requiring sexual health services. The phone number is used in all patient information and sexual health services advertising. Office staff know that all calls coming through on this phone will be about a sexual health appointment or advice. A guideline is available by the phone for reception staff to follow when a same day appointment is not possible.
The NHS board is aware that patients can also present through different channels, for example, through the Skerryvore practice phone line. However, it is confident that most patients are offered an appointment within 2 days and access is very good. The sexual health service does plan to further promote the specific sexual health phone line among GPs. It may also wish to consider raising awareness of priority conditions among GPs.

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

**STATUS: Met**

In 2011, NHS Orkney carried out a sexual health needs assessment of its population to identify communities and individuals with specific needs. It also used sexual health service activity data to assess whether or not these needs were being met. The NHS board’s target groups include:

- young people, particularly those at risk of poor sexual health
- residents of outer isles where transport can be a barrier to accessing services
- lesbian, gay, bisexual and transgender (LGBT) people
- men who have sex with men (MSM), and
- people with learning disabilities.

Due to the small nature of the service, the aim has been to offer generic services and improve access as much as possible. This has been done through delivering sexual health services in a variety of settings which increases patient choice (for example GP practices, Balfour Hospital, pharmacies and the sexual health service). Also, the Skerryvore practice sexual health service is open 5 days a week, Monday to Friday. This has been especially important for those living in the more deprived areas of Orkney in the outer isles and rural areas outwith the two main towns.

Young people have also benefited from greater choice of where to access sexual health services. The young people’s drop-in clinic on a Wednesday afternoon is planned to coincide with the Kirkwall Grammar School early closing day. Much work has been done to consult young people in the development of services for them. Work has also taken place with the local authority in rolling out the sexual health and relationships education (SHARE) programme in schools. This is explained in more detail in Standard 3.

The NHS board has done much work to try and address the sexual health needs of the LGBT community living in Orkney. Although this has been a challenging group to engage with, NHS Orkney has made progress in recent months and has supported the establishment of a local LGBT group. Links have also been developed with the Equalities Network. In particular, MSM have been a difficult group to engage with and as yet there has been no contact with MSM in the sexual health clinic. Publicity campaigns in the local press and posters have been used to try and reduce anxieties about accessing services and assure MSM that a confidential and inclusive service will be provided.

The sexual health needs for people with learning disabilities have been identified through the recent learning disability health needs assessment. The learning disability group is currently looking at adapting NHS Highland’s ‘Love is’ policy to use locally and is hoping to finalise this soon.
At certain times of the year, both the student and tourist population can rise significantly and the NHS board has to respond to increased demand for services. Orkney can see up to 100,000 tourists visiting each year, most in the summer. However, the NHS board reported that capacity was not currently a problem for the service and it was able to respond to an increase in numbers. As there are minimal numbers of intravenous drug users on the Orkney Islands, this is not a target group. Additionally, the small numbers of ethnic minority groups living on Orkney have been there for many years, therefore, language and cultural differences are less of an issue.

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.

NHS Orkney sexual health service is based in Skerryvore GP practice. The Department of Health guidance notes primarily refer to specialist services in an acute hospital or purpose built building. The NHS board has, however, carried out an audit of its sexual health service accommodation in relation to the guidance as it recognises some elements are relevant to the community setting. It would appear from the audit that no significant issues were identified and staff are happy with current arrangements.

One of the key issues when trying to identify accommodation for the sexual health service was concerns regarding the perceived lack of anonymity for patients. Locating the sexual health clinic within a busy GP practice has helped to address this issue as it is not immediately obvious that patients are going into the building to access sexual health services. The importance of anonymity is of particular interest to young people. After receiving feedback, the decision was taken to relocate the young people’s drop-in clinic from the Youth Cafe in Kirkwall to the Skerryvore practice as well. This has helped facilitate better access to sexual health services for young people.
Standard 2: Sexual health information provision

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

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

STATUS: Met

The multi-agency sexual health and relationships strategy group is responsible for identifying the sexual health information needs of the local population. NHS Orkney published a sexual health needs assessment for Orkney in 2011. This includes a section on patient focus and public involvement where a number of surveys and patient feedback exercises have been included. One recommendation made by the health needs assessment was to improve public awareness of sexual health service provision throughout the NHS board, particularly, the telephone advice service. This is being achieved by advertising through the local media. The NHS board has also been offered free space in a local magazine, ‘Living Orkney’, specifically for health promotion features.

NHS Orkney has also identified information needs through partnership working with schools and the local authority. Information requests, from youth workers at the Youth Cafe and the youth committee, are one way in which information needs are identified. An informal survey was also carried out to assess what are the best media channels for communicating with young people. Additionally, the learning disability health needs assessment has also helped to find out what information needs are required by this specific group.

NHS Orkney uses a variety of information formats to communicate with the public on matters relating to sexual health. These include: posters; service information cards; topic specific leaflets; local press releases for printed media and the radio; and the sexual health website (www.sexualhealthorkney.co.uk). Materials are also displayed at various events, such as the Orkney College sexual health week, and information is also shared through education sessions. Printed materials are available in other languages on request.

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

The sexual health service uses NHS Health Scotland and the Family Planning Association leaflets for topic specific sexual health patient information. It recommends that other health professionals also use these resources. In 2008, the health information and resources service was replaced with a web-based system. Both health professionals and partner agencies can access the website for an up-to-date list of recommended resources relating to sexual health.
The sexual health lead clinician and the strategy group are responsible for reviewing any sexual health information produced by NHS Orkney. As the sexual health service operates within the Skerryvore practice, it is highly unlikely that this service would ever be cancelled. There is always a doctor available to see a patient for a sexual health appointment and, therefore, advertised opening times do not need amended.

The NHS board has recently developed a sexual health website which contains information about the sexual health service in Kirkwall as well as where else to receive sexual health advice and treatment on Orkney. There is also a page which links to other related websites for information about sexually transmitted infections and further advice and support. Another page explains the free condom service and where this operates from. Free condoms are available from GP practices, Balfour Hospital and the Youth Cafe in Kirkwall. The NHS board may wish to consider further development of the website to make best use of this resource.
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

There is evidence of active engagement with key partners to improve sexual health for young people and reduce teenage pregnancy. The multi-agency sexual health and relationships strategy group includes representation from Orkney Islands Council, including the assistant director of education, the assistant director of social work and Relationships Scotland. Relationships Scotland represents the voluntary sector as a whole on this group and links in with other organisations such as Women’s Aid Orkney and the Connect project.

One key advantage of being part of a small island NHS board has been the ability to build effective links between health, education and social work with relative ease. Good working relationships exist and networking is helped by professionals working across a range of topics. For example, the sexual health promotion officer has worked in close partnership with Orkney Island Council education department and has close links with Orkney College.

NHS Orkney has had input into Orkney College's health promotion modules. It also helped support the sexual health awareness week held at Orkney College in May 2011. The stand signposted students to the sexual health service, gave out chlamydia tests and information about safe sex amongst other things.

There are also close links with the Youth Cafe in Kirkwall where young people aged 14 and over go to socialise. Initially, the sexual health drop-in clinic was piloted at the Youth Cafe for 6 months. However, due to very small numbers using the service and feedback from a survey, the drop-in clinic was relocated to Skerryvore practice. This is where the main sexual health service is based.

Young people under 16 who live on the outer isles will find it more difficult to access sexual health services than those who live on the main island and in Kirkwall. If they do not wish to use the family GP, most under 16s would require an adult to take them at least part of the way to Kirkwall. This would need to be a week day as the sexual health service does not operate at weekends. A telephone advice line has been set up to try and address some of these issues. This telephone service has scope to increase access but requires better advertising. As this lack of choice can be a problem for some young people, the review team encourages the NHS board to consider other solutions. For example, there may be the opportunity to widen the role of school nurse to offer a basic sexual health service.
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**

Plans have begun to establish a subgroup of the strategy group to look at how to implement the Reducing Teenage Pregnancy Guidelines produced by Learning Teaching Scotland. The subgroup will also address how to ensure hard to reach young people are receiving sexual health education if they do not get it in school. It will focus on particular groups, including:

- looked after young people
- young offenders
- teenage mothers
- black and minority ethnic young people
- young people with learning disabilities, and
- LGBT young people.

The Connect project, set up by Voluntary Action Orkney, works with vulnerable young people who are not in education, training or employment and who may have left school with few or no qualifications. Some may also be under supervision orders, have a learning disability or social and family problems. NHS Orkney has good links with the project and the sexual health promotion officer has delivered sexual health information sessions to this group. These sessions are ongoing. The opportunity is also used to inform the young people about the sexual health services available to them.

The NHS board has also focused on young men as a target group to improve their sexual health. A number of years ago, an initiative to place free condoms in various barber shops took place. One of the barber shops, which many young men use, has continued to offer condoms in grab baskets. It was reported that there may even be the possibility of supplying the shop with chlamydia testing kits in the future. The health improvement team has also helped run health promotion events at the Orkney Rugby Football Club and distributed posters to venues where young men would attend, such as pubs.

A pilot condom card (c-card) scheme was set up at the Youth Cafe and run for 2 months. However, it was agreed that systems in place for child protection needed to be more robust. The review team saw the form which is completed when a young person under 16 is involved in under-age sex. However, it would encourage the NHS board to formalise child protection governance arrangements and, in particular, reporting procedures to the lead child protection individual. It would appear that the lack of robust child protection procedures has stalled the c-card scheme progress. However, there are a range of places where free condoms are available. These include: GP practices, Balfour Hospital, Orkney College, Pickaquoy Centre and the barber shop.
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**

Much work has been done to support the delivery of sex and relationship education in both primary and secondary schools. NHS Orkney is succeeding at ensuring the majority of young people are receiving comprehensive sexual health education. Within secondary schools, the SHARE programme is used. The NHS board reported that over 90% of those delivering personal and social education classes are SHARE trained. SHARE Special is used for young people with special educational needs. Within primary schools the Birds and the Bees programme is used. Additionally, the Respect course is delivered by Women’s Aid Orkney to upper primary and children in the third year of secondary school.

As well as delivering SHARE training to those who work in schools, the NHS board has also provided this training to partner organisations such as Voluntary Action Orkney, the Youth Cafe, Lifeskills Training and those involved in the Connect project. NHS Orkney is aware that it must focus particularly on young people who have left the school system without qualifications or who do not attend personal and social education classes. The sexual health needs assessment states that a further piece of work should be undertaken to identify ways to ensure that hard to reach young people are not missing out on the SHARE programme being offered in schools. As mentioned previously, a subgroup has been set up to look at how to ensure vulnerable young people are receiving SHARE in an environment suitable for them.
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

There are no local sexual health advisers in NHS Orkney. However, patients who give consent to be contacted, do have access to NHS Grampian sexual health advisers, based in Aberdeen. The NHS Grampian sexual health advisers can offer support and facilitate partner notification for all positive sexually transmitted infection tests received from NHS Orkney. If those who decline this at the point of testing later agree once a positive result is received, they can still be referred directly to a health adviser. Those who do not consent to this are managed locally, and partner notification is then the responsibility of the GP practice where the test was carried out.

The NHS Grampian sexually transmitted infection testing form was adopted in all settings, including all GP practices, from January 2010. This was seen as a way to improve access to a sexual health adviser. The NHS board reported that about half of those being tested tick the consent box to be contacted by a sexual health adviser from NHS Grampian.

Developing a robust partner notification system has proved challenging within NHS Orkney. The NHS board reported that most sexually transmitted infection testing is carried out in primary care, where information has been gathered using a variety of different systems and with varying degrees of detail. One of the biggest problems has been checking if a partner has been treated or not. This is dependent on the GP informing the sexual health service that this has been done.

The sexual health locally enhanced service includes a section where GP practices must submit partner notification data on an annual basis. However, as a number of nurses and doctors within primary care have not received formal training in this area, concerns remain about the consistency of partner notification in primary care settings.

There is also a need for a system to monitor what happens to patients who access a sexual health adviser through NHS Grampian. NHS Orkney does not have routine access to NHS Grampian’s laboratory data system making it difficult to verify if partners have attended for testing. There is some cause for concern that NHS Orkney sexual health service has not been made aware of all contacts made by sexual health advisers.
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

Other than in primary care and the sexual health service, there are no other settings delivering sexual health care. NHS Orkney is considering using pharmacies to offer testing but this is not yet agreed. The process for partner notification has been explained above.

Again, the review team encourages the NHS board to establish a more robust partner notification system to ensure that all individuals with a positive test have access to a sexual health adviser, or a professional trained and supported by a sexual health adviser. If partner notification is to take place locally, then the NHS board must ensure adequate training has been given to those involved. The NHS board should also ensure that there is a robust system to record the conclusion of all contacts.

There are various ways this could be achieved. For example, the NHS board may wish to ensure that partner notification processes are detailed in the sexual health locally enhanced service. Alternatively, a nurse-led service could be developed to address this, whereby a nurse nominated as community sexual health adviser takes responsibility for contacting all patients with a positive diagnosis.
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: Not applicable

NHS Orkney does not currently care for any patients who are HIV positive.

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: Not applicable

NHS Orkney does not currently care for any patients who are HIV positive.

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: Not applicable

NHS Orkney does not currently care for any patients who are HIV positive.
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: 74.1%**

Audit data published by the Information Services Division in 2009 show that an impressive 74.1% of women from Orkney seeking a termination had the procedure at 9 weeks gestation or earlier. Within NHS Orkney, women can have a surgical termination of pregnancy performed under general anaesthetic in Balfour Hospital day surgery unit. Women who wish a medical termination or a surgical termination under local anaesthetic are referred to NHS Grampian and would travel to Aberdeen for their procedure.

NHS Orkney is aware that its small population and small numbers of terminations carried out annually means that individual cases can have a big impact on its statistics from year to year. The NHS board has, therefore, ensured that it has quick and efficient referral systems which it audits. A referral guideline is in place detailing the process for arranging a termination of pregnancy at the Balfour Hospital and Aberdeen Royal Infirmary. This has been circulated to GPs.

Further steps to improve the service offered to women by NHS Orkney are in progress. The NHS board is developing formal referral pathway documents for terminations. Also, discussions are ongoing with NHS Grampian to develop an Orkney based medical termination of pregnancy service based on a successful NHS Grampian model.

| 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 Orkney has mechanisms to ensure that women are offered a range of contraception options at the time of termination of pregnancy. As surgical terminations are carried out from a general day surgical unit, GPs are asked to discuss contraceptive options with women in advance of them attending the unit. Through the sexual health locally enhanced service, GP practices are rewarded for ensuring that women have a suitable method of contraception in place within 4 weeks of a termination of pregnancy. NHS Orkney has also introduced a system for any woman having a termination who does not have a reliable method of contraception to start immediately after their procedure. Such women are offered a same day consultation with a GP from the sexual health service. This appointment is to discuss and arrange contraceptive options before discharge.

NHS Grampian processes are followed for women from Orkney undergoing a termination of pregnancy at Aberdeen Royal Infirmary. There is a standard form completed for every woman having a termination. This records the discussion with regards to future contraception and details the leaflets provided to supplement the discussion. It also documents the chosen method or action taken on the day.
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: 67%

Local audit data show that following a termination of pregnancy, 67% of women attending Balfour Hospital leave the unit with one of the more effective methods of contraception. Performance was first audited by the NHS board in October 2010 and showed that it was falling short of the criterion. An action plan was, therefore, put in place to address shortcomings and audited again in March 2011. The more recent audit showed that 100% of women left the unit in Balfour Hospital with an effective method of contraception in place. NHS Orkney has also obtained data from NHS Grampian showing that the service provided in Aberdeen exceeds the target required by this criterion.

Women can have an intrauterine device or contraceptive implant inserted or a contraceptive injection administered by a general surgeon before leaving the unit. One of the actions taken by the NHS board, following its first audit, was to ensure that the surgeons have implants and intrauterine devices available to them in the event that the woman’s GP has not given her the device or implant to bring with her.

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

There are a variety of settings through which women can access post termination of pregnancy counselling if required. These include the woman’s own GP practice, the Orkney sexual health service, the alcohol counselling and advisory service, and the community mental health team. Contact numbers for these services are detailed in the termination of pregnancy information leaflet provided to all women. In addition, a local psycho-dynamic psychotherapist is available in certain circumstances.

GP practices and the sexual health service would always be able to offer a counselling appointment well within 4 weeks. The alcohol counselling and advisory service does not have a waiting list at present. The community mental health team would generally be able to offer an appointment within 3 weeks.
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**

The NHS board reported that MSM would be able to get the hepatitis B vaccination from the sexual health service or from any of the GP practices. Therefore, offering a choice of where this vaccination is available. However, during the first 18 months of the sexual health service, no patients identified themselves as MSM. Engagement with MSM is identified as a key priority by the sexual health service. An action plan has been developed to try and address some of the complex problems that surround this engagement.

The sexual health locally enhanced service which covers the five independent GP practices (not the 11 NHS board appointed practices) includes a section on care of MSM and administration of hepatitis B vaccination. It rewards practices for engaging with and trying to improve access for this patient group.

A GP guideline has also been developed and distributed to all GP practices throughout NHS Orkney. The MSM guideline includes guidance on offering hepatitis B vaccination and information about raising awareness of its availability. This can be done by using posters in GP waiting rooms as well as adding information to practice websites and leaflets. However, there are still very few men who identify as MSM in primary care.

Information about hepatitis B is also on the sexual health service website. There are further plans to add a page, equating to a quarter of the website, aimed at LGBT people. It is also proposed that a section specifically relating to sexual health matters is added to the NHS Orkney public health website.

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: Not applicable**

No patients have identified themselves as MSM during the first 18 months of the sexual health service.
Standard 8: Intrauterine and implantable methods of contraception

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

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

STATUS: 73.5 per 1,000

Key clinical indicator audit data for 2009–2010 show that 73.5 per 1,000 women of reproductive age are prescribed intrauterine and implantable methods of contraception. The team commended NHS Orkney on this, as it is the highest rate of use across all Scottish NHS boards. The NHS board is, therefore, confident that it has good awareness of and easy access to long acting and reversible methods of contraception (LARC).

The NHS board reported that this may be due in part to the national LARC awareness raising campaign but also coincides with the opening of the new sexual health service. The service has been well advertised among GPs and the public and was set up to address access problems that are experienced by patients who live in the more remote areas of Orkney.

The sexual health locally enhanced service data report for 2009–2010 shows that four of the five independent practices provide some form of LARC service. Most LARC fittings take place at the Skerryvore practice. The NHS board is also looking at how to increase the choice of where to have a LARC fitted for women registered at the Skerryvore practice.

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

STATUS: Met

Of the 14 GP practices, five provide implantable contraceptives and three provide intrauterine contraceptives for their own patients. The availability of these services is dependent upon a small number of individuals. There is also a challenge for professionals keeping skills up to date as there are small numbers of women requiring the service. Those practices that are unable to provide LARC services can refer by email, post or telephone to the sexual health service. Patients can also self-refer by phone or in person. It would appear that patients from a wide geographical area are accessing the service.

The NHS board is considering updating the sexual health locally enhanced service next year to include an inter-practice referral option. This may help to improve access for women on the outer isles as well as help to maintain the competency levels of those who fit LARC contraceptives.

The NHS board is currently developing a section on the NHS Orkney public health website specifically for sexual health matters. This will include information about LARC referral pathways. The sexual health service also plans to put together a comprehensive sexual health folder. This will contain local information about sexual health services, referral pathways and contact details for advice and be sent to all GP practices and clinical
areas. This is due for completion by the end of June 2011. In the meantime a mini-pack has been sent out to all GP practices with a request for feedback. The sexual health folder will be of particular benefit to GPs due to the quick turnover of many doctors and locums on the Orkney isles.

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

**STATUS: Met**

A majority of LARC fittings are carried out by the sexual health service in Kirkwall. When patients self-refer for any matter, a same day appointment is offered. This includes LARC counselling. A record is kept when this is not achieved or if a patient declines. The sexual health service has audited its performance in this area and put in place an action plan to address any problems causing delays. Patients from more remote areas of Orkney are offered a telephone consultation initially. The NHS board reported that it is difficult to provide data for other GP practices that carry out LARC fittings as these data are not routinely collected. However, the NHS board is confident that a consultation appointment with the service is available within 5 working days.
Standard 9: Appropriately trained staff providing sexual health services

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

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

STATUS: Not met

NHS Orkney offers various training events and courses to staff involved in providing sexual health services, such as the Sexually Transmitted Infection Foundation Course and chlamydia updates. In 2011, a training needs analysis was undertaken in order to map training already delivered locally as well as identify future training needs. However, there does not appear to be an agreed programme of training in place but rather ad hoc events from time to time. The review team commended the NHS board for carrying out a training needs analysis. The team encourages the NHS board to establish a structured training programme based on findings from the training needs analysis.

It was apparent that there is disparity between the different types of GP practice (independent and NHS board appointed) in the support for training events and the level of service offered. Also, the level of expertise in sexual health among GPs can depend very much on what skills GPs come to post with. It is particularly important that a structured approach to training is taken due to the high number of locums in post and movement of staff. Training opportunities have been advertised and open to all healthcare staff and, where appropriate, other non-NHS staff. Health promotion staff, nurses and pharmacists have attended many of the educational courses and sessions provided.

In recognition of the fact that a number of GPs and practice nurses had not undergone formal partner notification training, the sexual health service organised a training session in 2010. A sexual health adviser travelled from Aberdeen to deliver the session. Unfortunately, due to another educational event occurring on the same date, numbers attending were small.

A regular email newsletter, ‘What’s new in sexual health’ is sent out to GP practices from the lead clinician which provides updates on guidelines, training and local developments. As well as contacting the sexual health service, GPs are also able to directly contact the NHS Grampian specialist sexual health service for support and advice. Much support for training is provided by NHS Grampian.
Appendix 1 – Details of review visit

The review visit to NHS Orkney was conducted on 8 June 2011.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Gordon Scott (Team Leader)</strong></td>
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<tr>
<td>Consultant in Genitourinary Medicine, NHS Lothian</td>
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<tr>
<td><strong>Maggie Gurney</strong></td>
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<td>Lead Clinician for Sexual Health, NHS Dumfries &amp; Galloway</td>
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<td><strong>Margaret McArthur</strong></td>
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<td>Lead Nurse in Sexual Health, NHS Forth Valley</td>
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<td><strong>Bill May</strong></td>
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<tr>
<td>Public Partner</td>
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<tr>
<td><strong>Healthcare Improvement Scotland staff</strong></td>
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<td><strong>Nanisa Feilden</strong></td>
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<tr>
<td>Programme Manager</td>
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<tr>
<td><strong>Catriona Foley</strong></td>
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<tr>
<td>Project Officer</td>
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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>
</tr>
<tr>
<td>LGBT</td>
<td>lesbian, gay, bisexual and transgender</td>
</tr>
<tr>
<td>MSM</td>
<td>men who have sex with men</td>
</tr>
<tr>
<td>SHARE</td>
<td>sexual health and relationships education</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.