Healthcare Improvement Scotland is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.healthcareimprovementscotland.org). The full report in electronic or paper form is available on request from the Healthcare Improvement Scotland Equality and Diversity Officer.

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

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www.healthcareimprovementscotland.org
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1 Setting the scene

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

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

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

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

Background

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

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

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

About this report

This report presents the findings from the sexual health services peer review visit to NHS Greater Glasgow and Clyde. The review visit took place on 11 January 2011 and details of the visit, including membership of the review team, can be found in Appendix 1.

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

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

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

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

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

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

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

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

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<th>Sexual health services standards criteria</th>
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**Strengths**

The NHS board has:

- developed innovative approaches to tackle sexual health inequalities across its population
- a strong culture of audit and evaluation, and
- robust training and development of staff and partner workers.
Recommendations

The NHS board to:

- better meet the sexual health needs of prisoners
- increase the rate of sexual health screens carried out at least once every 12 months among HIV+ adults, and
- improve early access to termination of pregnancy services, particularly in primary care.
3 Detailed findings against the standards

Standard 1: Comprehensive provision of specialist sexual health services

Standard statement 1

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

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

STATUS: Met

The NHS board’s main provider of specialist sexual health services is Sandyford Central in Glasgow city centre. A wide variety of services are provided here to meet the sexual, reproductive and emotional health needs of the population it serves. These include: testing and treatment for all sexually transmitted infections; contraception advice and fitting; counselling services; and a number of specialist clinics. There is also a specialist sexual health library open to the public. The Brownlee Centre, Gartnavel General Hospital, Glasgow, manages the ongoing treatment and care of HIV patients in the area.

There are nine community hubs and eight satellite clinics, set up in strategic locations, which provide local specialist sexual health care. They are integrated with Sandyford Central, using the same electronic records system and protocols, and the same Sandyford brand name. There is at least one hub in each of the six community health and care partnerships and the part-time satellite clinics are linked with the hubs. Primary care also provides a wide range of contraceptive and sexually transmitted infection services at GP practices and health centres.

The sexual health planning and implementation group is responsible for the strategic planning of these services. The lead director for sexual health chairs this group. There are a number of subgroups which operate under this planning group. These include six community health and care partnership interagency local planning groups which work across the NHS board’s six local authority areas. There is strong clinical leadership in place which has led to service improvements over the last 10 years. In many respects, the Sandyford model is an exemplar model of care in Scotland.

A full range of reversible methods of contraception is available at all Sandyford clinics. Contraceptive services are also available in primary care and some GP practices fit contraceptive implants under a local enhanced service agreement. Male sterilisation is offered at Sandyford Central, which also undertakes vasectomies for other NHS boards. Female sterilisation is referred to the acute gynaecology unit. Complex contraception clinics are also available to women with chronic conditions, such as diabetes and epilepsy. These are held at Sandyford Central and a number of the hubs with a consultant-led reproductive health clinic.

Diagnosis and treatment for all sexually transmitted infections is available at each Sandyford clinic. Protocols for the treatment of sexually transmitted infections are available on the Sandyford website and used by clinicians across the services. These protocols are
kept up to date and reviewed quarterly by a clinical effectiveness group. There are three onsite laboratories at Sandyford Central, Sandyford Renfrewshire and Sandyford Inverclyde. Same day results are therefore available in these locations as well as all other hubs through a rapid transport delivery system. Results can be entered into the NHSScotland sexual health system (NaSH) directly from the laboratory and patients can be recalled on the same day of testing for treatment if necessary.

HIV testing is available at all Sandyford sites as an opt-out model and is part of a routine sexual health screen. For those people attending with one or more risk factors, they are referred to a sexual health nurse advisor for pre-test counselling. The test is also available in primary care, antenatal settings and at the Brownlee Centre. The counselling and support team is a specific counselling service offered by the NHS board to those who are affected by blood borne viruses (BBV), including HIV. A liaison psychiatrist is also available to those who wish this service.

It is clear that the NHS board recognises the importance of good sexual health across its population. NHS Greater Glasgow and Clyde reported that the delivery of effective and efficient sexual health services and health improvement programmes is a priority. This is evident in the way services have been developed and resources made available.

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

**STATUS: Met**

Sandyford Central provides a full-time, 5 days a week integrated sexual health service with drop-in appointments in the centre of Glasgow. The nine hubs provide 2–5 days a week of specialist sexual health care. The eight satellite clinics support the hubs. This model of care ensures that all settlements of over 10,000 people have access to a minimum of 2 full days per week of integrated local specialist sexual health service provision available within 30 minutes driving time.

The nine hubs are: East; East Dunbartonshire; East Renfrewshire; Inverclyde; North; Renfrewshire; South East; South West and West Dunbartonshire. Hubs are led by trained sexual health nurses with a number of sites having sexual health/genitourinary medicine consultant sessions. All hubs offer drop-in appointments, youth specific services and counselling. Activity at hubs is monitored regularly and reports are produced to monitor access and compare data across the hub sites.

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: 83%**

The West of Scotland sexual health managed clinical network carried out two audits in February and October 2010. The October 2010 audit shows that 83% of individuals were offered an appointment within 2 working days or less. February 2010 results were not stated. The NHS board reports that it may continue annual audits.

All Sandyford services offer drop-in appointments on each day of opening. It is reported that this accounts for around 60% of all Sandyford activity. Clients are triaged appropriately
so that those with priority conditions are seen on the same day or next working day. Staff are regularly reminded of triage protocols through regular communications. There are same day bookable evening appointments available at Sandyford Central. This means that a person, unable to be seen at the drop-in service, can return that same day if they wish.

In response to the findings of the 2009 Information Services Division mystery shopper survey, the telephone answering system was changed to direct callers to Sandyford Central number when a hub is closed. Healthcare professionals can also access a helpline should they need to contact a sexual health nurse for advice regarding a patient. It was reported that this is a popular route of referral for GPs into the Sandyford service.

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

STATUS: Met

NHS Greater Glasgow and Clyde has developed targeted services for communities and individuals living within the NHS board area. There are specific challenges for the NHS board. These include high levels of deprivation, high teenage pregnancy rates, high alcohol usage, health needs of asylum seekers and men who have sex with men (MSM), as well as higher levels of prostitution and trafficking. The NHS board has an inequalities sensitive health service to tackle these inequalities and respond effectively to marginalised groups.

To promote more localised planning of services, the strategic sexual health planning and implementation group has worked in partnership across the six community health and care partnerships to provide key local sexual health data. For example, Inverclyde Community Health and Care Partnership has identified high sexually transmitted infection rates in young people, sexual health needs in HMP Greenock and unprotected sex amongst MSM as key local priorities. Another initiative that has helped shape service is the Gay Men’s Involvement Project, which consults with gay and bisexual men on policy, resources and service improvements. Although the NHS board has undertaken many localised needs assessments, it is encouraged to undertake a more strategic needs assessment across all its population.

Some targeted groups listed by NHS Greater Glasgow and Clyde include:

- those living in areas of deprivation
- vulnerable adults
- MSM
- men and women sex workers
- those who have suffered from sexual assault
- those with learning disabilities
- homeless people
- transgender people, and
- non-English speakers.
The NHS board has a large number of projects and initiatives to help deliver services to these groups. These include:

- the Steve Retson Project - a three evenings a week service for gay men
- Base 75 - a specialist hub for women involved in prostitution
- the Open Road Project - a service for men involved in prostitution which helps to fast-track access to Sandyford (this project has also established the Glasgow Male Prostitution Network)
- the Archway - the Glasgow sexual assault and referral centre provides forensic medical examination, counselling and support for those affected by rape and sexual assault, and
- Thrive - a service for men who were sexually abused as children and are at risk of suicide.

In 2009, nursing staff at Sandyford Central launched a learning disability protocol and subsequent training. Anyone attending a Sandyford hub can access the ‘Feeling Good’ service. Partner organisations also use a ‘Feeling Good’ card to ensure people with learning disabilities can be fast-tracked within the system. There is also a homeless sexual health service based at Hunter Street Homeless Health Centre. It facilitates fast-track appointments for contraception and sexually transmitted infection testing as well as outreach projects.

There are two prison populations within the NHS board area: HMP Barlinnie and HMP Greenock. The NHS board has tried, over a number of years, to find out the health needs of its prison population by developing a prisons needs assessment. There have been many challenges, such as issues with the ethics committee and the high turnover of inmates at HMP Barlinnie. The NHS board should continue to progress this work further and find new and innovative ways to address the sexual health needs of its prison population. The blood borne virus work and the transfer of prison healthcare services could open opportunities to further develop sexual health work in prisons.

Another challenge for the NHS board is to provide a sexual health service for those hard to reach groups who do not attend Sandyford clinics, such as sex workers, some MSM and travelling communities. Additionally, joint working with Glasgow City Council has taken place to examine the social and health needs of prostitutes in Glasgow city centre. In particular, looking at reasons behind why women end up in prostitution.

1.6 The standard of specialist sexual health service accommodation conforms with recommendations made by Department of Health, Health Services Building Notes and the Monks report.

The NHS board has used the West of Scotland managed clinical network audit tool to undertake a systematic review of accommodation in Sandyford Central and all its hubs. The NHS board is currently reviewing accommodation in all satellite clinics. A full report will be available in February 2011.

The standard of facilities across the NHS board has improved in recent years, in particular in the last 10 years as the Sandyford service has grown and matured. Specialist sexual health services are provided in 19 NHS board-wide locations. A number of accommodation improvements were highlighted by the NHS board. In particular, the phased development of Sandyford Central including reception and waiting area reconfigurations, creation of safe spaces for the Thrive service and library, and information space upgrades. One of the hubs,
Sandyford East, has received a design award. A number of improvements have been made since the audit took place, such as equipment replacement and better signage.

There are challenges in some locations that operate within shared accommodation. Sandyford Renfrewshire and Sandyford Inverclyde have plans in place to relocate these services as the current accommodation is less than satisfactory.

Senior management have helped support the drive to improve the standard of accommodation. Through the audit, a comprehensive baseline has been set which will help to measure improvements in the future.
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 sexual health communication and media governance group takes on the strategic role of planning and agreeing all sexual health and relationship information needs for the people of NHS Greater Glasgow and Clyde. It works across various other strategic sexual health groups within Sandyford including the planning and implementation group. Through this network, the population’s information needs are identified.

The NHS board’s public health protection unit, the sexual health improvement team and clinical staff work closely to ensure adequate provision of information in a variety of formats. Partnership working with the Sandyford community access co-ordinator and voluntary agencies also facilitates this process.

Information about services and sexual health is provided in various formats. These include: the public education resource library, an online catalogue of public health information; the Sandyford website; information sheets, leaflets and booklets; online podcasts; and social marketing campaigns. The website is very popular with many hits each week and has a BrowseAloud function. Information leaflets are available in a number of languages as well as some in Braille. All hubs are able to reserve books through the dedicated public lending library and information service at Sandyford Central.

Some noteworthy examples of materials produced by the NHS board include:

- the ‘HIV – What you need to know’ resource
- the leaflet for older people ‘Sandyford – a brief introduction for people over 50’, and
- materials for the 2009–2010 social marketing campaign ‘Make your position clear’ for MSM; this campaign was co-ordinated across three NHS boards.

The NHS board also produced a sexual health emergency leaflet which was advertised during the festive period.

There is also a photo story board featured on the Sandyford website for those with learning disabilities. This explains the process of a visit to a ‘Feeling good’ clinic. There is also, if desired, an opportunity for individuals to meet the relevant member of staff before the visit. Staff have been trained to support the needs of individuals with a learning disability while they receive treatment and care. The NHS board is also raising awareness of its services with parents and carers, the voluntary sector and local councils. It is also developing materials to support carers.
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 communication and media governance group systematically reviews all information held and provided by the NHS board. A rolling programme of audit of leaflets, booklets and web content is in place. This group also considers requests for new resources from staff.

The NHS board has a range of information available on its website which is reviewed by its steering group. The website also has a feedback/comments section, as well as a phone line for requests or suggestions by professionals or the public.

Each Sandyford hub has local information leaflets detailing services. These have been sent to local community groups, agencies and GPs. Nurses in the hubs also play a key role in informing local partners about sexual health services.

A challenge for NHS Greater Glasgow and Clyde is to ensure that up-to-date information leaflets are made available throughout its network of hubs and satellites. This can be particularly difficult where services operate within shared accommodation units. The NHS board may use spot checks in future to check information available within hubs and primary care settings.
Standard 3: Services for young people

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

STATUS: Met

NHS Greater Glasgow and Clyde engages with local key partners through its six interagency sexual health planning groups. Through these groups it works closely with the six local authorities that cover the NHS board area to improve sexual health for young people and reduce teenage pregnancy.

A service level agreement has been developed between South West Glasgow Community Health and Care Partnership and local partners, such as social work services, Culture and Sport Glasgow Youth Services department and the Calm project (YMCA Glasgow) to provide two priority young people’s health and advice sessions. One is in Pollock (the Place @ Pollock) and the other in Govan (the Place @ Govan). However, there appears to be some uncertainty over the future funding of these valuable young people’s services.

The NHS board, in partnership with its six local authorities, has produced training and educational materials for schools. There are ongoing discussions with education colleagues to unblock the Sandyford website in schools. This has not yet been achieved as many of the denominational schools are reluctant to allow access. The NHS board is encouraged to continue to take forward access in non-denominational schools. This has been achieved in other NHS boards.

The youth health service project in Maryhill offers a confidential weekly drop-in service for young people aged 12–19. It was established in 1999 as a multi-agency response to address inequalities in health and opportunities in the Maryhill/Woodside catchment area. Partners include Culture and Sport Glasgow and north community addictions team.

The NHS board is also engaging with young people to address their views and what they want out of a sexual health service. For example, an independent evaluation on Sandyford’s young people’s services was carried out and over 250 young people were interviewed in Glasgow. In addition, Sandyford’s community access co-ordinator regularly monitors the user reviews of all services, including ‘the Place’ which is a youth priority service.

The 2010 Sandyford young people’s survey highlighted a desire for a Saturday clinic. Prior to the implementation of the hub model, a Saturday clinic had been run but numbers had fallen and it was not possible to keep this open. Available resources were moved to open a Friday clinic. Activity at the clinic has remained the same. It is noted that more young people are attending generic clinics and not specific clinics for young people.
3.6 Targeted interventions are demonstrated for young people at greatest risk of teenage pregnancy and poor sexual health, including looked-after children.

STATUS: Met

NHS Greater Glasgow and Clyde has engaged with a local authority to look at one of their most vulnerable groups – looked after and accommodated children. In partnership with Glasgow City Council it has developed staff policy and guidance for those who work with looked after and accommodated children. Relevant staff training has been rolled out for residential care staff. Night staff are now in the process of being trained. Work is also progressing with foster carers to support them to encourage good emotional and sexual health among the young people they care for. The NHS board has plans to implement the policy, guidance and training across the remaining five local authorities.

Maternity services have recently been restructured and support for young mothers is arranged in a three tier model. For the most vulnerable, a link midwife is appointed. A support base has been set up for young women with children where they can access specific social care and health services. After giving birth, information and advice is given on contraception. A longer acting and reversible method of contraception (LARC) can be administered by the link midwife if required.

Due to the restructuring of the maternity services, it is too early to evaluate the effectiveness of interventions in teenage pregnancy. The NHS board is also trying to further engage young fathers but is finding this challenging. Consideration should be given to increasing interventions in early years and youth development work in the NHS board’s efforts to reduce teenage pregnancy. NHS Greater Glasgow and Clyde acknowledges gaps in this area and, in particular, with a lack of funding in youth work.

Consultant-led specialist clinics for vulnerable young people run twice a week at Sandyford Central. Referrals come from looked after and accommodated children’s nurses, the young women’s project, social workers, school nurses, Archway project, paediatricians, and from internal Sandyford staff. The lead nurse for young people at Sandyford meets regularly with the looked after and accommodated children’s nurses team in Glasgow City.

The Sandyford-based young people’s outreach co-ordinator has links with a number of facilities and projects for young people. These include: the Good Shepherd secure unit, Bishopton, which caters for young women; the Blue Triangle Housing Association which supports homeless teenagers to live independently; and the young women’s project for young women who have been sexually exploited.

There is also a Sandyford-based young people’s alcohol worker who carries out one-to-one alcohol brief interventions and group health improvement work. This worker also works with young people to explore and address links between alcohol, drug use and their sexual behaviour.
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**

Each of the six community health and care partnership interagency sexual health planning groups has a sexual health and relationships education working group with responsibility for developing training materials for teachers. Training materials have been developed during the last 6 years by these groups and implementation has now begun. In Glasgow City Council, it is expected that teaching staff in non-denominational schools will be trained by the end of the 2011 academic year. The intention is to roll this out in denominational schools during 2012–2013. Progress has been made in running training days within Glasgow City Centre and some community health and care partnerships. This model is to be rolled out across the remaining community health and care partnerships.

A joint initiative between NHS Greater Glasgow and Clyde, NHS Ayrshire & Arran and NHS Lanarkshire produced the BeBook series. The booklets are aimed at 13–15 year olds to help discuss sex and relationships.

The Talk2 programme and website is a resource designed to support parents and carers in Glasgow to talk to their children about growing up, relationships and sex. It is a joint initiative between the NHS board and Glasgow City Council.

Sandyford’s young people’s outreach co-ordinator works across a large number of agencies to deliver sexual health awareness-raising workshops to professionals who work with vulnerable young people. The agencies include: social work intensive care services; the Princes Trust; and Apex Scotland (working with young offenders). Awareness-raising and capacity building sessions for staff have taken place at Abercorn (school for pupils with additional support needs); Glasgow Life; Blue Triangle Housing Association; Urban Fox (voluntary project for young people in the east of Glasgow); and PEEK (possibilities for east end kids) among others.
**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 (e.g., a practice nurse), is available to all individuals diagnosed with chlamydia or gonorrhoea.

**STATUS: Met**

All individuals diagnosed with chlamydia, gonorrhoea or any other sexually transmitted infections have access to a sexual health adviser or a professional trained and supported by a sexual health advisor. If an individual has tested positive in a specialist sexual health service, they have direct access to a sexual health adviser. If an individual is tested in primary care, the NHS board ensures access to a health adviser through the shared care initiative between specialist services and primary care. The initiative allows all positive test results to be forwarded to the Sandyford-based health advisor team. A community sexual health adviser then liaises with the GP practice to provide advice and support.

The health advisor team provides ongoing support, advice and education for the management of chlamydia, gonorrhoea and other sexually transmitted infections to GP practices and throughout primary care. A support telephone line for professionals is available during normal working hours. Training and education programmes are also available for healthcare professionals in primary care.

This approach to shared care is commended. It offers a more comprehensive and consistent service which has built confidence and skills within primary care. Few individuals are not happy to consent to such information being shared. This has helped to normalise sexually transmitted infection testing. The NHS board should evaluate the effectiveness of this approach.

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

**STATUS: Met**

The shared care initiative encourages completion of uncomplicated partner notification by practice staff. Where more complex partner notification issues arise, these are referred to Sandyford Central. Primary care guidelines for sexual and reproductive health address partner notification and many GP practice staff are trained to do this.

The Youth Health Service is the one remaining youth service offering sexually transmitted infection testing outside the Sandyford brand. It is supported by the shared care initiative and receives advice on health advising issues. The lead nurse for this service is trained in uncomplicated partner notification.

NHS Greater Glasgow and Clyde does not currently have pharmacy sites offering chlamydia or gonorrhoea testing. This was decided after a pilot in two community pharmacies showed this did not increase sexual health screening.
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: 91%

Audit data show 91% of adults receiving ongoing HIV care have the result of syphilis serology taken within the preceding 6 months recorded in their HIV records.

The Brownlee Centre provides ongoing care and treatment for HIV patients. During the preceding 12 months and up until March 2010 the Centre saw 1,188 patients. This large cohort has been increasing by approximately 10–15% each year since 2005. HIV patients are managed by a multidisciplinary team including consultants from both infectious diseases and genitourinary medicine. The cohort includes individuals from many different backgrounds and includes those seeking asylum, refugees and pregnant women.

Blood samples are taken from HIV patients on a regular basis, every 3–4 months, in order to manage their condition. Following national recommendations, the Brownlee Centre has tested for syphilis routinely in these blood screening tests since 2003. Patients may decline the test if they wish and any who miss these regular blood monitoring visits are contacted with reminders.

The date and result of each syphilis serological test is documented electronically on the Brownlee summary sheet. This is printed off and inserted in the paper HIV case record. The Brownlee Centre database shows that 1,082 of 1,194 electronic records in the 6-month period prior to September 2010 have a documented syphilis serology result. NHS Greater Glasgow and Clyde has a strong culture of audit within its sexual health services.

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: 82%

Audit data from the Brownlee Centre show that 82% 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.

The NHS board carried out two audits. One, in 2009, of 94 new patients, and the other, in 2010, of 91 new patients. In the most recent audit, 75 of the 91 patients presenting to the Brownlee Centre for the first time had their sexual and reproductive history documented within 4 weeks. The 2009 data show similar figures. These audits show significant improvement when compared to historical data.
Advice is given about how to prevent the onward HIV transmission with each newly diagnosed HIV patient. Condoms are available from sexual health services and are also distributed to a number of health and commercial venues. The NHS board has reorganised its new condom card (c-card) scheme and has appointed a c-card co-ordinator. This will ensure vulnerable groups, such as MSM, young people and those diagnosed with HIV have access to condoms. Staff are aware of the sensitivities of discussions about condom use and contraception as they recognise that some female HIV+ patients may want to become pregnant.

The NHS board has responded to the changing health needs of its population, in particular, the reproductive health of its African cohort. It is finalising detailed pathways of care as the complexity in this area grows.

When discussing preventing transmission of HIV, an individual assessment of each patient is made to assess risk factors. Some staff trialled cognitive behavioural therapy training to address at risk behaviour. Staff have also been trained in motivational interview techniques to support patients.

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: 67%**

Audit data show that 67% of adults receiving ongoing HIV care have an offer of a sexual health screen at least once every 12 months.

Sample audit data from 2010 show that 66 out of the 99 patients receiving ongoing HIV care had a documented offer of a sexual health screen within the past 12 months. This is an increase from the 2009 audit which showed that 47% had been offered a sexual health screen. This is due to a number of interventions including staff education and training in sexual health assessment and documentation; enhanced sexual health component at HIV clinics; and provision of sample collection kits in HIV outpatient clinics.

The Brownlee Centre is implementing a range of measures to improve the offer and documentation of sexual health tests for individuals living with HIV in the NHS board area. These include: enhanced support by sexual heath advisors; increased space to deliver interventions; and improved documentation of offers/tests on the Brownlee pro-forma summary sheet. These will be implemented by March 2011. A repeat audit is planned for September 2011.
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: 62.4%
Over 3,200 terminations were performed in acute hospitals across NHS Greater Glasgow and Clyde in 2009. Audit data published by the Information Services Division in 2009 show that 62.4% of women seeking a termination within NHS Greater Glasgow and Clyde had the procedure at 9 weeks gestation or earlier. This performance rate has steadily improved since 2003.

Women with an unplanned pregnancy can be referred by their GP to one of seven hospital-based consultation clinics across the NHS board area. Women can also self-refer to the termination of pregnancy assessment and referral (TOPAR) service provided at the six Sandyford community sites. The TOPAR service offers direct admission for medical termination up to 18 weeks, and surgical termination up to 12 weeks. 50% of women seeking a termination in the NHS board area access the TOPAR service. The work undertaken by the TOPAR service is commended.

It can take longer for women to access termination procedures if they are referred through their GP. The review team recommends that the NHS board introduces a centralised booking system, or equivalent process, to ensure equity of access for all women. However, the review team recognises that standardising computer systems is challenging. The NHS board should also investigate any variations in access to services across individual hospital sites, to ensure that women have consistency of early access to termination of pregnancy services.

Several initiatives have been undertaken to improve client access to termination of pregnancy services. These include: patient information leaflets; improvements to the Sandyford website; provision of early discharge medical termination; and expansion of the services provided by Sandyford. The geographical location of local termination assessment clinics at the Sandyford hubs improves access for women, particularly within areas of deprivation.

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 Greater Glasgow and Clyde has mechanisms in place to ensure that women are offered contraception at the time of termination of pregnancy. An integrated care pathway is completed for all women attending the termination of pregnancy service. The pathway includes information on the client’s previous and future choice of contraception. Each site providing a termination of pregnancy service has a range of contraceptives available. These
include: condoms; combined and progestogen only pills; injectable; implant; and intrauterine methods.

All women seeking termination of pregnancy are referred to an assessment service either at a Sandyford hub clinic or an outpatient gynaecology unit. Trained specialist gynaecologists or nursing staff consult with women to advise them on their contraceptive options. NHS Greater Glasgow and Clyde has a training programme for gynaecology nursing staff to support them to fit contraceptive implants.

### 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: 77%**

NHS Greater Glasgow and Clyde has a database which records information on the method of contraception chosen by women undergoing termination of pregnancy. A 2010 audit shows that 94% of women chose to use a method of contraception following a termination. However, not all women receive contraception on the day of termination. Women may change their decision on the day, or the method of contraception might not be available or appropriate at the time of termination. Also, the NHS board does not provide intrauterine device/intrauterine systems contraception to women on the day of medical termination. These women are advised to attend a Sandyford clinic or their GP at an interval of 4 weeks to have an intrauterine device/intrauterine systems fitted.

It is challenging for the NHS board to ensure that women who had had a termination of pregnancy are fitted with LARC. An audit of TOPAR patient case notes in summer 2010 shows that 77% of women left the termination of pregnancy unit with a reliable method of contraceptive such as oral, injectable, implant, intrauterine device or intrauterine systems. An increasing number of women are choosing implant contraception following termination of pregnancy. There has also been a rise in the number of contraceptive implants fitted on the day of termination. In 2010, 80% of women who chose a contraceptive implant had it fitted prior to leaving the ward.

### 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**

Sandyford Central provides a dedicated post termination of pregnancy counselling service for women and their partners from across NHS Greater Glasgow and Clyde. In addition, each of the Sandyford hub clinics has a generic counselling service, which can offer post termination counselling locally.

All women attending the TOPAR service are informed of the counselling service and provided with an information leaflet. The leaflet is also available on the Sandyford website and within the Sandyford waiting areas and library. Women undergoing a termination are given a detailed information leaflet regarding their chosen method of termination and the availability of a counselling service.

The majority of appointments for post termination of pregnancy counselling are made by self-referral. Staff arrange the appointment date for the client at the time of request. An audit undertaken in summer 2010 showed an average waiting time of 25 days for the appointment from the date of request.
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**

NHS Greater Glasgow and Clyde has arrangements in place to offer MSM a choice of access to hepatitis B vaccination through a variety of clinical settings. These include sexual health clinics and GP practices.

The NHS board commissions the charity Gay Men’s Health to undertake outreach work to promote the benefits of hepatitis B vaccination. This includes the use of volunteers and promotion through the charity’s website and magazine. Hepatitis B vaccination is also advertised on the Sandyford website. The gay men’s sexual health strategy group action plan includes specific outcomes for the promotion of hepatitis B at all locations where gay and bisexual men are tested for HIV. Locations include the Brownlee Centre, primary care, Sandyford clinics and specialist health services. Many MSM receive hepatitis B vaccination by attending a community-based specialist sexual health service.

There is anecdotal evidence that a small minority of GPs do not accept that the vaccination is covered under the general medical services contract. The NHS board’s public health protection unit regularly reminds GPs that hepatitis B vaccination is covered by the general medical services contract, with the exception of occupational or travel risks. A specific MSM resource pack has been sent to all GP practices across NHS Greater Glasgow and Clyde. GPs also receive training on BBV and hepatitis.

The West of Scotland managed clinical network has developed a draft hepatitis protocol for NHS boards. The protocol is due to be ratified by the NHS board’s BBV strategy group in March 2011. Hepatitis B vaccination is currently included in safer sex guidelines and BBV awareness training for staff.

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: 78%**

Since 2005, there has been significant reorganisation within the NHS board to integrate services to provide generic sexual health for all clients through a single point of access. There has been a notable increase in the number of MSM presenting at all points of access. To meet this demand, NHS Greater Glasgow and Clyde provides MSM-focused workshops and a programme of workplace-based learning for staff. This is supported by a Sandyford MSM protocol and regular review of MSM performance data at educational meetings. Consultants provide feedback to clinical staff concerning deviations.
from clinical protocol. This encourages clinical personnel to focus on the importance of immunisation for MSMs and to report back on reasons for not providing this.

The hepatitis B immunisation programme for MSM is regularly audited. Results of audits undertaken in summer 2010 indicate 78% of eligible patients have received at least one dose of the hepatitis B vaccine. This figure has been steadily increasing over the years. The review team commends the high rate of vaccination of MSM attending specialist sexual health services.
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: 69.2 per 1000

The key clinical indicator report for 2009–2010, published by the Information Services Division, shows that NHS Greater Glasgow and Clyde prescribed 69.2 per 1,000 women of a reproductive age with implants, intrauterine device or intrauterine systems methods of contraception. This is a four-fold increase in LARC uptake over the past 5 years across the NHS board area. This is largely due to initiatives undertaken with primary care, acute sector gynaecology and specialist sexual health centres.

NHS Greater Glasgow and Clyde has worked to raise awareness and increase the uptake of LARC within the primary care setting. A LARC resource pack has been distributed to all GP practices across the NHS board area. Contraceptive implant training sessions are provided by Sandyford aimed specifically at primary care staff. There is also a local enhanced service agreement for contraceptive implant provision within primary care. Data show primary care was prescribing 27% of all implants across the NHS board area compared to 21% in 2008–2009. A mapping exercise was also undertaken for each community health and care partnership area to highlight any gaps in service provision to enable local practitioners to identify and improve client access to LARC.

Acute gynaecology nurses and gynaecologists have been trained to increase the rate of LARC provided to women at the time of termination. In 2010, over 25% of women having a termination of pregnancy were fitted with a contraceptive implant on the day of termination.

Sandyford has made improvements, including the expansion of service delivery to local hubs, to ensure women have greater access to LARC. Sandyford Central has also introduced a drop-in service to support women requesting prompt fitting of LARC. In 2010, 36% of intrauterine and 58% of implant contraceptives were fitted at drop-in sessions.

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

LARC services are available at Sandyford central, at the nine community health and care partnership-based hub clinics and at the eight satellite services. Contraceptive service providers who do not provide LARC refer women to Sandyford. A range of referral mechanisms are in place including referral letters, telephone calls, verbal advice to women or through the national Scottish Care Information gateway system. NHS Greater Glasgow and Clyde has primary care guidelines advising all practitioners to offer a full range of contraceptive services either by direct provision or by referral to a specialist service.
8.4 A consultation appointment with a service providing intrauterine and implantable contraceptives is available within 5 working days.

**STATUS: Met**

All the Sandyford clinics offer a range of drop-in and bookable contraceptive services. Sandyford Central offers drop-in services 5 days each week, the hubs offer between 2–5 days each week, the satellites 1 day each week. Sandyford Central offers LARC fitting at drop-in services each weekday, thereby providing LARC fitting within 24 hours where clinically appropriate. A large number of LARC clinic lists are available for women who prefer to book an appointment for LARC fitting. Appointment waiting times are routinely reviewed. Audit results from 2010 show an average waiting time of 2.6 working days for a LARC fitting appointment. All GPs are reportedly able to see their patients 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: Met

NHS Greater Glasgow and Clyde supports health professionals providing sexual health interventions to demonstrate knowledge gained from post registration courses and continually develop within their role. All Sandyford consultants hold a relevant Certificate of Completion of Training as specialists in sexual and reproductive healthcare or genitourinary medicine. All staff have a Sandyford-wide induction which includes training on core aspects of values, policy, strategy, partnership working and equality. There is a weekly in-house teaching and training programme at Sandyford covering the range of disciplines. Non-medical staff receive a pro-rata paid study allowance. The majority of non-trainee doctors are provided with dedicated time for non face to face clinical activities.

Sandyford is accredited by the Royal Colleges for postgraduate specialty or sub-specialty training in sexual and reproductive health and genitourinary medicine. Sandyford has six higher training posts for genitourinary medicine and two higher training posts for sexual and reproductive health. Sandyford follows the NHS Education for Scotland national competency frameworks for nurse training and career framework for nursing in sexual and reproductive health. Specific training initiatives include: supporting nurses to undertake non-medical prescribing qualifications; regular audits of nursing skills; development of competencies; and internal role-based support groups for staff.

Partnership working with the West of Scotland managed clinical network for sexual health has led to a variety of improvements. These include: revision and sharing of information protocols and training for staff; competence development; and introduction of regional training roadshows for non-clinical sexual health staff.

Sandyford is accredited for the Educational Providers Accreditation Scheme Scotland. It supports improvements in clinical standards by providing external and internal training events for primary care and acute providers. Training includes: the Sexually Transmitted Infection Foundation Course for GPs and GP trainees; BBV training; sexual health adviser training; and shadowing sessions for community pharmacists to support non-medical prescribing competency. Each professional group within primary care is required to adhere to codes of practice set by regulatory bodies such as the Nursing and Midwifery Council and the General Medical Council. Staff in the acute setting providing sexual health services are required to adhere to the continuing professional development requirements of their relevant college.

NHS Greater Glasgow and Clyde is commended for its rolling training programme, skills audits and cross-agency partnership training.
### Appendix 1 – Details of review visit

The review visit to NHS Greater Glasgow and Clyde was conducted on 11 January 2011.

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### Appendix 2 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BBV</td>
<td>blood borne virus</td>
</tr>
<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>NaSH</td>
<td>NHSScotland sexual health system</td>
</tr>
<tr>
<td>TOPAR</td>
<td>termination of pregnancy assessment and referral</td>
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</tbody>
</table>
We can also provide this information:

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

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