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 Highland. The review visit took place on 25 November 2010 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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**Strengths**

The NHS board has:

- a robust and proactive approach to delivering services for young people
- made considerable efforts to improve access to services, and
- improved the review process for people living with HIV.
**Recommendations**

The NHS board to:

- further integrate services in Argyll and Bute Community Health Partnership with the rest of NHS Highland
- review assurance and accountability arrangements especially for the service level agreement with NHS Greater Glasgow and Clyde
- find suitable accommodation for the service to expand into, and
- expand the NHS Highland sexual health web page to better meet the information needs of its population.
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 Highland has five operational units which manage the health needs of its population. These are the four community health partnerships (North Highland, Mid Highland, South East Highland and Argyll and Bute) and Raigmore Hospital, Inverness. Sexual health services are managed by Mid Highland Community Health Partnership and the main sexual health clinic is located at Raigmore Hospital. A number of smaller clinics are also held less frequently in other locations across NHS Highland. These clinics are: Wick, Thurso, Fort William, Mallaig, Invergordon, Skye, Aviemore, Dunoon and Helensburgh. The Aviemore clinic operates under a national enhanced service. The Dunoon and Helensburgh clinics operate under a service level agreement between NHS Highland and NHS Greater Glasgow and Clyde. This service level agreement means that many of the sexual health services used by people living in Argyll and Bute are provided by NHS Greater Glasgow and Clyde.

A full range of contraception options is available to the Highland population. These include intrauterine and implantable contraceptives at most GP practices. When this is not available, a referral pathway is in place to another GP practice or contraceptive service provider. Specific referral pathways for women with chronic conditions were not seen by the review team. Brook Highland undertakes much of the sexual health work for the under 25 age group, including counselling, testing and offering contraception. Male and female sterilisation is not provided by the service but is referred to either the gynaecology or surgical team.

Facilities for diagnosis and treatment of all sexually transmitted infections in both men and women are available in NHS Highland through the various sexual health clinics and in some GP practices. Certain specialist areas, such as HIV care, psychosexual issues, erectile dysfunction and syphilis are provided at the central clinic at Raigmore Hospital.

Brook Highland provides a service for HIV testing and counselling for those under 25. This service is based in Inverness. In 2004, the Highland sexual health service changed from an opt-in to an opt-out HIV testing policy. Numbers of those being tested for HIV have risen steadily over the years and, in 2008, records show that 2,698 individuals were tested within NHS Highland.

NHS Highland was one of the first NHS boards to integrate genitourinary medicine and family planning services in 1998. However, since Argyll and Bute Community Health Partnership became part of NHS Highland, it has remained quite separate in planning and
everyday service provision. It was notable that Argyll and Bute Community Health Partnership has a distinct identity from the other four operational units. Common management protocols exist across the service apart from in Argyll and Bute Community Health Partnership which has its own protocols. Referral pathways are also different which may be acceptable under the service level agreement. However, there is a need for NHS Highland to establish more robust measures to monitor the service level agreement and quality assure service provision in Argyll and Bute Community Health Partnership. For this reason, the review team considered that further service integration was required in order to meet the standard across the whole NHS board area.

A large number of local enhanced services have been developed across NHS Highland at various GP practices and health centres. The implementation of the local enhanced services has brought better access to sexual health services for the more rural population. The local and national enhanced services particularly impressed the review team.

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 met**

Inverness, Fort William and Helensburgh are the three settlements within NHS Highland which have a population of over 10,000. Raigmore Hospital runs various genitourinary medicine and contraceptive clinics which cover at least 2 full days per week. Although these are not integrated clinics, staff in Raigmore Hospital are able to work across both specialties and, therefore, meet the needs of either client group.

The clinic held at Belford Hospital, Fort William, has increased its service provision since January 2010. It currently offers one full day of integrated specialist sexual health care a week, with evening clinics provided three evenings each month. This does not meet the criterion. However, NHS Highland explained that there is ongoing evaluation of service provision. Further development of the service will depend on demand as well as funding being available.

Very little information was given about the service provided in Helensburgh. Although, NHS Greater Glasgow and Clyde provides specialist sexual health services for the Argyll and Bute Community Health Partnership, it is still necessary for NHS Highland to be aware of how and what services are being provided in all of its community health partnerships.

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

**STATUS: Data not available**

Many of the staff, including administrative support, who provide sexual health services in NHS Highland, are part-time. The NHS board, therefore, has invested in an electronic telephone system to better monitor call patterns, log missed calls and provide a voicemail system. However, it was not clear when this system will be put in place. It was also unclear if there was just one number across the whole of NHS Highland, with Raigmore Hospital triaging callers and directing them to appropriate clinics, or if there were other numbers for
different areas. Once the system is up and running, it will help to verify if 80% of individuals with priority sexual health conditions are offered the opportunity to be seen within 2 working days of initial contact with the service.

A local audit was carried out in the genitourinary medicine department between September 2009 and January 2010. It showed 96% of patients who contacted and were subsequently seen by the genitourinary medicine department were offered an appointment to be seen within 48 hours. The audit did not cover any other sexual health clinics within NHS Highland. It was also noted that this was a retrospective audit. Only those patients who were actually seen by a genitourinary medicine clinician were questioned. It did not cover all those who possibly could have contacted the department but who were not seen.

Although data from the Information Services Division key clinical indicator mystery shopper exercise in 2009 suggest there is not a major problem with access to services, these only reflect a point in time. More regular monitoring reports would help build a better picture of quality of access. In particular, of those who contact the service when staff are not there or unable to answer phone calls. Patients who attend clinics without an appointment, but who have symptoms of a priority sexual health condition, are seen that day as every clinic has an ‘emergency’ slot to accommodate this.

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

STATUS: Met

NHS Highland’s sexual health and relationships strategy (2006–2011) identifies the service’s ‘at risk’ or vulnerable groups. A significant piece of work was done during the development of the strategy to engage with interested parties within the local population. This consultation formed the basis of selecting priority groups. The groups identified are:

- young people
- lesbian, gay, bisexual and transgender (LGBT)
- black and minority ethnic groups, including gypsy travellers
- the learning disabled
- termination of pregnancy clinic attendees
- remote and rural populations
- patients whose first language is not English
- prisoners
- homeless people
- substance abusers
- commercial sex workers, and
- those in areas of urban and social disadvantage.

Considerable efforts have been made to target these communities and/or individuals with specific needs. One example of good practice was a pilot project at Fort George to screen for chlamydia. Fort George is the primary army base in the Highlands and can house between 550 and 600 soldiers at any one time. About half are under the age of 25. In 2008, NHS Highland successfully delivered an information session for 80 staff and screened 57.
Another example of work to target hard to reach groups is the fortnightly blood borne virus (BBV) clinic set up at HMP Inverness (Porterfield Prison). The clinic was established in 2009 after joint working took place between NHS Highland, the BBV team and the prison health staff to treat and manage those diagnosed with hepatitis C in the prison.

Following a report by the nurse consultant for learning disabilities on the uptake of cervical screening in women with learning disabilities, further work and discussion has taken place. A longer appointment for this client group can now be booked. Information sharing has also increased to facilitate better sexual health care for individuals with learning disabilities. For example, the same nurse consultant was invited to speak at an update day to highlight the issues for women with learning disabilities attending specialist and GP services for testing and advice. The multi-agency Highlands learning disabilities and relationships group developed a ‘Love is’ policy and training materials to be used by professionals in both health and the local authority. It was unclear if this policy and materials were also used or made available in the Argyll and Clyde Community Health Partnership.

NHS Highland has a number of voluntary partners and a long established record of funding the voluntary sector to provide specialist LGBT and black and minority ethnic services as well as services for young people. The Terrence Higgins Trust and Brook Highland have carried out various pieces of work for the NHS board and help support the provision of sexual health services. Much good work is being done by these organisations but it was noted that lots of work appeared to focus on Inverness. The work carried out by the Terrence Higgins Trust on behalf of NHS Highland has recently been taken over by Waverley Care and the challenge is now to preserve the continuity of service.

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.

Currently, all sexual health clinics take place within hospital premises which conform to legislation regarding disabled access and fire regulations. The main sexual health clinic is in Raigmore Hospital and has to share premises with the dermatology department. For the most part, each service has sole use of the clinic space for specified sessions. Some improvements have been made recently such as soundproofing one of the consultation rooms. Administrative staff are to be relocated to Dingwall and this should release some office space.

In Belford Hospital, some changes have been made to help with privacy in the waiting area. The new hospital in Invergordon has soundproofed rooms and a purpose built waiting area. However, accommodation does not conform with recommendations made by the Department of Health HBN12 guidance notes. The NHS board has not said how it intends to meet the requirements of this guidance.

Staff told the review team that relocation of the main sexual health clinic has been on the agenda of management and accommodation groups for a number of years but very little progress has been made to date. The main challenge identified has been funding. The need to identify dedicated accommodation that is fit for purpose remains a significant challenge for the NHS board. The lack of suitable premises is holding up further service development and expansion.
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

NHS Highland uses a wide range of general data sources to identify the local information needs of its population. The consultation work done during the development of the sexual health strategy also included information requirements for a cross-section of the population. This work was carried out some years ago. The review team encourages the NHS board to ensure it is still providing relevant information to its population.

NHS Highland has a variety of formats in which information about sexual health conditions and services is available. These formats include the NHS Highland sexual health web page, DVDs, games, training packs, books, leaflets and posters. These resources are held within NHS Highland’s health information and resources service. The health information and resources service electronic database is also accessible through the NHS Highland website by professionals (eg health, teachers, youth workers, social work, etc) and the general public.

The review team noted that information for people living within Argyll and Bute Community Health Partnership is provided by NHS Greater Glasgow and Clyde in accordance with the service level agreement. The NHS board also explained that Argyll and Bute Community Health Partnership has a separate sexual health website detailing local service information. The review team viewed this as satisfactory, but considered that there should be greater links between all parts of NHS Highland. If the NHS board has different sexual health websites, it should be made clear to the public why and how this works with clear links between the sites.

The NHS Highland sexual health web page contains minimal information about services and clinic locations. The webpage also has some links to national websites for further information about conditions and support. A Texthelp link is available to those accessing the website with visual impairment. Some translated materials are available through its translated materials web page. However, the NHS board should expand the web page to include more detailed information, relevant links and local information leaflets.

Information about services has also been provided through advertisements in the Phone Book, Yellow Pages and Vue Cinema magazine. Some marketing campaigns have been undertaken using local radio stations. Press releases, comments and briefings are also used.

Other initiatives to share information have included representation at key local events such as Rock Ness, and through the Terrence Higgins Trust and Brook Highland at community health events and University freshers’ fairs. Some more local schemes and projects have also taken place under the six local sexual health forums that exist across NHS Highland. For example, the ‘happy healthy sex life’ campaign carried out by Argyll and Bute forum in
2009–2010 which saw local newspaper articles published, pocket-sized leaflets being distributed and posters produced.

The sexual health forum in Skye and Lochalsh has developed an insert for school diaries in two local schools containing sexual health information. This forum, along with Lochaber sexual health forum, has also produced information cards about sexual health services available in their areas.

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

STATUS: Met

NHS Highland follows quality assurance procedures to ensure information produced and available for both professionals and the public is up to date. Resources added to the health information and resources service library are quality checked by relevant staff and forms must be completed with details of the resource and review dates. Information is sourced with care and the senior health promotion specialist is central to ensuring the accuracy of sexual health information. The NHS board made the point that it cannot police all information that is in the public domain, but works hard to share accurate information, with help from partner organisations.

Brook Highland provides information for young people in a variety of formats including leaflets and posters as well as on its website. It also offers one to one information and via a telephone advice line. It operates across most of NHS Highland but does not cover Argyll and Bute Community Health Partnership. Brook Highland identified a need for translated materials and was able to develop and produce these resources with support from NHS Highland.

Since 2006, the Terrence Higgins Trust has played a key role in providing sexual health related information and advice to the public, particularly to those considered to be at greater risk of HIV. The Terrence Higgins Trust operated across the whole of NHS Highland. It provided one to one advice and over the telephone; it installed posters, leaflets and pamphlets in clubs, pubs, public toilets, gyms, shops and other public areas; operated outreach services to the men who have sex with men (MSM) community and others; and ran a series of training workshops for healthcare professionals, voluntary sector workers and Highland Council staff. The work carried out by the Terrence Higgins Trust on behalf of NHS Highland has recently been re-tendered and Waverley Care is now assuming responsibility for HIV sexual health promotion. The challenge for NHS Highland, therefore, is to preserve continuity of service.

Much progress has been made between NHS Highland and Highland Council since realising some schools were providing inaccurate sexual health information. Working together, protocols are now in place to allow input from healthcare professionals and ensure information in schools is correct and balanced. This work continues. Further joint working is helped by the senior health promotion specialist post being part funded by Highland Council.

After identifying gaps in the provision of information at both a local and national level, NHS Highland has worked with NHS Greater Glasgow and Clyde and NHS Lanarkshire
to produce a sexual health booklet aimed at children and young people. This pooling of resources is commended.

Responding to such communication challenges across a vast geographical area remains a priority for NHS Highland. As it seeks to respond to this challenge creatively and with increasing resourcefulness, it should look at further development of a Highland-wide sexual health website.
Standard 3: Services for young people

**Standard statement 3**

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

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

**STATUS: Met**

NHS Highland has a robust and proactive approach to delivering services for young people. It has worked together with local partners to set up an inter-agency sexual health group. This group reflects key components of the national strategy, Respect and Responsibility. The list of members of NHS Highland’s sexual health strategy group includes executive and clinical leads in sexual health; local authority leads for sexual health in Highland Council and Argyll and Bute Council; community health partnership and GP representatives; voluntary organisation managers; and the governor of Porterfield Prison amongst others.

There are also six local sexual health forums set up throughout NHS Highland. The forums include professionals from NHS Highland, Highland Council, Argyll and Bute Council and the voluntary sector. Young people have been involved in some of these meetings but it is not always easy for them to attend. Therefore, views of young people are sought by different means, such as contact with the local youth parliament, Highland Youth Voice. The NHS board realises that views and opinions from Highland Youth Voice may not always be totally representative of all young people and other channels are also encouraged.

Argyll and Bute Community Health Partnership has also established youth health drop in forums to help professionals access up-to-date information and provide networking opportunities and discussion forums. The NHS board has been working closely with Highland Council to prepare a response to the draft national guidance on underage sex.

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 Highland has identified priority young people groups which include: young people who live in areas with a high incidence of deprivation; young people with learning disabilities; young people who are looked after and accommodated by statutory services; and young people from migrant and minority ethnic groups, including young people from travelling backgrounds.

Brook Highland has focused its work to target some of these priority groups, particularly in areas with high levels of deprivation. It works alongside projects such as the Bridge Project, a unit based in Inverness which caters for young people who have been excluded from school; Into Work projects; Drummond School (for young people with additional support needs); and Inverness College. An example of good practice is the Saturday clinic provided by Brook Highland so that young people find it easier to access services, especially for those who are travelling from across the Highland area.
The sex and relationships education materials delivered in schools includes a programme for those working with young people who have special educational needs. Brook Highland also works in settings for young people with learning disabilities and organises presentations and guided group familiarisation visits of the centre.

Brook Highland has developed translated materials for young people in Polish, Latvian, Lithuanian and Chinese. In particular, a need was identified to provide details about local sexual health services and basic information about how to protect against unintended pregnancy and/or sexually transmitted infections.

There is a dedicated looked after and accommodated children’s nurse who addresses the health needs, including sexual health, of this group. The looked after and accommodated children’s nurse provides sex and relationships education based on the sexual health and relationships education (SHARE) model. When necessary, she will refer young people on to the sexual health service and ensure information is shared appropriately.

NHS Highland is also very aware of the difficulties faced by young people, who live in rural and remote areas of the Highlands, in accessing sexual health services. NHS Highland has tried to ensure clinics and centres are located close to schools and is continuing work to improve this.

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

STATUS: Met

NHS Highland takes a proactive approach when it comes to supporting the delivery of sex and relationship training among professionals who work with young people. This can be seen in the work it has done to implement training courses in sex and relationships aimed at those working in a school setting. Those working in primary schools attend training based on Channel 4’s Living and Growing series. Those working in secondary schools attend training based on SHARE, the nationally developed sex and relationships education programme. Training is offered to a range of professionals, including teachers, school nurses, youth workers and others. The review team was particularly impressed by the fact that NHS Highland provides half the cost of the supply cover to allow for teachers to attend these courses.

The Terrence Higgins Trust also had a key role in offering sex and relationships education training to professionals who work with young people outside of schools. Training courses included: Basic HIV; Sex and the Law; Understanding Sexuality; and Talking to Young People about Sex. Sixty-two people attended these training courses and included carers, social workers, charity workers and healthcare workers. Although every effort was made to cover rural areas, and a large number of training events were organised to take place across the Highlands, it proved difficult to get sufficient numbers of attendees to justify running the events. Therefore, training courses only took place in Inverness, Dingwall and Oban.
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**

NHS Highland has arrangements in place so that all individuals diagnosed with chlamydia or gonorrhoea within the NHS board area can access a sexual health adviser if they wish. Patients diagnosed with chlamydia or gonorrhoea at Raigmore Hospital are seen or contacted by a sexual health adviser. Patients diagnosed within the local sexual health clinics are contacted by a community sexual health adviser. Patients tested positive at Brook Highland, community pharmacies, the social gynaecology clinic, hospital wards, Porterfield Prison clinic, and the Terrence Higgins Trust are referred to the Raigmore Hospital clinic. Those who test positive for chlamydia or gonorrhoea in primary care are also referred to the community sexual health adviser. This can be done by phone, letter, email or fax.

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

**STATUS: Met**

Individuals who test positive for chlamydia or gonorrhoea and agree to be contacted by a sexual health adviser are offered treatment and partner notification. Most referrals to the Raigmore Hospital clinic for partner notification now come from primary care. This has been a high priority for the community sexual health adviser who has engaged with GPs on this matter. She has also provided training to practice nurses to undertake simple partner notification. The referral rate for partner notification from primary care to a trained sexual health adviser was around 5% in 2002. This had risen to around 40% in 2009.

NHS Highland could further refine its process for partner notification in primary care and encourage champions among practice nurses to do this, especially those working within the local enhanced services providers.

To try and increase the uptake of male testing for chlamydia, NHS Highland purchased over 800 tester kits and provided support to community pharmacies to offer tests on their premises. Unfortunately, the uptake was very low and the NHS board is now considering supplying schools with the kits instead.
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: 86%**

Data from a recent audit show that 86% 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 and this is updated at 6 monthly intervals. The audit was of all new HIV patients from January 2009 who are receiving ongoing HIV care. Six of the seven patients were offered a syphilis serology test.

NHS Highland has recently improved documentation to detail care of HIV+ patients. It has developed a monitoring form to be used for all HIV consultations. The form has been adopted by all clinic staff where HIV infection is managed (Raigmore Hospital and Belford Hospital). HIV+ patients who live in Argyll and Bute are managed by NHS Greater Glasgow and Clyde under the service level agreement. No data were submitted in relation to these patients.

The NHS board took the preparation for the visit as an opportunity to review all new diagnoses of HIV cases. It has since added this as a standing agenda item on the HIV meeting group. The peer review of case notes for all newly presenting HIV patients is an example of good practice, although this was only possible due to the small numbers of patients seen each year.

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: 93%**

A recent audit shows that 93% of HIV+ adults presenting for the first time have their sexual and reproductive history taken. The audit was of all new HIV patients from January 2009. Of the 15 new adults, one did not have their sexual and reproductive history taken. The remaining 14 all had this completed.

The new documentation, used at every HIV consultation, reminds staff to document sexual and reproductive history. The form also reminds staff to discuss prevention of onward transmission and offer condoms. Condoms are also made freely available in all clinics and are placed in waiting rooms in baskets.
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: 86%

A recent audit shows that 86% of adults receiving ongoing HIV care have been offered a sexual health screen, including a chlamydia test, at least once over the last 12 months. If a sexual health screen has not been required or if it was declined, this information is documented. The audit was of all new HIV patients from January 2009 who were receiving ongoing HIV care. Of the seven patients, one was not offered a sexual health screen.
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: 53.4%

The key clinical indicator report on 2009 data, published by the Information Services Division, shows 53.4% of women in NHS Highland seeking termination of pregnancy are undergoing the procedure at 9 weeks gestation or earlier. The NHS board has taken a number of steps to address this and improve the level of service offered. The remoteness of NHS Highland is an issue for the NHS board, with only one clinic offering the service. This clinic is located at Raigmore Hospital meaning significant travel for some patients. The NHS board has put in place a system of telephone consultations with long distance patients to pre-arrange visits and minimise time in Inverness. Additionally, it now provides the first part of the medical abortion at Caithness Hospital for service users living in Wick. This reduces their need to travel to Inverness from three times to two.

NHS Highland considers that there may be a delay in referrals from GPs to termination of pregnancy clinics. The NHS board is addressing this through increased promotion of telephone referrals from GPs and self-referral to services. The NHS board also intends to roll out further training to GPs and administrative staff at GP surgeries early 2011. Increased promotion of the self-referral services is recommended, including use of the NHS Highland sexual health web page. The NHS board stated that it was challenging to find appropriate ways to sensitively promote termination of pregnancy clinics and work is ongoing around this.

NHS Highland has expanded its termination of pregnancy services. This has increased the number of inpatient beds to 17 per week from 11 and it now provides two additional clinics per month. In Argyll and Bute, service users have full access to termination of pregnancy services located in Glasgow. These patients can be referred via their GP or self-refer as in Highland. NHS Highland continues to monitor progress and has conducted an audit from April to November 2010 of the Raigmore Hospital clinic. This audit demonstrates significant progress, with 69% of procedures being carried out within the specified timescale.

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 Highland has put in place mechanisms to ensure that women have access to and are offered contraception at the time of termination of pregnancy. When a woman goes to a GP practice to discuss termination of pregnancy, future methods of contraception will also be discussed and combined oral contraception pills prescribed if this is the preferred method.
At the termination of pregnancy clinic, future contraception is incorporated into the integrated care pathway ensuring where possible that the woman leaves with the requested contraception. There is a fully trained sexual and reproductive health doctor at all the termination of pregnancy clinics who can provide specialist advice in contraception.

Where possible, patients requesting an intrauterine device or an implanted contraceptive will have it fitted before they leave the ward. If there is no one available to fit this then a specific contraceptive pro-forma is completed and an appointment made for a later date. The NHS board is auditing the instances where this happened and later resulted in a ‘no show’ at a sexual health services clinic.

There is a range of contraceptive leaflets provided in a wide selection of languages. These are available on the ward where terminations are carried out to ensure an informed choice. On discharge, every patient is given a chlamydia pack and their choice of contraception and this is noted on the discharge notification document.

<table>
<thead>
<tr>
<th>6.3</th>
<th>60% of women leave the facility with one of the more effective methods of contraception (hormonal oral contraceptives, intrauterine devices or contraceptive implants).</th>
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</table>

**STATUS: 74%**

Following a termination of pregnancy, 74% of women leave the facility with one of the more effective methods of contraception. As discussed previously, there is a comprehensive system for ensuring that information is provided to women on the types of contraception available to inform their decision.

The service has conducted two audits to monitor this, both resulting in figures greater than 70%. The NHS board noted that in 2010, contraceptive implant use was reduced from the 2009 figure. This was due to access to trained personnel and follow-up appointments being required. Changes to the way the service is delivered is expected to address this, including moving the time of the week the abortion clinic is scheduled.

<table>
<thead>
<tr>
<th>6.4</th>
<th>Post termination of pregnancy counselling to provide psychological support is available within 4 weeks for women (and their partners) who request it.</th>
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</table>

**STATUS: Met**

NHS Highland has moved towards a nurse-led service for termination of pregnancy within the social gynaecology department. Post termination of pregnancy counselling is provided on an as required basis. There are multiple referral channels from healthcare professionals and women are also able to self-refer.

Women are given an information leaflet when they arrive at the clinic which states that any patient can get back in touch with the service at any time and includes contact numbers. The social gynaecology nurse has a bleeper, mobile phone and answering machine service that is manned on a regular basis.

The integrated care pathway for the service states twice that a counselling service is available. Women are informed of this upon initial taking of their history and then on the day of the termination.
The NHS board used funding from Respect and Responsibility to enhance the counselling service with additional staff time. This has ensured that all patients are seen within the 4-week time period. At the time of the visit, NHS Highland stated that the uptake of post termination of pregnancy counselling has been poor. However, special arrangements are made to ensure effective access is available when required.

In Argyll and Bute, GPs usually undertake post termination counselling, with referrals on to the psychology service as and when required. Brook Highland, who provide sexual health services to the under 25s in the Highland area, also have counsellors available on a drop-in basis to provide psychological support with regards to any aspect of pregnancy and termination. Rurality is again an issue with regards to accessing services and ensuring large amounts of travel is not necessary. Therefore, telephone consultation is increasingly being used.
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 Highland demonstrated that there are arrangements in place to offer hepatitis B vaccination in a variety of clinical settings including all sexual health clinics, GP practices operating under a local enhanced service and at the Terrence Higgins Trust centres throughout Highland. The sexual health clinic form includes standard questions with regards to same sex relationships. If a service user is identified as a man who has sex with men then he is provided with the relevant information to support a decision about vaccination. This is done through discussions with practitioners and further supported by information leaflets.

The Terrence Higgins Trust Highland has established a patient group direction that outlines the process for the supply and administration of the hepatitis B vaccine. It was also reported that the Terrence Higgins Trust has successfully run an outreach programme for MSM that increased the number of vaccinations given.

Hepatitis B and vaccination is a core teaching theme within the annual sexually transmitted infection foundation courses. The need to consider the requirement for hepatitis B vaccinations and to administer if necessary has been included within local enhanced services. Training has been rolled out to GPs to ensure they are fit to practise in this area. The NHS board stated that the uptake within the primary care setting has been poor. It was suggested that this is due to a reluctance to discuss sexual orientation in this environment, particularly given the rurality of some of these areas. Further awareness raising of this issue at future training events is encouraged.

Waverley Care has assumed responsibility for the HIV sexual health promotion contract from 1 November 2010 which was previously held by the Terrence Higgins Trust. A challenge for the NHS board will be to manage the transition period successfully to ensure that Waverley Care continues the good work of the Terrence Higgins Trust.

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: 83%

In NHS Highland, 83% of eligible patients have received at least one dose of hepatitis B vaccine. The NHS board has undertaken a detailed case note review to ensure this continues to be a priority. The NHS board has also used this case note review to assess how many patients receive the full three doses of the vaccine. The audit conducted
between July 2009 and July 2010 shows that 50% of men attending the clinic received the full three vaccinations required.

The NHS board has a system in place to remind patients to attend for a vaccination or titre check. Each patient is contacted at least once via text message, email or phone call. It is anticipated that this will further improve the number of MSM completing the course of vaccinations.
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: 64.8 per 1,000
The key clinical indicator report on 2009–2010 data, published by the Information Services Division, shows that NHS Highland prescribes 64.8 per 1,000 females of reproductive age intrauterine and implantable contraceptives per year. This is an improvement from the previous year’s report which showed that 57.8 per 1,000 females were being prescribed long acting and reversible methods of contraception (LARC).

Further training for health professionals in LARC and encouraging them to offer this method of contraception when women attend for advice has increased uptake of LARC. Training in LARC has been provided at the annual Highland sexual health update day and included in other annual training courses. Practical training to ensure healthcare professionals obtain approved competence in contraceptive implants and intrauterine insertions has also been provided. Practice nurses, Brook Highland staff, gynaecology nurses and midwives are also included in this training.

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
A short email survey was undertaken across all GP practices in 2010 to find out which practices provided LARC services and, if not, were appropriate referral pathways in place. Of those that responded to the survey (around 50%) who did not provide the service themselves, all had an agreed mechanism in place for referring women for intrauterine and implantable contraceptives.

There are a number of GP practices across NHS Highland that operate within the local enhances services agreements to provide contraceptive services, including LARC provision. Brook Highland also offers intrauterine and implantable contraceptives. When a trained LARC fitter is not available, the woman can be referred on to a specialist clinic or the relevant GP service.

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

STATUS: Not met
Although NHS Highland informed the review team that a consultation appointment was usually available within 5 working days, no audit data were submitted to support this. In particular, it was unclear if this was also the case in all local enhanced services practices providing intrauterine and implantable contraceptives.
A fast-track appointment service to fit a LARC for those who have had a termination of pregnancy is available. There are also fast-track referral pathways in place and longer appointments for looked after children and those who have a learning disability. Given the geography of the area, if a woman had to travel over 30 miles to a clinic or practice, a phone consultation can also be offered if this is preferred.
Standard 9: Appropriately trained staff providing sexual health services

<table>
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<th>Standard statement 9</th>
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<tr>
<td>All staff who deliver sexual health services are adequately and appropriately trained.</td>
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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

Healthcare professionals providing sexual health interventions in both generic and specialist services are supported to gain post registration training and development opportunities. Sexual health services within NHS Highland have not undertaken a training needs analysis, although training needs for the specialist service have been identified for 2010–2011. Learning needs and professional development goals are detailed in personal development plans.

All new NHS Highland staff receive a general induction to the organisation that covers topics such as hand washing and child protection. An example of good practice is that all staff in the specialist sexual health unit at Raigmore Hospital have received alcohol brief intervention training. A number of nurses have been supported to undertake post graduate studies in sexual and reproductive health as well as three nurses in the specialist service graduating as non-medical prescribers. Medical staff working in contraceptive services have undertaken the Sexually Transmitted Infection Foundation Course. Administrative staff have attended minute taking courses, sexually transmitted infection surveillance system coding days and observational visits to other departments, eg gynaecology.

The specialist service runs a monthly audit and information afternoon which clinical staff are invited to attend. This time is used for training and education purposes and topics can be suggested by staff. Feedback from conferences attended by colleagues may also be discussed as well as any recent changes to national guidelines and protocols.

The NHS board provides an annual Diploma of the Faculty of Sexual and Reproductive Healthcare and the Sexually Transmitted Infection Foundation Course for healthcare professionals working throughout the various local enhanced services practices in NHS Highland. In addition, there is an annual sexual health update training day offered to all health professionals. This course is well attended and has been made even more accessible by changing the time of year to better suit GP work schedules. The yearly update is not mandatory and, therefore, it is difficult for the NHS board to easily assess training needs across the whole organisation.

The review team was informed that rather than a formal clinical supervision process, NHS Highland adopts a more informal process whereby staff meet to discuss and reflect on particular cases and situations.

The work done by Brook Highland to create its staff development plan for 2010–2014 is commended. This was considered a good model to ensure all staff development needs are
captured and documented with timelines specified. The plan states that a training needs analysis will be undertaken by 31 March 2011.
Appendix 1 – Details of review visit

The review visit to NHS Highland was conducted on 25 November 2010.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td>Shirley Windsor (Team Leader)</td>
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<tr>
<td>Health Improvement Programme Manager, NHS Health Scotland</td>
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<tr>
<td>Indranil Banerjee</td>
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<tr>
<td>Genitourinary Consultant, NHS Fife</td>
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<tr>
<td>David Bingham</td>
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<tr>
<td>Public Partner, Terrence Higgins Trust</td>
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<tr>
<td>Maggie Gurney</td>
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<tr>
<td>Lead Clinician for Sexual Health, NHS Dumfries &amp; Galloway</td>
</tr>
<tr>
<td>George Laird</td>
</tr>
<tr>
<td>Manager, West of Scotland Sexual Health Managed Clinical Network</td>
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<tr>
<td>Margaret McArther</td>
</tr>
<tr>
<td>Lead Nurse in Sexual Health, NHS Forth Valley</td>
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<tr>
<td>Bill May</td>
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<tr>
<td>Public Partner</td>
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<th>Healthcare Improvement Scotland staff</th>
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<tbody>
<tr>
<td>Nanisa Feilden</td>
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<tr>
<td>Programme Manager</td>
</tr>
<tr>
<td>Catriona Foley</td>
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<tr>
<td>Project Officer</td>
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<tr>
<td>Deborah McIntyre</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>Description</th>
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<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>
</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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