Healthcare Improvement Scotland is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. For this impact assessment, please see our website (www.healthcareimprovementscotland.org). The full report in electronic or paper form is available upon request from the Healthcare Improvement Scotland Equality and Diversity Officer.

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

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www.healthcareimprovementscotland.org
## Contents

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

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

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

Appendix 1 – Details of review visit .................... 25
Appendix 2 – Glossary of abbreviations ............... 26
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 Western Isles. The review visit took place on 19 May 2011 and details of the visit, including membership of the review team, can be found in Appendix 1.

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

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

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

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

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

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

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

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

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**Strengths**

The NHS board has:

- strong informal networks and referral methods
- significant input from primary care
- a newly appointed dedicated lead GP for sexual health
- significantly progressed with sexual health education in schools
- excellent partnership working and active engagement with local voluntary and statutory groups, and
- good opportunities to promote sexual health on other agendas.

**Recommendations**

The NHS board to:

- develop a systematic approach to service provision, with formalised processes to ensure a consistent standard of care
- undertake monitoring, audit and evaluation of services
- increase choices for patients surrounding termination of pregnancies and services for men who have sex with men (MSM)
- review service provision for men, and
- ensure there are robust processes in place for contact tracing and partner notification.
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 Western Isles does not have an integrated specialist sexual health service; most sexual health services are provided through primary care. There is an enhanced service level agreement in place with GPs to ensure a comprehensive service for the population. There are 13 GP practices in the Western Isles, 12 of these practices provide contraceptive services and sexually transmitted infection testing. Some GP practices do not provide long acting and reversible methods of contraception (LARC) and there is no specialist genitourinary medicine service on the islands. For those practices not providing LARC, there are mechanisms in place to refer patients to other practices.

Referral systems are in place to ensure complex sexually transmitted infections are treated through mainland NHS boards: NHS Greater Glasgow and Clyde and NHS Highland. Joint testing for chlamydia and gonorrhoea is provided routinely by the local laboratory services. Treatment for uncomplicated sexually transmitted infections is carried out by local GP practices with telephone support when required from mainland centres. HIV testing in pregnancy is routinely offered to women on an opt-out basis; however, in all other cases the patient must request this.

Western Isles Hospital in Stornoway runs a family planning clinic every Monday afternoon from 2–4pm. Access to this service is available either by GP referral, self-referral or on a drop in basis. This is a nurse-led service supported by a consultant gynaecologist and provides emergency oral contraception, LARC, sexually transmitted infection and pregnancy testing. Consultant gynaecologist clinics are also available in the outpatient departments at Western Isles Hospital and Uist & Barra Hospital on a weekly basis. Referral to these clinics is through GP practices. The accident and emergency unit at both hospitals provide 24-hour access to emergency contraception and three community pharmacies provide emergency contraception in Stornoway. Sexual health services for men are only provided through standard GP appointments. The family planning clinic should be expanded to include a sexual health clinic for both men and women. Consideration should also be given to increasing its capacity through increased staffing.

It was noted that while the provision of sexual health services is appropriate for the majority of population needs, there are some concerns regarding the structure of the service. In particular, there is no evidence of formal data collection, analysis or standardised protocols to ensure a consistent service is offered to the whole population. Formal structured care pathways and protocols should be developed and implemented.
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

The geographical landscape of the Western Isles means that Stornoway is the only settlement of over 10,000 people. The provision of sexual health services in Stornoway is predominantly through GP practices, with a separate family planning clinic every Monday afternoon and a consultant gynaecologist clinic held on a weekly basis at Western Isles Hospital. However, this does not meet the standard criterion of 2 full days provision per week.

Furthermore, as outlined in criterion 1.1, this service provision is not considered to be an integrated local specialist sexual health service.

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

A local primary care audit undertaken in February 2011 shows that 92% of GPs self-reported that patients with a priority sexual health condition would be seen within 2 working days of initial contact. However, these data have not been verified by an independent patient audit. The NHS board should implement a system to monitor access to services for people with priority conditions to ensure it is meeting the needs of its population.

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

STATUS: Met

NHS Western Isles works in partnership with community planning partners to identify local priorities, strategic direction and action planning. The Western Isles sexual health strategy 2007–2012 was developed by a multidisciplinary committee and identifies six key action points:

- healthy decisions
- teenage pregnancy
- services
- research and collection of information
- raising public awareness, and
- sexually transmitted infections.

This strategy also identifies a number of priority groups and targeted services have been implemented by the NHS board to address their needs. The culture and attitude of the population is challenging in terms of discussing sexual health issues in the Western Isles. Therefore, there are difficulties providing and promoting specialist services in the NHS board area. The NHS board is commended for its creative approach to putting sexual health on a range of health agendas to ensure services are accessible to all.
NHS Western Isles has a public health department and health improvement team that provide strategic direction and an operational function for addressing health protection and health improvement. This department provides resources, regular training, campaigns, workshops, school programmes and project co-ordination. The health improvement team is integral to the promotion of services and has ensured sexual health is discussed as part of a range of projects.

The male population is targeted through the regional Well North health project; a project primarily designed to focus on early intervention with adults at greater risk of coronary heart disease and diabetes. Sexual health is discussed as an additional item within these screenings. Workplace health also provides regular sexual health information for men at local events such as football tournaments and quiz nights. The NHS board reported that these projects have been successful in engaging with and screening a large number of men who are reluctant to attend sexual health services. Similarly, sexual health screening is also undertaken as part of the alcohol brief interventions project. The Outer Hebrides alcohol drug partnership also looks at issues surrounding risk taking behaviours, early intervention and access to services.

Considerable work has been undertaken in relation to victims of domestic and sexual abuse. The Western Isles women’s aid project provides support, advice and assistance to women and children seeking refuge from an abusive situation. The project also provides a teen support outreach service for young people. A rape crisis service also exists in Stornoway providing support to all females in the Western Isles who have experienced sexual assault, rape and sexual abuse. The service is widely publicised locally and is an active partner on the sexual health strategy group.

Looked after and accommodated young people, and those with learning disabilities, are also targeted as priority groups. NHS Western Isles reported that health promotion workers provide sexual health programmes for staff and young people where required.

Joint working with local authority partners has also been undertaken to address the sexual health needs of young people in the Western Isles. Local audit from October 2009 demonstrated the positive uptake of young people accessing sexual health services. Sex and relationship education programmes are delivered throughout schools in the Western Isles, where permitted and a free condom distribution scheme is provided within Stornoway’s main youth café. The youth café also has an under 16s group who have been identified by youth workers as participating in high risk activities. An additional programme was developed to address issues such as underage sexual activity, body image and self esteem.

A local young mums group has also been established in partnership with community education youth services in Stornoway. This project aims to support and re-engage young mums with services and to assist them through early stages of parenting. This project provides a varied programme, which includes positive sexual health promotion. Positive results from this project include the increased uptake of LARC in the population.
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.

Sexual health services are provided in a variety of locations, including GP practices and hospitals. The NHS board reported that on the whole, these buildings comply with the relevant legislation and comply with the Disability Discrimination Act requirements. However, audit undertaken highlighted that minor improvements have been recommended for some NHS accommodation where sexual health services are provided, to ensure they meet legislated requirements for national standards.
Standard 2: Sexual health information provision

Standard statement 2

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

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

STATUS: Not met

NHS Western Isles does not have a defined system in place to identify the diverse sexual health information needs of its population. However, there are areas of good practice throughout this criterion regarding the provision of information. Development of a cohesive strategy and needs assessment is recommended to ensure the NHS board is meeting the needs of its population.

The NHS board reported that direct advertising and promotion of sexual health issues and information is not always appropriate within the population in the Western Isles. The sexual health service has, therefore, embedded sexual health messages within its general health promotion schemes and this appears to be working well.

The health promotion department in NHS Western Isles has a health information and resource service that provides promotional materials for NHS staff and partner organisations and campaign materials for events. The health promotion department has a website that advertises its work including training, staff information, topical information, strategies, consultation updates, campaigns and events.

The health information and resource service is currently piloting the use of a Facebook page to increase awareness of health issues and services available. This page is used to promote services, events and campaigns, including a free condom and lubrication scheme, family planning services, emergency contraception and LARC availability. A local lesbian, gay, bisexual and transgender (LGBT) group has also been established in Stornoway. NHS Western Isles has supported this group in developing its own Facebook page, which is to be used as a local support network and a source of health information.

NHS Western Isles also provides information through its health information project, which provides up-to-date health information through the internet and touch screen kiosks. Access is available in a variety of places including workplaces, libraries, local authority intranet, hospitals, local college intranets and the voluntary action community directory. Radio adverts, mail outs and other media articles are used to raise awareness of the service.
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 Western Isles has arrangements in place to ensure information describing sexual health conditions and local service provision arrangements are accurate and up to date. Sexual health information and resources available from NHS Western Isles are selected and discussed by resources staff, the health promotion manager and the sexual health specialist. These materials are regularly reviewed and updated where appropriate. NHS staff regularly update information regarding sexual health conditions, local service provision and access to services during training sessions.

Considerable work has been undertaken with local partners, particularly local authorities. This includes sexual health and relationship education programmes in schools, youth café health inputs and teacher training sessions.

Resources, including leaflets, posters and training manuals, are made available free of charge to all partner agencies. A library of training materials is also available to assist partners in carrying out sexual health work. This can be accessed in person or requested from an online catalogue.
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 Western Isles actively engages with local key partners and voluntary organisations to improve the sexual health of young people and reduce teenage pregnancy. The Western Isles sexual health strategy 2007–2012 was developed by the multi-agency sexual health strategy group. This included representation from the local authority, Northern Constabulary, Western Isles rape crisis service, domestic abuse forum, National Children’s Home, men’s health project, parents and local secondary schools. This strategy identifies a 3-year action plan, using local partnership working, to provide young people with access to services and the opportunity to receive comprehensive sexual health and relationship education programmes. The progress of the action plan is reported to Scottish Government on an annual basis, measuring local actions against the Respect and Responsibility sexual health outcomes 2008–2011.

Significant work has been undertaken with local secondary schools, in particular the Nicolson Institute. General health drop-in sessions are held at the Institute on a weekly basis. Condoms are not permitted to be distributed within schools, however, sexual health is discussed at these sessions and young people are signposted to other services. NHS Western Isles is looking into providing these sessions at other secondary schools in the area. Schools parents evenings are used to support and engage with parents on the importance of communicating positive, accurate sexual health messages to children and young people. A local leaflet, modelled on the talk 2 initiative in Glasgow, has also been developed to encourage parents to start communicating with children as early as possible.

While informal consultations have been undertaken with young people, for example, a young mums group, no formal consultations have taken place. The NHS board should develop a formal system to work with young people.

The service is reliant on a number of pro-active individuals. The NHS board is encouraged to formally assign responsibility, linked to action plans and timescales. Further support from senior staff would be beneficial.

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

Identification of those young people at greatest risk within the Western Isles is primarily determined through the help of statutory and voluntary sector partnerships. The NHS board reported that it provides sexual health information to all groups of young people identified by these partners. Those young people identified by services as participating in high risk activities such as substance misuse and looked after and accommodated young
people are prioritised. The NHS board should undertake a needs analysis of young people’s sexual health to identify potential vulnerable groups or gaps in the service.

NHS Western Isles provides targeted interventions for high risk young people through the delivery of educational workshops, campaigns and group work. This includes work with the alcohol drug partnership, the hills project for people with learning disabilities, women’s aid, the young mums and teen support projects. A local sexual health and educational game has also been developed for the youth work setting. The choices and decisions game is designed to engage young people in discussions about sexual health issues.

The NHS board further reported that music festivals and local youth sports events are targeted as an opportunity to provide informal sexual health information to the population. This includes information on sexually transmitted infections, contraception and accessing services.

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 Western Isles provides regular training for partners and agencies; this includes supporting redesigning of services to become young person appropriate. Initiatives such as walk the talk, a project to help health professionals caring for young people to develop services that are more youth-friendly; child protection; and confidentiality training have been undertaken.

The NHS board has also worked extensively with local education departments to provide teaching staff with the relevant skills and resources to provide comprehensive sexual health and relationship education programmes. Significant work has been undertaken with the Nicolson Institute, where 24 secondary school teachers participated in a 3-day sexual health and relationships education training. This training has been further developed and tailored to meet the specific needs of the population. NHS Western Isles is encouraged to continue to work with local authorities to roll out this training to other secondary schools on the Islands.

The NHS board reported that a senior health improvement officer (sexual health specialist) has also become a sexual health and relationships education trainer in order to provide training locally. Health promotion and public health nurses for schools also support the implementation of sex and relationship education programmes in the formal and informal education setting. This covers puberty, adolescence, contraception, relationships, internet safety, body image and accessing services. The NHS board also noted that primary school teacher training is scheduled for the summer of 2011.
Standard 4: Partner notification

Standard statement 4

Individuals who are diagnosed with a sexually transmitted infection see an appropriately trained member of staff to organise partner notification (contact tracing).

4.1 A sexual health adviser, or a professional trained and supported by a sexual health adviser (eg a practice nurse), is available to all individuals diagnosed with chlamydia or gonorrhoea.

STATUS: Not met

The NHS board reported that an appropriately trained member of staff at each GP practice in the Western Isles undertakes uncomplicated partner notification for individuals who test positive for chlamydia and gonorrhoea. There are areas of good practice, for example, cross-site partner notification where identified partners accessed services at another GP practice. However, this arrangement is on an ad-hoc basis and there is no formalised process in place to ensure that all individuals receive a consistent standard of care.

As NHS Western Isles does not provide a dedicated, specialised genitourinary medicine service locally, diagnosis and treatment for complex conditions are delivered through mainland NHS boards. Complicated partner notifications are also referred to healthcare workers in NHS Greater Glasgow and Clyde and NHS Highland. There was no protocol in place to signpost GPs to this service.

The recent appointment of a lead GP in sexual health will be instrumental in setting up standardised protocols for all GPs and primary care staff.

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

STATUS: Not met

Partner notification is offered by all GP practices providing sexual health services, family planning nurses at the Monday afternoon clinic and consultant gynaecologists at weekly sessions. However, there is no consistent protocol in place for the management of contact tracing and it is recommended that a shared care protocol is developed for all services.

NHS Western Isles reported that it is currently in the process of improving partner notification mechanisms. Investigations will be made locally to identify an appropriate system for all services providing sexually transmitted infections testing. The NHS board is encouraged to ensure that it is monitoring the provision of partner notification in all settings to ensure that it is consistently offered. It is also encouraged to ensure that it is providing sufficient support and training to professionals undertaking partner notification. This will ensure they are confident and suitably skilled to provide the service.
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: Data not available**

NHS Western Isles reported that ongoing HIV care is provided by mainland specialist centres in NHS Greater Glasgow and Clyde, NHS Highland and NHS Lothian. No audit data for syphilis serology testing for NHS Western Isles patients receiving ongoing HIV care from other NHS boards were available.

A service level agreement is in place with the mainland centres for palliative care; however, NHS Western Isles has no formalised process for referral or monitoring the standard of HIV care. The NHS board should develop a referral pathway and formalise monitoring and evaluation arrangements.

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: Data not available**

NHS Western Isles reported that HIV care is provided by mainland specialist centres in NHS Greater Glasgow and Clyde, NHS Highland and NHS Lothian. No audit data were available for analysis.

The NHS board reported that while this documentation is held at the mainland centres, the patient would still present at the GP practice for other healthcare needs. Advice is given to prevent onward HIV transmission at these sessions and a free condom and lubrication scheme is available.

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: Data not available**

NHS Western Isles reported that ongoing HIV care is provided by mainland specialist centres in NHS Greater Glasgow and Clyde, NHS Highland and NHS Lothian. No audit data were available for analysis.

The NHS board reported that the mainland centres provide regular appointments for patients as required and GP consultations are provided on request.
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: 34.8%

According to key clinical indicator data, 34.8% of women seeking a termination of pregnancy undergo the procedure at 9 weeks gestation or earlier. NHS Western Isles does not provide termination of pregnancy within local general hospitals. All termination of pregnancy is undertaken by mainland specialist centres in NHS Greater Glasgow and Clyde and NHS Highland.

No evidence was provided to account for the low proportion of women undergoing the procedure at 9 weeks gestation or earlier. GP audit, undertaken in February 2011, highlighted that referral to the mainland centres was immediate. NHS Western Isles should undertake further audit in this area, looking specifically at gestation at presentation point, referral procedures, travel arrangements and monitoring of mainland centre waiting times. The NHS board reported that it plans to undertake audit and have an action plan in place within 9 months. A clear patient pathway would be helpful as would further consideration of what can be provided on the Islands.

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

Termination of pregnancy is undertaken by mainland specialist centres in NHS Greater Glasgow and Clyde and NHS Highland. These centres provide a full termination service which includes a pre-counselling telephone session, appointment letters, patient travel and the offer of a range of contraceptives at time of termination of pregnancy. The NHS board further reported that GPs offer contraceptive advice to patients at the time of referral and a followup appointment provided on return if required.

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: Data not available

Termination of pregnancy is undertaken by mainland specialist centres in NHS Greater Glasgow and Clyde and NHS Highland. No audit data were available for analysis.
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: Not met**

NHS Western Isles does not provide formal post termination of pregnancy counselling. The NHS board reported that post termination of pregnancy counselling is provided by mainland centres following a procedure or by GP consultation. The NHS board acknowledged that the latter was not formal counselling. The NHS board further reported that women can access mental health services on the Western Isles, but this was not publically advertised for post termination of pregnancy counselling. There was no monitoring of how many patients accessed this service for that purpose.

Crisis Care has recently located to the Western Isles with the intention of offering support to women with unplanned pregnancies and post-termination of pregnancy counselling in the future.
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: Not met

At the time of the review visit, MSM in the Western Isles could only access hepatitis B vaccinations and health promotion information through GP consultations by request. This is accessible at any GP practice and MSM do not have to attend at their own practice. This service is not advertised throughout the Western Isles and is only offered to individuals who disclose their sexuality to GPs.

NHS Western Isles has provided training on drugs and alcohol and blood borne viruses in partnership with the local alcohol and drugs partnership. This training is aimed at increasing knowledge, raising awareness and understanding of blood borne viruses, vaccinations and treatments. The NHS board noted that MSM could receive vaccinations at the alcohol and drugs clinic, but this is not advertised or promoted.

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: Data not available

NHS Western Isles does not currently audit rates of MSM receiving the hepatitis B vaccination. The NHS board is encouraged to develop a mechanism to record this information and to promote the service to MSM.
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: 59.8
Key clinical indicator audit data, published by the Information Services Division, show that 59.8 women of reproductive age per 1,000 in NHS Western Isles were prescribed intrauterine and implantable contraceptives for 2009–2010. This is an improvement from the previous year’s figure which showed that 42.9 per 1,000 women were prescribed LARC.

NHS Western Isles is close to achieving the target figure and has plans to help increase the uptake of these methods of contraception. The NHS board intends to:

- hold training events to enable more staff to be qualified at inserting intrauterine and implantable contraceptives
- continue to deliver sex and relationships education programmes, detailing the benefits of LARC, and
- continue to participate in campaigns to promote LARC as an effective form of contraception.

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
Recent GP audit from February 2011 shows that 62% of GP practices in the Western Isles provide intrauterine and implantable contraceptives. NHS Western Isles has a pathway in place to refer women to the family planning clinic or through the Scottish Care Information (SCI) gateway (an electronic referral tool) to another GP practice if their own practice does not provide it.

There is a lack of publicity detailing which GP practices offer LARC. The NHS board is encouraged to promote information on how patients could obtain LARC outwith their own practices.

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

STATUS: Met
Recent audit demonstrates that women are able to have an initial consultation appointment with their GP to discuss LARC within 2 working days. However, not all practices provide LARC. Patients at these practices may experience delays during the referral process, particularly if they choose to be seen at the family planning clinic, which currently has a 4-
week appointment waiting time. Referral to another practice is within 5 working days. The NHS board further reported that some patients’ LARC provision may be delayed due to arranging appropriate cycle timed appointments. Where this is the case, interim methods of contraception are provided.
Standard 9: Appropriately trained staff providing sexual health services

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

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

STATUS: Not met

NHS Western Isles has a comprehensive induction programme for all new staff, covering issues such as confidentiality, child protection and chaperoning. All NHS staff working with children and young people are required to attend child protection training. An enhanced child protection training programme for addressing sexual health and underage sexual activity has been provided in partnership with the Western Isles local child protection committee. NHS Western Isles also provides 2-day training sessions on gender based violence, addressing issues around domestic abuse and childhood sexual abuse. All staff training is advertised on the NHS board learning network calendar on the staff intranet.

Provisions are also in place to provide further training for staff providing sexual health services. The following specialised sexual health training has been undertaken:

- 10 GPs and two consultants are trained in LARC
- Four GPs hold the diploma in sexual and reproductive health
- Three GPs have attended the sexually transmitted infection foundation course
- One GP has undertaken refresher training at the Sandyford Clinic: a Glasgow based health centre that provides expert sexual, emotional and reproductive healthcare for women, men, and young people, and
- Eight members of staff, including midwives, community nurses and the sexual health specialist, have participated in a 3-day training course on sexual and reproductive health, with the University of Abertay, Dundee.

The NHS board reported that health improvement staff have delivered in-house training on sexual health issues. This includes specialised training for staff on supporting young people and unintended pregnancies, working in schools, Curriculum for Excellence and delivering sexual health and relationships education to people with learning difficulties.

The level of training that has been undertaken within the service is commended. However, there are some concerns that low numbers of cases could impact on staff skill levels. No evidence was presented to show that all staff competencies are up to date. Nor were there processes in place to ensure that skills are updated and refresher training consistently undertaken by all staff. It is recommended that a formal system is implemented to ensure that all staff regularly update their skills. NHS Western Isles reported that a review of training in the NHS board is due to be undertaken and this will begin to address the issue.
Appendix 1 – Details of review visit

The review visit to NHS Western Isles was conducted on 19 May 2011.

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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>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>
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</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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The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are key components of our organisation.