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.

Copyright © 2011 Healthcare Improvement Scotland

First published June 2011

The contents of this document may be copied or reproduced for use within NHSScotland, or for educational, personal or non-commercial research purposes only. Commercial organisations must obtain written permission from Healthcare Improvement Scotland prior to copying or reproducing any part of this document.

Information contained in this report has been supplied by NHS boards/NHS organisations, or taken from current NHS board/NHS organisation sources, unless otherwise stated, and is believed to be reliable on publication.

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 ......................... 29
Appendix 2 – Glossary of abbreviations .................. 30
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 **NHS Grampian**. The review visit took place on **17 March 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.

<table>
<thead>
<tr>
<th>Sexual health services standards criteria</th>
<th>Assessment category</th>
<th>Met</th>
<th>Not met</th>
<th>% or value per 1000 achieved (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1: Comprehensive provision of specialist sexual health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
<td>Data not available</td>
</tr>
<tr>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard 2: Sexual health information provision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard 3: Services for young people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Sexual Health Services Standards Criteria

<table>
<thead>
<tr>
<th>Sexual Health Services Standards Criteria</th>
<th>Assessment Category</th>
<th>Met</th>
<th>Not met</th>
<th>% or Value Per 1000 Achieved (Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 4: Partner Notification</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard 5: Sexual Healthcare for People Living with HIV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td></td>
<td></td>
<td></td>
<td>65 (90)</td>
</tr>
<tr>
<td>5.2</td>
<td></td>
<td></td>
<td></td>
<td>71 (80)</td>
</tr>
<tr>
<td>5.3</td>
<td></td>
<td></td>
<td></td>
<td>Data not available</td>
</tr>
<tr>
<td><strong>Standard 6: Termination of Pregnancy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td></td>
<td></td>
<td></td>
<td>68 (70)</td>
</tr>
<tr>
<td>6.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td></td>
<td></td>
<td></td>
<td>78 (60)</td>
</tr>
<tr>
<td>6.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard 7: Hepatitis B Vaccination for Men Who Have Sex with Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3</td>
<td></td>
<td></td>
<td></td>
<td>33 (70)</td>
</tr>
<tr>
<td><strong>Standard 8: Intrauterine and Implantable Methods of Contraception</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2</td>
<td></td>
<td></td>
<td></td>
<td>56.6 (60)</td>
</tr>
<tr>
<td>8.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard 9: Appropriately Trained Staff Providing Sexual Health Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Strengths

The NHS board has:

- effective targeted services to meet the needs of its priority groups
- robust arrangements to provide sexual health services in a primary care environment, and
- strong arrangements to engage with other professions delivering services to young people to tackle poor sexual health.
Recommendations

The NHS board to:

- increase focus on information management and consistently audit performance
- strengthen links between genitourinary medicine and infectious diseases to improve service provision for people living with HIV, and
- adopt a systematic approach to identifying and responding to the information needs of the whole 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: Met

NHS Grampian provides integrated specialist sexual healthcare to its population. These services are not yet physically integrated or operating under a single service brand but the same core services are accessible both at genitourinary medicine and sexual and reproductive health. Square 13 in Aberdeen city centre provides sexual and reproductive healthcare while The City Clinic (approximately 10 minutes walking distance from Square 13) provides genitourinary medicine. The NHS board intends to co-locate these services in 2014 with relocation to the new Health Village. The two services currently use the same patient protocols, referral pathways, guidance and standard documentation.

There are a number of drop-in clinics operating at both locations. These provide a range of generic sexual health services, including access to most contraception methods and a full range of testing for sexually transmitted infections and blood borne viruses (BBV). This means the majority of patients can be managed at the clinic they originally access. In the minority of cases, onwards referral is necessary to meet the needs of people requiring complex contraception, specialist HIV care or have specialist genitourinary medicine problems. The NHS board reported that in these cases it is usually organised informally via a phone call to the other service and the patient is generally seen the same day.

There is also a central booking number for people who do not wish to attend drop-in clinics. Patients are directed to the appropriate clinic to suit their needs via this number. For example, women are usually directed to sexual and reproductive health services while men are directed to genitourinary medicine.

Within Aberdeenshire (the surrounding areas of Aberdeen city), there are local clinics held in Fraserburgh and Elgin. These clinics provide access to a full range of contraception, sexually transmitted infection and BBV testing. NHS Grampian recognises the challenge it faces in providing sexual health services to its remote and rural population. To that end it has worked to facilitate provision of sexual health services within primary care settings in general practice.

Significant training has been delivered to GPs and practice nurses with regards to contraception provision. The majority of practices across the region can now fit long acting and reversible methods of contraception (LARC). A simplified request form for sexually transmitted infection and BBV testing has also been developed in conjunction with primary care colleagues. This ensures that people can access testing at locations within their community and reduces the requirement to travel significant distances to access specialist
services. NHS Grampian is continuing to invest in the services delivered in primary care. The NHS board intends to implement electronic request forms for sexually transmitted infection and BBV testing to further simplify the process.

The sexual health service within NHS Grampian offers universal HIV testing. All individuals are offered HIV testing as part of standard practice, however they may opt out. This offer is supported by counselling, which includes an individual risk assessment, and a discussion on the benefits of testing, how the results will be given and confidentiality.

NHS Grampian has integrated its services for sexual health as far as possible until the relocation of the service within the Health Village. The NHS board is encouraged to formalise onwards referral arrangements where this is still necessary between services. This will ensure access can be monitored and audited. The ongoing programme to dual skill staff will continue to reduce the requirement to pass patients between services.

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**

NHS Grampian has seven locations within the NHS board area with populations of 10,000 or more. Each of these populations has access to a sexual health clinic within 30 minutes travel time.

The populations of Aberdeen, Inverurie, Stonehaven and Westhill are provided with integrated sexual health services by Square 13 and The City Clinic 5 days a week. There is a nurse clinic provided weekly in Banff for 4 hours targeted at young people. However, there is limited access to services within 30 minutes for the populations of Elgin, Fraserburgh and Peterhead. Clinics operating in these areas are not fully integrated and do not provide sufficient clinical hours to allow NHS Grampian to meet this criterion.

In Fraserburgh, which also covers the population of Peterhead, an integrated clinic operates twice a month for 4 hours at Fraserburgh hospital and for 3 hours at the Kessock clinic. Within Elgin, sexual health services are provided at Dr Gray’s Hospital. Clinics at this location are not integrated. Patients can attend a clinic three times a week to discuss and obtain contraception, discuss unplanned pregnancies and obtain a chlamydia test. However, patients requiring testing for sexually transmitted infections should attend a specific genitourinary medicine clinic which operates three times a month. Therefore, NHS Grampian is not providing 2 full days of integrated sexual health services a week at either of these community locations.

The NHS board has taken steps to address the shortfall in provision where possible. Due to limited resources it cannot extend clinical hours in these locations. As described in criterion 1.1, NHS Grampian has been proactive in engaging with primary care colleagues to provide this service in the community. The NHS board has also used its school nurse resource to provide services where possible. There are school nurse-led sexual health drop-in clinics, known as SHeDs, operating across the region. These drop-in clinics offer pregnancy testing, contraceptive advice (and provision in some cases), advice on sexually transmitted infection and referral on to specialist services or GPs via a referral pathway if required. The NHS board is commended for its innovative approach to ensuring sexual healthcare is accessible at a local level.
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**

Drop-in clinics operate 5 days a week within NHS Grampian. These take place within The City Clinic on Tuesday, Thursday, and Friday. On Monday, Wednesday and Friday these are located within Square 13. In addition, there are specific young people’s drop-ins on a Thursday evening and Saturday morning at Square 13. People phoning with a suspected priority condition are advised to attend the next drop-in clinic for treatment and advice.

Patients attending a drop-in clinic are given a triage form to complete. This allows people with priority conditions to be identified and treated accordingly. The NHS board does not currently cap the number of patients attending a drop-in session and is confident that most people attending would be seen that day. In instances where clinics are exceptionally busy it may be necessary to ask people to return the following day. However, if a priority condition has been indicated on the patient’s triage form then the patient would usually be offered an appointment with a specialist sexual health nurse that day.

NHS Grampian has not conducted an audit of people accessing its drop-in clinics or of appointments made via the central booking line with suspected priority conditions. It cannot therefore provide a percentage figure of the number of people seen within 2 working days. 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 Grampian sexual health services have worked with public health to identify priority groups that require targeted services. These include:

- people from ethnic minority communities
- young people
- looked after and accommodated young people
- men who have sex with men (MSM)
- sex workers
- homeless people, and
- people with substance misuse issues.

Specific services have been developed to ensure the NHS board meets the needs of these groups, involving partners and other organisations wherever possible. For example, the Terrence Higgins Trust undertakes a significant amount of health promotion work with MSM, looked after and accommodated young people, and sex workers. Needs identified through this work are responded to by NHS Grampian wherever possible. An example of this is the men only drop in clinic within genitourinary medicine on a Friday afternoon which provides a specific service for MSM.

NHS Grampian has also formed close links with substance misuse colleagues. The Kessock Clinic in Fraserburgh was set up in 2001 to address growing problems of substance misuse.
in the North Aberdeenshire area. Sexual health services now run a clinic twice a month parallel to the substance misuse clinics. This has significantly improved sexual health services access to this priority group. NHS Grampian has also delivered training on sexual health to the community practice nurses who work at the substance misuse clinics. The NHS board intends to continue to develop this by training these nurses to fit contraceptive implants; this is a potential area of good practice.

The NHS board has undertaken outreach work with sex workers through the Quay organisation. Funding was provided to run a sexual health drop-in clinic at Aberdeen Harbour, where visible prostitution takes place in the city. This allows sexual health services to be provided to this group and direct them to mainstream services where they are now treated as a priority and fast tracked for appointments.

Homeless people accessing services at Marywell Healthcare Centre, a GP practice specialising in the provision of healthcare for the homeless, can have a sexual health MOT. A GP with further training in sexual health will test and treat for sexually transmitted infections and provide contraception. Patients requesting LARC can have this fitted in the Marywell Healthcare Centre without referral.

There are also significant ongoing programmes of work that provide services to young people, including those that are looked after and accommodated, and for those with learning disabilities. Furthermore, outreach clinics run by genitourinary medicine specialists operate in HMP Aberdeen.

NHS Grampian has developed a number of distinct services to meet the needs of its priority groups. The NHS board is encouraged to ensure that this work is drawn together at a strategic level to ensure good practice is shared across the region. This will ensure future capacity issues are considered and that there is equity of access across Grampian for individuals in these groups.

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

NHS Grampian has identified accessibility issues with regards to its accommodation at Square 13. Unfortunately these issues cannot be resolved and alternative arrangements are made for people who may have problems accessing the building.

As described in criterion 1.1, sexual health services are to be relocated to a new purpose built building in 2014. The ground floor of the Health Village will host all aspects of sexual health services, creating further integration opportunities. The NHS board has consulted widely with patients on the design of this building and particularly with populations identified as priority groups for sexual health services, for example young people and MSM.
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 Grampian does not have a system in place to identify the sexual health information needs of its whole population. There is an overarching communication plan for NHS Grampian that guides the information provided by sexual health services. This plan stipulates that information will be provided in any language or format in line with race and disability legislation. As such, sexual health services have produced a variety of information in numerous languages and formats to suit specific groups’ requirements.

NHS Grampian has robust arrangements in place for providing information to its ethnic minority population. There is a large pool of interpreters for patients that can be accessed and arranged in advance of appointments. The NHS board has also invested in Language Line; a telephone based interpreting service that provides access to qualified interpreters, which is available 24 hours a day/7 days a week. Sexual health services have six access kits for fixed line interpreting, one mobile access kit and one conference call unit system that is used for group work with non-English speaking patients. The NHS board is commended for its commitment to ensuring its sexual health services are accessible to its ethnic minority population.

The NHS board has also worked with young people to ensure that the information they receive is relevant and suitable to their needs. Focus groups have been held with young people to consider service development and to gather their views on what they expect to get from the new Health Village. These focus groups also informed the development of welcome packs that are given to young people accessing sexual health services for the first time. These packs include information on sexual health conditions, clinic times, contraception, health promotion activities and links to websites where they can get further information. They also include information on other issues faced by young people such as alcohol, drugs and bullying. These packs are considered to be an area of good practice.

Information on sexual health services for people with learning disabilities is available in storyboard format. This was developed after the Aberdeen Learning Disability Group expressed a need for this information. NHS Grampian worked with the group to design and develop this information to ensure the format and content was useful for people with learning disabilities. This demonstrates that NHS Grampian is responsive to information requests from key population groups. The NHS board is encouraged to take a more proactive approach to identifying, addressing and evaluating how it meets the information needs of its wider population.
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 Grampian uses nationally produced leaflets to provide information on sexual health conditions and contraception options where possible. This information is put through a rigorous quality assurance process to ensure accuracy prior to its publication and distribution. This information is available from the Health Information Resources Service. This service evaluates all new information received for quality control and considers what information is already available on the particular topic. In addition, all resources are monitored and evaluated on an annual basis. This considers how many requests for a specific resource there have been, new resources available on the topic and any patient feedback received.

Information produced locally, for example describing services available within the NHS board area, is developed in conjunction with patients and partner organisations. The storyboards produced to describe sexual health information for people with learning disabilities are an example of this. Leaflets produced locally go through a quality audit at the NHS board’s print management group. Information is provided in a variety of formats including leaflets, web-based resources, Braille, audio format and DVDs where relevant. They are also available in a variety of languages upon request. Links to partner organisations, such as local authorities, voluntary groups and other organisations are included in publications and on websites.

NHS Grampian also has a number of ‘healthpoints’ across the region. Health advisers proactively tackle health issues, including sexual health concerns, for members of the public and professionals at these healthpoints. These are hosted in community settings across Aberdeenshire including indoor market places, libraries, colleges and community centres. People can access information on sexual health, ask questions and be directed to sexual health services at these locations.

There is also a free phone ‘healthline’ available Monday to Friday 9am to 5pm. Health advisers respond to people’s queries over the phone. This is then supplemented by information posted to them free of charge. Calls to the healthline are monitored and requests for information that cannot be met are brought to the attention of the Health Information Resources Service to address.
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 Grampian has demonstrated that it works with local partners to improve sexual health for young people and reduce teenage pregnancy. There are three community health partnerships within NHS Grampian. Each community health partnership has its own sexual health multi-agency implementation group. These groups are responsible for implementing the NHS board’s sexual health strategy and for improving the sexual health of its population. NHS Grampian reported that services for young people are a focus of each of these groups. Reducing teenage pregnancy is included as an outcome in high level agreements and fed into community plans across Grampian.

Engagement of key partners was noted to be a strength of frontline service delivery for young people. Youth workers support young people’s drop-in clinics at Square 13. They provide specialist information and advice as well as sign posting to other services and agencies available to support young people in Aberdeen. Within Aberdeenshire, school nurses are actively engaged in providing sexual health services and information to young people. There is also active engagement with professionals involved in providing care to looked after and accommodated young people both through residential carers, foster carers and social work. This ensures the sexual health needs of this priority group are addressed in a holistic and consistent manner.

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

The NHS board has implemented a number of services and initiatives to reduce teenage pregnancy and improve sexual health for young people. Significant work has been carried out in partnership with education colleagues to ensure adequate information is provided to the regions schools. The national sexual health and relationships education (SHARE) programme has been rolled out to 85% of the community school networks in Aberdeenshire. There are 17 community school networks. These are made up of a secondary school and the primary schools within the catchment area of that secondary school. There is a programme of sex and relationship education for pupils in years 2, 3 and 4 of secondary school and another programme for primary schools. This is delivered by health improvement assistants and school nurses as well as by appropriately trained teachers.

In addition to the education programme, NHS Grampian has formed close links with school nurses to provide sexual health services to young people. It has developed two sexual health drop-in clinics, known as SHeDs, as pilot projects in Aberdeenshire. The first clinic was located in the community centre adjacent to the secondary school in Banff and
runs at lunchtimes and after school. The school nurse is supported by a specialist sexual health nurse and key local partners. The second drop-in clinic is located within the secondary school at Huntly. This is also run by the school nurse in conjunction with youth workers, health improvement colleagues and community learning partners. Both these clinics take a holistic approach to promoting good sexual health and consider other risk factors such as alcohol and drug use with each person attending the clinic. Referral pathways to fast track young people into mainstream services have been developed to support the work undertaken at the clinic. These clinics have been successful and the intention is to roll these out in other areas. However, the NHS board has identified that the ability to implement these, and the services that these clinics can provide, is restricted by the ethos of the high school, ie whether the management of the school will allow condom distribution or contraception provision. NHS Grampian recognises that this may cause patchy service provision and inequality of access. To address this, the NHS board is engaging with education at a strategic level using evidence from the pilot sites to demonstrate the advantages of the clinic to young people in the area.

A youth worker also supports the drop-in clinics for young people which run at Square 13. This youth worker engages with young people to identify any particularly vulnerable individuals who need to be seen as a priority by clinicians. The youth worker also provides information and advice on sexual health concerns and promotes good sexual health behaviour, for example demonstrating how to use a condom effectively. Other health promotion activity is also undertaken in this setting providing guidance to young people on alcohol and drug use, smoking and bullying. Links to other organisations and services is provided by the youth worker where required.

Substantial work has been undertaken by NHS Grampian to engage with looked after and accommodated young people and improve services for this group. Outreach work was performed by a specialist sexual health nurse to gather information from this group, their carers and professionals who work with these young people to assess their specific needs. As a result of this, fast track referral pathways were developed for sexual health advice and management and another for unplanned pregnancies. These pathways ensure that looked after and accommodated young people are treated as a high priority and where possible linked to the ‘named nurse’ for this group. Further work is to be rolled out in Aberdeenshire in 2011–2012 with Fairer for Scotland funding.

Sexual health support packs have also been produced and distributed to the four care homes within NHS Grampian. These packs include information on services available, contraceptive method leaflets, information on sexually transmitted infections, young person specific information, DVDs on patient journeys at Square 13 and The City Clinic, condoms and chlamydia postal testing kits. This enables professionals working with looked after and accommodated young people to provide accurate information and support. Training is regularly provided to professionals working with this group to ensure they have the appropriate knowledge and expertise to support these young people with consistent messages.

In terms of teenage pregnancy interventions, NHS Grampian is commended for recently completing a mapping exercise in this area. This exercise was undertaken to determine what teenage pregnancy interventions were currently in place in what areas of the NHS board. Examples of good practice were demonstrated through this exercise, for example sexual health services linking with the young mums antenatal group and community midwives providing LARC to teenage mothers. However, it also identified that specific
interventions were limited and not particularly targeted at the individuals most at risk of teenage pregnancy.

As a result of this exercise, community health partnerships will be expected to ensure changes are made to service delivery to provide more targeted interventions. This specifically includes targeting hot spots of teenage pregnancy with high risk factors such as deprivation and vulnerability. It also includes improving access to contraception and sexual health services.

NHS Grampian has a robust approach to delivering sexual health services and improving sexual health outcomes to young people. Engagement with other professionals is improving access to services and ensuring the needs of young people are met and responded to. The NHS board is commended for the work undertaken in this area and is encouraged to continue with this progressive approach.

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 Grampian supports the delivery of a vast amount of sex and relationship education to professionals in partner organisations. As mentioned in criterion 3.6, SHARE runs in schools across the region. NHS Grampian provides training to school staff who will be delivering this programme to young people. Sexual health training is also provided by the NHS board to health improvement assistants who provide sessional sexual health inputs directly to young people between 12 and 25 years old in education and community settings. Furthermore, an annual update training event is hosted by the NHS board for school nurses. School nurses also have access to continuous professional development with specialist sexual health services.

Social workers, residential care workers and foster carers have access to locally based training on a regular basis. A specific training course, ‘Who’s Who, What’s What’, has been developed to meet their specific needs. This course includes advice on relationships between young people, sexual health information and descriptions of local services available and how to access these.

NHS Grampian reported that sexual health improvement training can be tailored to reflect the requirements of a particular group, for example teachers, foster carers, youth workers, etc. The training is usually designed to include values, self-respect, contraception, sexually transmitted infections and pregnancy.

The NHS board undertook a training needs analysis with its staff and partner organisations working with young people. This identified what training was considered the most beneficial, gaps in current provision and barriers to accessing training. Themes identified have been responded to where possible. Training courses are evaluated by participants at the time of completion and changes made if necessary. The NHS board should consider conducting a strategic level evaluation of the training it delivers. This would allow it to assess the impact of the training delivered on professionals’ day to day practice and ensure courses are fit for purpose and meeting the needs of attendees.
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: Met

Anyone with a positive test result for chlamydia or gonorrhoea has access to a health adviser. All health advisers in NHS Grampian are qualified nurses and are registered with the Nursing and Midwifery Council.

There is a pathway in place to support the process. All positive results from sexual health services, community pharmacy or postal testing are automatically passed to a health adviser. This health adviser will contact the patient by their preferred method to organise for treatment and partner notification. For positive results from a primary care test, the process is slightly different. At the time of taking the test, the practice nurse or GP will request consent from the patient to refer them to a health adviser in the event of a positive result. If consent is not given the person completing the test (practice nurse or GP) is responsible for notifying the individual of a positive result, organising treatment and carrying out partner notification. Health advisers are readily available to provide support to other health professionals delivering this service.

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 in specialist sexual health settings, community pharmacies and following postal testing. Health advisers provide this service as standard following notification of a positive result. Within primary care there is a system in place that should ensure people are offered partner notification. When requesting a chlamydia or gonorrhoea test, GPs currently complete a paper request form. The form also records if there is consent to refer to a sexual health adviser for partner notification or if the GP will perform this service themselves. However, as there is currently no monitoring of the service provided in primary care and no assurance that partner notification is being offered to patients being tested in primary care, NHS Grampian does not meet this criterion.

The NHS board is introducing a new electronic system, ‘Order Comms’, to request sexually transmitted infection tests in primary care. It is anticipated that this will improve requests for partner notification support and document whether this will be undertaken by the GP or practice nurse independently. Professionals will not be able to submit requests for testing without documenting the process agreed with the patient for partner notification in the event of a positive result. NHS Grampian reported that this will address the current problem experienced in the service of incorrectly or insufficiently completed forms and improve the opportunities for monitoring the service.
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 so 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: 65%

An audit conducted between November 2008 and March 2009 documented that 65% of HIV patients had the results of syphilis serology documented in their records, or a reason why not, within the preceding 6 months. Within NHS Grampian, either the genitourinary medicine unit or the infectious diseases unit manages HIV patients. This audit considered 51 patients from each department over the same period of time. It was noted that while 78% of patients treated within genitourinary medicine had been tested, or declared ineligible, within the last 6 months only 51% had been tested within infectious diseases. To address this difference and ensure consistent care is delivered, standard documentation has been introduced. This includes a section on syphilis serology testing or space to document that it is not required.

NHS Grampian anticipates that by improving documentation it will be able to demonstrate that it is performing better in this standard than shown by existing audits. It is also introducing a new electronic patient management system ‘Order Comms’ which will include quarterly set blood tests. Syphilis serology will be included within this. This will ensure the test is completed regularly or that a reason as to why it is not required is documented, as completion is mandatory before progression through the system.

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: 71%

A local audit of NHS Grampian’s HIV care was carried out between November 2008 and March 2009. During this period 14 people were diagnosed with HIV, 8 by the genitourinary medicine unit and 6 by the infectious diseases unit. Of the 14 people diagnosed, 71% had their sexual history documented within 4 weeks. There was a significant difference in performance between genitourinary medicine and infectious diseases units. All patients diagnosed within genitourinary medicine had their history documented within 4 weeks, while this had happened in only two of the cases diagnosed in infectious diseases.

As stated in criterion 5.1 above, the NHS board has introduced standard documentation for managing HIV patients to be used in both departments delivering services to people living with HIV. This will ensure that sexual history is documented at the time of diagnosis for all patients regardless of where they present for treatment.
It was also noted that the documentation for new HIV patients includes recording that information on preventing onwards transmission was given and distribution of condoms. The review team welcomed the introduction of the standard documentation and the NHS board should continue to strengthen the links between genitourinary medicine and the infectious diseases unit.

| 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 Grampian has not audited if there is an offer of a sexual health screen at least once every 12 months. A sexual health screen is defined as documenting a patient’s sexual history and performing a chlamydia test. The NHS board has audited HIV patients having a chlamydia test in the last 12 months.

The NHS board should ensure that its documentation records the offering of a sexual health screen, including space to record why it is not required or if it has been declined by the patient. NHS Grampian is encouraged to ensure the same process is followed in infectious diseases and genitourinary medicine so that consistent high quality care is delivered to those living with HIV.
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: 68%
Audit data published by the Information Services Division in 2009 shows that 68% of women seeking a termination of pregnancy within NHS Grampian had the procedure at 9 weeks gestation or earlier. There is ongoing monitoring conducted by the pregnancy advisory sisters on a weekly basis. Patient waiting times are recorded on the central booking system. The NHS board reported that if waiting times rise above 10 days then additional clinics are scheduled to address this.

In addition to monitoring waiting times, NHS Grampian reported that local audit data showed approximately 20% of women turn down the first available appointment offered to them, preferring to wait a week before accessing the service. This initial delay in accessing the service presents the NHS board with a challenge to ensure the patient undergoes the procedure within 9 weeks. The NHS board has also recognised that it is a challenge to get women to access the service before they reach the 9-week gestation point.

The NHS board is investigating opportunities to deliver termination of pregnancy services within the community. It is anticipated that reducing the requirement to travel to Aberdeen City to access the service would improve efficiency and access and therefore performance in this area. Similarly NHS Grampian is increasing the number of patients completing termination of pregnancy at home with early discharge. This increases capacity within clinics to perform the procedure and reduces waiting times.

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 Grampian has a system in place to ensure all women are offered a range of contraception at the time of termination of pregnancy. Future contraceptive plans are discussed at initial consultation. If this consultation takes place within a sexual and reproductive health clinic at Square 13, the woman will be supplied with hormonal contraception in advance of the procedure.

There is a standard form completed for every woman undergoing a termination of pregnancy. This records the discussion about future contraception and details leaflets provided to the woman for information. It also has a section detailing the method of contraception or action chosen on the day of the procedure.

Women undergoing medical termination of pregnancy can have a contraceptive implant fitted by a pregnancy advisory sister on the same day. Those wishing to begin an intrauterine method are given an appointment for a fitting within 5 days at Square 13 or
can have it fitted on the day by gynaecology staff if they are available. All women undergoing a surgical termination of pregnancy can have LARC fitted at the same time as undergoing the procedure.

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: 78%**

78% of women having a termination of pregnancy leave the facility with one of the more effective methods of contraception. This includes women leaving the facility with hormonal oral contraceptives, the contraceptive patch, contraceptive implant, or injectable contraceptive. It also includes women who have had an intrauterine device or intrauterine system fitted at the time of a surgical termination. It does not include women who have undergone a medical termination and wish to have an intrauterine device or intrauterine system fitted. Women who have undergone a medical termination have an appointment made to attend Square 13 within 5 days for fitting.

With the increasing number of terminations carried out in the community or completed at home, the NHS board is encouraged to ensure there is a system in place to continue with this high level of performance

6.4 Post termination of pregnancy counselling to provide psychological support is available within 4 weeks for women (and their partners) who request it.

**STATUS: Met**

NHS Grampian is commended for the proactive approach it takes to counselling women undergoing a termination of pregnancy. Emotional support is discussed at the initial consultation appointment and women are counselled at that point with regards feelings they may experience following the procedure.

Women are advised to contact their GP in the first instance should they require counselling following a termination of pregnancy. They are also advised that they, or their partners, can contact a pregnancy advisory sister for further support. There is a pathway in place outlining the steps a woman will go through should they contact the NHS board for support. A senior specialist nurse will undertake a needs assessment on this request and either arrange for telephone counselling support or for a face to face appointment. If this does not resolve the woman’s concerns then they can be preferred for a priority appointment with a consultant in psychosexual medicine.

NHS Grampian has not audited waiting times for this service as it reports there is limited demand due to its proactive approach. The service is also responsive to requests on a flexible basis when required. The NHS board is encouraged to formalise monitoring of access to the service to ensure that the system in place continues to meet the needs of women (and their partners).
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

MSM have a choice of where they are vaccinated against hepatitis B within NHS Grampian. The genitourinary medicine service offers vaccination to all MSM and there is a protocol in place to offer this service at the Terrence Higgins Trust. GPs may also offer this service, however, there is currently no monitoring of uptake in primary care so it is unclear if this is available across NHS Grampian. The NHS board is encouraged to develop a system to monitor the provision of hepatitis B vaccination within primary care to ensure there are no barriers to access and equity of provision across the region.

The Terrence Higgins Trust has undertaken a significant amount of promotional work through adverts in local papers, on social networking sites, specific websites for MSM and outreach work in public sex environments. The NHS board has also included MSM within target groups for public awareness initiatives around BBV. The importance of promoting hepatitis B vaccination is also included in communications with general practice when diagnosing hepatitis C. Awareness-raising sessions have been held by NHS Grampian for its specialist sexual health staff to ensure that the specific needs of MSM are considered by professionals delivering services to this group.

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: 33%

33% of MSM attending specialist services, and not known to be immune, receive at least one dose of the hepatitis B vaccine according to the latest audit. The NHS board has identified that a significant number of MSM attending its specialist sexual health services who have not been vaccinated have already declined the offer of immunisation. NHS Grampian is encouraged to investigate the reasons why people are declining vaccination. It should ensure that close links are formed with health promotion to publicise the benefits of vaccination and to ensure that appropriate strategies are in place to administer the vaccine.
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: 56.6 per 1,000

The key clinical indicator report for 2009–2010, published by the Information Services Division shows that 56.6 women of reproductive age per 1,000 in NHS Grampian are prescribed intrauterine and implantable contraceptives. This is a considerable improvement from the 43.2 the NHS board achieved the previous year.

This improvement has largely been achieved through increased provision in primary care settings. NHS Grampian developed and rolled out a free training programme on fitting LARC to GPs, community and practice nurses. This has allowed these services to deliver a local enhanced service to their patients. The training was delivered in two phases, the first providing training on fitting contraceptive implants ran through 2009–2010. The second focuses on fitting intrauterine devices and is running through 2010–2011. The NHS board has also specifically targeted GPs and practice nurses in locations where access to LARC was known to be restricted to ensure these areas were addressed first. The training programmes have been well attended and most GP practices now offer the service. Training is ongoing and the NHS board is now offering this to professionals in other community settings including community midwives and substance misuse clinics to further widen availability.

NHS Grampian is monitoring the uptake of intrauterine and implantable contraception by reviewing prescribing data to ensure that it continues to improve in this area.

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

As described in criterion 8.2, NHS Grampian has delivered a significant amount of training to primary care practices to enable them to provide intrauterine and implantable contraceptives. There now remains only three practices within Aberdeen city and eight practices within the surrounding Aberdeenshire area that do not provide this service. There is a mechanism in place to ensure that women requesting intrauterine and implantable contraceptives at these practices are referred to specialist services.

There is a fast track referral pathway in place that details how to direct women to the specialist sexual and reproductive health service and the information the woman should be provided with at the time of requesting a referral. If a practice does not offer the service of fitting the contraceptive, they should still undertake the counselling discussion at that appointment to ensure only one appointment is needed at the specialist service. Referrals can be made via letter, email or secure fax.
Within Aberdeenshire, there is an informal system of inter-practice referrals from practices that do not supply this service. This is largely led by GPs themselves recognising that it is not feasible for patients to travel to Aberdeen City to obtain a contraceptive implant. NHS Grampian is encouraged to formalise this system to ensure that a consistent process is followed across the NHS board area. This will allow for the introduction of monitoring of inter-practice referrals to ensure there is equity of access.

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

**STATUS: Not met**

NHS Grampian has not undertaken an audit to assess whether it is offering consultation appointments within 5 working days and therefore does not meet this criterion.

The NHS board reported that administrative staff informally monitor waiting times via the next available appointment. Clinical and administrative staff work together to restructure clinics to address this if waiting times are increasing.

NHS Grampian recently implemented a system to conduct telephone consultations for women referred to the service for LARC. This has proven to be successful and it is anticipated that this will increase efficiency with regards to appointment scheduling.

The NHS board is encouraged to adopt formal monitoring processes to ensure that it can evidence that women are able to access a consultation appointment within 5 days. The results can then be used to inform future service delivery.
Standard 9: Appropriately trained staff providing sexual health services

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

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

STATUS: Met

NHS Grampian ensures that all staff providing sexual health interventions are appropriately skilled and demonstrate knowledge gained from continuous professional development. A training audit was performed in 2008 that provided information on what was available to staff and partners through 2009–2010. The NHS board has delivered the Diploma of the Faculty of Sexual and Reproductive Health and the Sexually Transmitted Infections Foundation Course to a range of professionals over the last 2 years. NHS Grampian has also developed its own certificate in sexual health, offered particularly to primary care practitioners. This certificate can be used by attendees to obtain more detailed knowledge on sexual health interventions, prior to undertaking an accredited course. It can also act as a refresher for professionals to ensure they remain up to date and competent in delivering sexual health interventions.

The NHS board is commended for acknowledging the importance of primary care in delivering its sexual health services, particularly with regards to its remote and rural population in Aberdeenshire. As described in criterion 8.6, a significant training programme on LARC has been delivered. It has targeted training for staff in areas where there is limited access to contraception or where there are high levels of deprivation. This is considered an area of good practice.

NHS Grampian has ensured that this investment is maintained and has taken on a governance role, writing to individuals to remind them of the need to complete refresher training after 5 years. This ensures there is ongoing professional development. The NHS board is now delivering training on fitting contraceptive implants to other health professionals to ensure access is promoted and available to the whole population. An innovative example of this is training community practice nurses within the substance misuse service to ensure that it is offered to one of the NHS board’s most vulnerable groups. Furthermore, midwives and health visitors are to be trained in fitting LARC in order to target young mums.

There is also a robust training programme delivered to specialist sexual health staff to ensure that their knowledge remains up to date. All nursing staff have an annual personal development review where training needs are identified and discussed. Audit workshops are held as training events to present findings from audits, discuss improvement opportunities identified and address training needs. Courses are run on a regular basis to support re-certification and complete mandatory requirements, such as child protection.

NHS Grampian has robust arrangements for delivering training to its workforce. Where possible, training is fully funded to reduce barriers to access. It is also linked to other health
promotion training, such as alcohol brief interventions, to ensure maximum use of training time. There is good governance arrangements in place to ensure people remain fit to practise. There is recognition of the importance of partnership working with a number of sexual health professionals to deliver sexual health supported by ongoing training and development opportunities.
Appendix 1 – Details of review visit

The review visit to NHS Grampian was conducted on 17 March 2011.

**Review team members**

**Anne Eriksen (Team Leader)**  
Strategic Lead/Commissioner in Sexual Health & Blood Borne Viruses, NHS Tayside

**Alison Currie**  
Genitourinary Medicine Consultant, NHS Lanarkshire

**Fiona Gleighorn**  
Lead Nurse in Sexual Health, NHS Dumfries & Galloway

**Damian Killeen**  
Public Partner

**Ruth Leslie**  
Health Advisor, NHS Tayside

**Karen Piegsa**  
Reproductive Health Consultant, NHS Fife

**Healthcare Improvement Scotland staff**

**Anne Hanley**  
Team Manager

**Deborah McIntyre**  
Project Officer
## Appendix 2 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>BBV</td>
<td>blood borne virus</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>LARC</td>
<td>long acting and reversible methods of contraception</td>
</tr>
<tr>
<td>LGBT</td>
<td>lesbian, gay, bisexual and transgender</td>
</tr>
<tr>
<td>MSM</td>
<td>men who have sex with men</td>
</tr>
<tr>
<td>SHARE</td>
<td>sexual health and relationships education</td>
</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.

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA
Phone: 0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP
Phone: 0141 225 6999

www.healthcareimprovementscotland.org

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.