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 August 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 .................... 26
Appendix 2 – Glossary of abbreviations .............. 27
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 Dumfries & Galloway. The review visit took place on 19 April 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Met</td>
</tr>
<tr>
<td>Standard 1: Comprehensive provision of specialist sexual health services</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Standard 2: Sexual health information provision</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>Standard 3: Services for young people</td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>Sexual health services standards criteria</td>
<td>Assessment category</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Standard 4: Partner notification</strong></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 5: Sexual healthcare for people living with HIV</strong></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 6: Termination of pregnancy</strong></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td></td>
</tr>
<tr>
<td>6.4</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 7: Hepatitis B vaccination for men who have sex with men</strong></td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td></td>
</tr>
<tr>
<td>7.3</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 8: Intrauterine and implantable methods of contraception</strong></td>
<td></td>
</tr>
<tr>
<td>8.2</td>
<td></td>
</tr>
<tr>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td><strong>Standard 9: Appropriately trained staff providing sexual health services</strong></td>
<td></td>
</tr>
<tr>
<td>9.3</td>
<td></td>
</tr>
</tbody>
</table>

**Strengths**

The NHS board has:

- strong partnership working arrangements, particularly with education and primary care colleagues
- comprehensive sexual health services for young people, including those who are looked after and accommodated, and
• robust arrangements for providing sexual health services through primary care, using locally enhanced services, to ensure it can meet the needs of its remote and rural population.

Recommendations

The NHS board to:

• continue to improve engagement with key priority groups, particularly the lesbian, gay, bisexual and transgender community and people living with learning disabilities or mental health problems, and

• ensure that there is management, support and direction for the service at a strategic and executive level.
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 Dumfries & Galloway has integrated arrangements for providing sexual health care to its population. Informal arrangements for providing genitourinary medicine services through family planning services have been in operation since March 2005 when family planning took over the NHS board’s only genitourinary medicine clinic. This arrangement has continued to progress, with all clinics offering both family planning and genitourinary medicine services at new purpose built premises at Nithbank in Dumfries. The service now operates under a single brand, known as sexual health D & G, and as of April 2011, has a single unified budget. It is anticipated that the merging of the budgets will further clarify planning arrangements and increase focus from a strategic and managerial perspective.

Sexual health clinics provide a full range of contraception options and sexually transmitted infection testing including HIV testing using an opt-out model. Complex contraception needs are also dealt with in sexual health clinics with appointments booked with a specialist doctor.

The service is fairly small with limited resources. It has formed close working relationships with other NHS departments to ensure it can provide a full range of services to its population. Women requesting sterilisation are referred to gynaecology for treatment and men seeking vasectomies are treated within the general surgery lists. The infectious diseases unit and blood borne virus (BBV) team manage people with HIV, hepatitis and other BBVs. Links have also been formed with the substance misuse service, emergency departments, community pharmacies and general practice.

NHS Dumfries & Galloway does not have a consultant-led service. To ensure the service provided by the NHS board is comprehensive, there is a memorandum of understanding through the west of Scotland managed clinical network for sexual health. This includes regular consultation with a named consultant at the Sandyford Initiative in NHS Greater Glasgow and Clyde. Complex cases and service development are reviewed as required between the named consultant and NHS Dumfries & Galloway’s lead for sexual health. The NHS board is commended for its approach and commitment to partnership working across the service. It is encouraged to ensure that there are clear management and planning arrangements at a strategic level. This will allow the service to continue to develop and progress with further planned improvements in service delivery.
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 Dumfries & Galloway has two settlements with populations over 10,000: Dumfries and Stranraer. The majority of sexual health services for the region are located in Dumfries, with the NHS board opting to have a dedicated central base there. There are a total of 32 hours of clinic time in Dumfries, which includes a nurse run daily drop-in Monday to Friday, a number of appointed clinics and a daily telephone helpline. In addition, clients can drop in throughout the day for chlamydia testing and condoms. There are also fortnightly integrated clinics held in Annan and once a month in Newton Stewart. There are also youth clinics in 10 towns with secondary schools and nurse drop-ins running in every secondary school.

In Stranraer, however, there are insufficient clinical hours provided to meet this criterion. There is a fortnightly booked integrated sexual health clinic and a weekly lunch time drop-in clinic for sexually transmitted infection testing and treatment. There is also a weekly youth clinic held in a centre for pupils excluded from mainstream education and a school nurse drop-in at the local secondary school. Stranraer is noted to have high levels of deprivation and a higher percentage of drug users in comparison to the rest of the Dumfries & Galloway region; factors which are known to be linked to poor sexual health. The NHS board is encouraged to review the existing clinic structure with a view to increasing provision in Stranraer to meet this criterion and ensure it meets the needs of its population.

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: 99%**

NHS Dumfries & Galloway took part in the west of Scotland managed clinical network for sexual health’s waiting times audit. This audit was conducted over a 4-week period in February and October 2010. It showed that 99% of individuals were offered a consultation appointment with specialist sexual health services within 2 working days. The NHS board has continued to monitor its performance in this area on a monthly basis by reviewing the next available appointment on the national sexual health system (NaSH). This demonstrated that from April 2010 to February 2011 there was only one occasion that there was not an appointment available within 48 hours.

In addition to booked appointments there is a daily drop-in clinic at Nithbank in Dumfries. Patients who telephone the central booking line for an appointment suspected of having a priority condition are advised to attend the next drop-in clinic in the first instance. If this does not meet their needs they are offered the next available appointment. The NHS board promotes the symptoms of priority conditions on its website. Administrative staff use a telephone checklist for answering calls to find out whether the person should be treated as a priority. The NHS board is commended for its performance in this area.
1.4 There are targeted services for communities or individuals with specific needs.

STATUS: Met

NHS Dumfries & Galloway has identified communities and individuals with specific needs in its sexual health strategy and action plan. This includes:

- young people including those that are looked after and accommodated
- people who are lesbian, gay, bisexual or transgender (LGBT)
- people from ethnic minorities
- people with substance abuse issues
- people with disabilities, including learning disabilities
- people from the homeless community, and
- people living with HIV.

The NHS board has established link workers from sexual health services for each of these groups and is attempting to replicate this with mental health service users. Link workers engage with individuals from these backgrounds and agencies that work with these groups to ensure that sexual health services can meet their needs. There have been consultations with each group and a mapping exercise performed to consider the specific services they require. In addition, agencies that work specifically with these groups have been invited to attend tailored multi-agency sexual health training to ensure they have appropriate knowledge to provide support to their clients in the area of sexual health.

In terms of delivering targeted services there are a number of youth clinics and school-nurse drop-ins operating across the region to provide services to young people. There is a monthly clinic for homeless people run in partnership with the Bethany Trust. The BBV team also provides a fortnightly dried blood spot testing clinic for HIV and hepatitis to this population. The NHS board trialled a sexual health clinic at the substance misuse clinic but discontinued this due to poor uptake. Sexual health questions are now incorporated into the routine assessments of individuals attending this clinic. This is done in order to identify people who require specialist input and direct them to services.

The NHS board has recently undertaken a significant piece of engagement research with its LGBT population. In partnership with LGBT Youth Scotland, an internet survey and a number of focus groups have been completed, particularly with regards to services for men who have sex with men (MSM). This has been used to identify general issues and consult on how to improve services for this target group. It was noted that NHS Dumfries & Galloway had relatively small numbers of MSM accessing their services and it is encouraged to consider barriers to access as part of the ongoing work in this area. It is anticipated that the results of the survey and focus groups will be distilled into an action plan and inform future service development.

NHS Dumfries & Galloway recognises that it has not yet made a sustained link with learning disabilities to progress with providing targeted services to this group. The NHS board considers that this is a strategic gap and has prioritised this for attention over the coming year.
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 Dumfries & Galloway has invested in improving its premises for specialist sexual health where possible. The central sexual health clinic at Nithbank in Dumfries is located in purpose built premises with the relevant guidance taken into account.

The NHS board participated in the west of Scotland managed clinical network’s accommodation audit of all premises hosting sexual health services. An action plan has been developed as a result of this and the NHS board is progressing with identified opportunities for improvement.
Standard 2: Sexual health information provision

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

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

STATUS: Met

NHS Dumfries & Galloway has developed a sexual health communications strategy and work plan for 2011. The strategy identifies a number of vulnerable and hard to reach groups and the NHS board intends to develop initiatives to meet their information needs. Target group information needs were assessed in 2002–2003 and were revisited in 2005. The NHS board reported that it intends to review this information further when establishing its 5-year action plan later this year.

The NHS board’s annual sexual health awareness week was highlighted as an area of good practice. Every January a topic is identified for promotion across the service and in collaboration with a range of partners. A multi-agency steering group decides on the topics, identifies and cascades the resources to partners and promotes the week across Dumfries & Galloway. Information needs are assessed as part of this preparation process and resources established as necessary. Typical resources include posters and flyers, websites, radio advertising, toolkits for use in youth groups and schools, focus groups, and engagement events. Feedback is gathered throughout the week from both the public and partners. This is then used to inform the development of future information.

The NHS board has also worked with NHS Health Scotland to carry out a formal consultation on information for young people. This resulted in the branding of the youth clinics as C2U drop-ins and has been frequently consulted upon with young people across the region.

The NHS board also produces a detailed newsletter to share a broad range of sexual health information with partners. This is circulated three times each year. A short newsletter aimed at GPs and busy clinical staff is also distributed regularly to staff to provide highlights from the longer newsletter. The NHS board is encouraged to assess the impact of these newsletters to ensure that it is providing valuable and timely information to its partners.

It is clear that the NHS board produces and disseminates high quality information for use by a wide range of its population. It is responsive to information requests from partner agencies and seeks feedback from patients about their experiences using the service.
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

There is a local sexual health website, www.c4urself.org.uk, which contains information on sexual health conditions, sexual health services in the NHS board area and contraception information. It promotes a number of links to other organisations where information, support and advice may be obtained. The website also has specific, comprehensive web pages for young people, males, females and the LGBT community. It is reviewed by sexual health staff every 6 months to ensure it remains accurate. The NHS board reported that it compares the content of its website to other sexual health websites from the voluntary sector and other NHS boards. This ensures that it is providing useful information to its population. The sexual health website was updated in 2009 and partner agencies were asked to consult with their users regarding the website which resulted in several changes. During the annual sexual health week the website is updated to include information on the topics considered in this week, for example the sexual health of older people.

The NHS board has participated in a number of multi-agency information events for young people, such as ‘Big World’ in Annandale. This was a one day event aimed at people leaving high school and covered topics such as drugs and alcohol, BBVs, and anti-social behaviours. A range of partners attended this event including health, police, the anti-social behaviour team, Procurator Fiscal and education services. A leaflet detailing all the sexual health services available was distributed to all attendees and partners. In addition to ad hoc events like this, the NHS Dumfries & Galloway sexual health awareness week also provides a range of accurate and up-to-date information on sexual health through a variety of formats and partner organisations.

NHS Dumfries & Galloway has arrangements in place to quality assure the information it produces. All strategies, policies and guidelines produced locally are developed in accordance with the NHS board’s document development and approval policy. It regularly seeks feedback from patients on the information it receives and consults with partners on areas for improvement. Following training and other events, the NHS board uses a digital voting system as an interactive way of gaining feedback and testing knowledge.
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 Dumfries & Galloway has a comprehensive youth sexual health service. This operates with separate branding and marketing to mainstream sexual health services with a view to making the service more accessible to young people. Youth sexual health clinics are called C2U drop-ins and are supplemented by C4U outlets that supply free condoms. There are 10 C2U drop-ins across the region, located in a variety of health and non-health premises close to secondary schools. There are a further 25 C4U outlets in a variety of locations and settings including pharmacies, colleges, community centres and residential care homes. As well as supplying condoms, these outlets are used to educate about sexual health and direct people to services. A full day’s training has to be undertaken by partners setting up a C4U outlet to ensure they have adequate knowledge. The young people’s sexual health co-ordinator annually reviews all C4U outlets to assess if standards are being maintained and updates providers of service developments within specialist sexual health services.

There is a specific young people’s sexual health steering group that meets quarterly. A broad range of partners including health, education, social services, voluntary organisations, child protection specialists and the police attend this group. It has three overarching aims:

- increase the knowledge and understanding of the sexual health issues which affect young people
- actively lead on and participate in policy development on issues which affect the sexual health of young people, and
- support, monitor and evaluate existing sexual health programmes aimed at young people.

A number of objectives have been identified to progress with this and short term action groups are formed to undertake work when required. In addition to this, group representatives from sexual health services attend a number of youth forums and partnerships. These include the alcohol and drugs partnership and Annandale and Eskdale’s safety and health action partnership.

NHS Dumfries & Galloway also uses school nurses as a key resource for young people. School nurses are regularly invited to attend training with specialist sexual health services. In addition they staff the network of youth clinics. They are informed of service developments and are invited to attend the generic drop-in clinics to ensure that their clinical skills remain up to date and ensure they are appropriately equipped to support young people.

The NHS board has also engaged with social work services to improve the sexual health of young people who are looked after and accommodated. Guidance has been developed for social workers on sexual health and it has been agreed that they will provide condoms. Training has been provided on sexual health to foster carers and private residential care homes. A fast track card is also used for these young people in the main drop-in clinic.
NHS Dumfries & Galloway is commended for its robust approach to providing accessible youth sexual health services. It has strong partnership working arrangements with other agencies and ensures a consistent message is delivered. This is an area of good practice.

3.6 Targeted interventions are demonstrated for young people at greatest risk of teenage pregnancy and poor sexual health, including looked-after children.

**STATUS: Met**

NHS Dumfries & Galloway has a number of targeted interventions for young people at greatest risk of poor sexual health and teenage pregnancy. School nurses in every secondary school in the region deliver two presentations, one on contraception and one on sexually transmitted infections. This ensures equity in the information school pupils receive. In two secondary schools there is also a peer education programme delivered by sixth year pupils to third year pupils concentrating on aspects of relationships, contraception, sexually transmitted infections, anatomy and alcohol. Of particular note is that this is delivered in Stranraer Academy, an area with high deprivation and identified as an area at greater risk of poor sexual health and high teenage pregnancy. In addition to the peer education programme and presentations, the NHS board has developed a robust and comprehensive framework for sex education using the Curriculum for Excellence methodology. This was identified as an area of good practice.

Within sexual health services the young people’s sexual health steering group has prioritised tackling teenage pregnancy and has used the teenage pregnancy self-assessment to establish a view of the current situation. This has led to the creation of a one year action plan to ensure progress is made; there is an intention to follow this action plan with a more strategic 3-year action plan in 2012.

NHS Dumfries & Galloway maternity services have appointed a specialist midwife for vulnerable families, including young mums. This midwife will assist with the progression of the action plan and provide targeted interventions to young mums. A proposal has been put forward to set up a young mums and teenage pregnancy group as a support mechanism. It is anticipated that providing interventions to young mums will reduce the number of subsequent teenage pregnancies.

All teenagers attending a C2U drop-in have a full sexual history taken and an assessment of their weekly alcohol consumption. If this is considered to be significant levels of alcohol, an alcohol brief intervention is completed. This allows risk taking behaviours to be identified and addressed as appropriate. This is a good example of a targeted intervention for young people at greatest risk.

There have also been various multi-agency initiatives in Dumfries & Galloway. Operation Resolve, was a police-led exercise to tackle a broad range of teenage anti-social behaviours. This was a collaborative programme with participation from police, youth workers, social education workers and healthcare providers. On key nights of the week, police and youth workers patrolled the Dumfries area and engaged with any person under 16 found to have consumed alcohol. The young person was then brought to a youth centre and provided with a range of information. This included information on other youth activities they could get involved with and sign posting to sexual health services, before being collected by a parent or guardian. Parents were also involved in the project and supplied with
information, advice and support by a youth worker prior to picking up the young person concerned. This is an example of good practice.

The NHS board has undertaken significant work to engage with looked after and accommodated young people. There are strong links between sexual health services and the dedicated looked after and accommodated nurse. A fast track referral process ensures all looked after young people are treated as a priority when attending services. The NHS board is also offering hepatitis B vaccinations to young people in residential care homes after identifying them as a high risk group. This is an example of good practice. Targeted training has been delivered to groups that work with these young people and regular meetings are held with social services and advocacy groups for this target group.

NHS Dumfries & Galloway is clearly tackling the issues of poor sexual health in young people and teenage pregnancy. It is encouraged to ensure it fulfils the needs of all young people including those excluded from school. Also, in areas identified as having high levels of deprivation, such as Stranraer, it should ensure that there are adequate clinical hours for services at times and locations that are accessible to all young people regardless of background.

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 Dumfries & Galloway has developed bespoke multi-agency sexual health training that is delivered on a regular basis to a range of partners including: youth workers, the police, education, social services, other healthcare providers and the voluntary sector. As mentioned in 3.4, all C4U providers must complete this training.

School nurses have access to the full range of training that specialist sexual health nurses can access, ensuring that they maintain appropriate training. The relationship between school nurses and specialist sexual health services in NHS Dumfries & Galloway is highlighted as an area of good practice. There is a robust Curriculum for Excellence education programme for use in schools that has been developed by NHS Dumfries & Galloway.

The NHS board has also provided training to parents, private providers of care and foster carers. The SpeakEasy course, to help parents and carers communicate confidently with young people about growing up, relationships and sexual health, is regularly provided. The annual sexual health awareness week also provides an opportunity for parents, carers and other partners to receive training on sexual health.
Standard 4: Partner notification

Standard statement 4

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

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

STATUS: Met

NHS Dumfries & Galloway has three specialist sexual health advisers. These sexual health advisers are notified via the laboratory of all positive results for chlamydia and gonorrhoea. If the person has been tested in primary care, the tester is notified of the results and supplied with a telephone number and email address for the sexual health advisers. GPs can contact the sexual health advisers for advice and support to conduct partner notification or to refer a patient on to the 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 carried out as standard by specialist sexual health advisers for individuals diagnosed in: sexual health clinics; the department of obstetrics and gynaecology; other hospital departments; and community pharmacies. The addictions nurse supported by sexual health advisers will carry out partner notification for people diagnosed in prison.

It was noted that over half the positive results in NHS Dumfries & Galloway are diagnosed in primary care. In this instance, the GP or practice nurse is encouraged to initiate partner notification. The NHS board has provided partner notification training to 19 of 35 GP practices. A GP and practice nurse from each of these practices attended a 2-day training course in 2007. This was designed to ensure that these practices have robust systems and pathways in place to perform the follow-up actions from a positive sexually transmitted infections test, including offering partner notification. At the time of the visit, the NHS board stated that sexual health advisers were following up this training by visiting every GP practice to promote partner notification and their availability to support this process. If a GP wishes, the patient can be referred to specialist sexual health services for partner notification to be carried out.

The NHS board was unable to quantify the level of partner notification taking place across the region for individuals diagnosed in a primary care setting. NHS Dumfries & Galloway is encouraged to continue engaging with primary care practitioners on this issue. It should ensure ongoing monitoring of positive results and that partner notification is offered as standard, regardless of where individuals access services.
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: 93%

In NHS Dumfries & Galloway, people living with HIV are cared for by the infectious diseases unit.

The NHS board conducted an audit of people living with HIV accessing services at the Dumfries HIV clinic in 2009. A total of 29 people accessed the service in this period. 93% of these (27 individuals) had their syphilis serology results recorded in their HIV record within the last 6 months.

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: 80%

The British Association for Sexual Health and HIV/Scottish HIV and AIDS Group national audit shows that 80% of patients presenting for the first time in Scotland have their sexual history documented within 4 weeks of diagnosis in NHS Dumfries & Galloway.

While this fulfils the requirements of the criterion, the NHS board has taken steps to further improve this. A new standard form has been developed and implemented for use at the HIV clinic. This form includes documenting sexual history as standard at every consultation. It also contains a section to complete which documents that a discussion took place with regards to preventing onward transmission. NHS Dumfries & Galloway reported that it intends to re-audit performance against this criterion in June 2011.

5.3 80% of adults receiving ongoing HIV care have an offer of a sexual health screen at least once every 12 months. If a sexual health screen is not required or if the offer is declined, this information is documented at 12 monthly intervals.

STATUS: 86%

An audit conducted between January 2009–January 2010 showed that 86% of adults receiving ongoing HIV care have an offer of a sexual health screen documented in their notes in the last 12 months.

As mentioned in 5.2, NHS Dumfries & Galloway has modified its documentation for people with HIV to ensure these data are robustly captured.
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: 59.7%

Key clinical indicator data for 2009 show that 59.7% of women undergo a termination of pregnancy in NHS Dumfries & Galloway at 9 weeks gestation or earlier. This shows a steady improvement from 53.8% achieved in 2008.

The NHS board recognised that improvements were necessary in this area and formed a termination of pregnancy service working group in December 2008 to address this. A number of actions were identified and implemented as a result of this. This included increased promotion of the service to GPs, and in particular reminding them of the importance of telephone referrals for fast access to the service. The NHS board also restructured the times of the termination of pregnancy clinics to ensure availability of clinicians and provide more options for appointment times.

NHS Dumfries & Galloway carried out a local audit from June–October 2009 following the implementation of these changes. This audit reviewed 50 case notes and showed that 68% of women underwent the procedure at 9 weeks gestation or earlier. This suggests that the implemented changes have led to tangible improvements in service delivery. The NHS board is encouraged to continue monitoring its progress in this area to ensure ongoing improvement.

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 Dumfries & Galloway has developed a standard assessment sheet that is used at the initial consultation stage for all women seeking a termination of pregnancy. This sheet prompts staff to discuss future contraception plans with all women and documents the preferred option. This discussion is supported by information leaflets, which are provided to the women at the time of the appointment.

The NHS board conducted an audit by reviewing 50 consecutive case notes from June–October 2009. This audit showed that in 90% of cases there was documentary evidence that a discussion on contraception took place at the time of termination of pregnancy.
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: 66%**

A local audit carried out by NHS Dumfries & Galloway demonstrated that 66% of women undergoing a termination of pregnancy leave the facility with a more effective method of contraception. The majority of these, 56%, are leaving the facility with hormonal contraception. Contraceptive implants can be fitted at the time of the procedure depending on staff availability. Similarly women undergoing a surgical termination wishing to have an intra-uterine device fitted can have this done at the time of procedure. For women that have a medical termination of pregnancy wishing to adopt an intrauterine method of contraception, an appointment is made for them to attend specialist sexual health services within 48 hours of their procedure.

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 Dumfries & Galloway does not provide a specific post termination of pregnancy counselling service. Women are advised to contact the antenatal team for advice in the first instance or their GP who can refer to psychological services if necessary. There is a patient information leaflet for women undergoing a termination of pregnancy. This details links to other organisations where support is available. There is a local voluntary organisation, ‘Frendz’, which NHS Dumfries & Galloway promotes to women that have accessed the termination services through its leaflet. The NHS board is encouraged to implement monitoring arrangements with this organisation regarding the number of women accessing the service and ensure a high quality of service is provided.
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 can be vaccinated at various places across NHS Dumfries & Galloway. The majority of MSM are vaccinated through specialist sexual health clinics in Dumfries. The vaccine is also available at GP practices as part of the NHS Dumfries & Galloway protocol for hepatitis B vaccination for previously unvaccinated adults. While the NHS board does not specifically monitor MSM receiving the vaccine in primary care, it does use prescribing data to monitor administration of the vaccine to all risk groups, which includes MSM. The vaccine is also available through drug and alcohol services, the BBV team and the infectious diseases unit, although it was reported that it would be rare for an MSM to present at these clinics solely for the purpose of hepatitis B vaccination.

In terms of promoting health and risk reduction activities, NHS Dumfries & Galloway has worked with LGBT Youth Scotland to design and distribute promotional materials. The NHS board recognises that identifying and engaging with MSM is a challenge for the organisation. As such it conducted an extensive consultation programme in partnership with the voluntary organisation, as mentioned in 1.4. This included an internet survey assessing the requirements of MSM, the existing sexual health knowledge of the group and what they would like to see at sexual health D&G to cater for their specific needs. The results of this have recently been reported on and will inform service redesign and health promotion activities for MSM within the NHS board area.

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: 76%

NHS Dumfries & Galloway audited the vaccination history of all MSM registered with the specialist sexual health service using their patient record on NaSH. This audit showed that by 1 February 2011, 76% of MSM had been vaccinated or had a course in progress.

NHS Dumfries & Galloway reported that it has implemented a system of recalls using NaSH. This ensures that all men registered with the service as an MSM who fail to attend a follow-up appointment to complete the vaccination course are contacted by the service to reschedule. The NHS board reported that this means that the majority of the MSM registered with the service have received three full doses of the vaccination.
**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: 71.9 per 1,000**

Key clinical indicator data for 2009–2010 show that 71.9 women of reproductive age per 1,000 were prescribed intrauterine or implantable contraceptives within NHS Dumfries & Galloway. The NHS board is commended for the substantial improvement this demonstrates on the previous year's performance of 59.1 per 1,000.

This improvement has largely been because of substantial investment by the NHS board in establishing a local enhanced service for long acting and reversible methods of contraception (LARC) provision in primary care. Of the 35 GP practices operating in NHS Dumfries & Galloway, only three cannot provide either implantable or intrauterine contraceptive methods, with 24 practices providing both methods. This is an area of good practice for the NHS board, particularly with regards to ensuring services are available to women in remote and rural communities.

LARC provision is also available at nurse-led drop-in clinics which run Monday to Friday. Appointments are also available at the sexual health clinic at Nithbank in Dumfries at both early morning and evening sessions. This ensures women referred from primary care can have the procedure performed quickly at a time suitable to their needs.

**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**

There are a number of mechanisms in place to ensure women have access to intrauterine and implantable contraceptives if their own GP practice does not provide these. Women are able to self refer to specialist sexual health services either by attending a daily drop-in clinic or making an appointment.

Within primary care there is an electronic referral system in place to allow specialist sexual health services to receive referrals efficiently. There is also the opportunity for women to attend a different GP practice if theirs does not provide the service. In some instances, women can self-refer to this service while in others they would require a referral from their existing GP. Information on practices accepting inter-practice referrals is available on the sexual health website along with a list of all GP practices in the NHS board area that provide intrauterine and implantable contraceptives. The collaborative working between GP practices is highlighted as an area of good practice.
8.4 A consultation appointment with a service providing intrauterine and implantable contraceptives is available within 5 working days.

**STATUS: Met**

An audit was conducted through the west of Scotland managed clinical network to assess performance against the 5-day waiting times target. All relevant appointment requests were recorded in February and October 2010. This demonstrated that the average waiting time in NHS Dumfries & Galloway was 4 days showing that it meets this criterion. In addition, the NHS board conducts a monthly audit using the national sexual health system (NaSH). This audit has been conducted from April 2010–February 2011 and shows that an appointment was available within 48 hours in 99% of cases.

NHS Dumfries & Galloway is commended for implementing a system of telephone consultations for initial appointments. In this system, a nurse contacts the patient by telephone after receiving an electronic referral. At this point:

- the patient is counselled on their chosen method of contraception
- their medical and sexual history is recorded
- advice on sexually transmitted infection testing is given, and
- an appointment to get the procedure at a time that suits their menstrual cycle is scheduled.

This information is recorded on the patient’s electronic record to avoid duplication when attending the clinic. By completing this consultation over the telephone, patients from remote and rural areas do not need to travel long distances on more than one occasion, creating a one stop process for LARC fitting.
Standard 9: Appropriately trained staff providing sexual health services

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 Dumfries & Galloway provides a range of training to staff providing specialist sexual health interventions. All medical staff working in the specialist services hold a diploma or membership of the Faculty of Sexual and Reproductive Health and all registered nurses in the service hold a post-graduate certificate in sexual and reproductive health. Sexual health nurses all have personal development plans in accordance with the knowledge and skills framework (the national system used for staff appraisal in the NHS) and work to the NHS Education for Scotland career framework for sexual health.

The NHS board has set up a clinical supervision group for nurses and healthcare assistants. The group meets every 6 weeks and provides an opportunity to discuss training issues, reviews complex cases and discusses improvement opportunities. School nurses are also invited to attend these sessions.

NHS Dumfries & Galloway also offers training to a variety of medical and nursing staff including primary care staff as well as partner organisations. The majority of GP practices now have someone trained to fit a LARC method of contraception and are invited to attend an annual update on a range of sexual health topics.

There are a number of training courses throughout the year on a range of sexual health topics that are open to GPs and practice nurses to attend. NHS Dumfries & Galloway is encouraged to adopt a system of monitoring the uptake of training, particularly in primary care, to ensure that all health professionals have been trained.
Appendix 1 – Details of review visit

The review visit to NHS Dumfries & Galloway was conducted on 19 April 2011.

<table>
<thead>
<tr>
<th>Review team members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rak Nandwani (Team Leader)</strong></td>
</tr>
<tr>
<td>HIV &amp; Genitourinary Medicine Consultant, Sandyford Initiative, NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td><strong>Aileen Brown</strong></td>
</tr>
<tr>
<td>Manager for Women and Sexual Health Services, NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td><strong>Audrey Brown</strong></td>
</tr>
<tr>
<td>Consultant in Sexual and Reproductive Health, Sandyford Initiative, NHS Greater Glasgow and Clyde</td>
</tr>
<tr>
<td><strong>Lynn Chalmers</strong></td>
</tr>
<tr>
<td>Senior Nurse, NHS Highland</td>
</tr>
<tr>
<td><strong>Sharon Hardie</strong></td>
</tr>
<tr>
<td>Health Promotion Manager, NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td><strong>Caroline Hinton</strong></td>
</tr>
<tr>
<td>GP Sexual Health and Reproductive Medicine, NHS Shetland</td>
</tr>
<tr>
<td><strong>Healthcare Improvement Scotland staff</strong></td>
</tr>
<tr>
<td><strong>Anne Hanley</strong></td>
</tr>
<tr>
<td>Team Manager</td>
</tr>
<tr>
<td><strong>Deborah McIntyre</strong></td>
</tr>
<tr>
<td>Project Officer</td>
</tr>
</tbody>
</table>
### Appendix 2 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BBV</td>
<td>blood borne virus</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</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>NaSH</td>
<td>national sexual health system</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.