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

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

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www.healthcareimprovementscotland.org
Contents

1 Setting the scene 4

2 Summary of findings 6

3 Detailed findings against the standards 9

Appendix 1 – Details of review visit 32
Appendix 2 – Glossary of abbreviations 33
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 Fife. The review visit took place on 10 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>
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* achieved within the sexual health service
** achieved within the infectious diseases service
**Strengths**

The NHS board has:

- successful specific sexual health interventions
- initiatives to target areas of deprivation
- improved access to termination of pregnancy services, and
- a range of sexual health training for staff from multiple agencies.

**Recommendations**

The NHS board to:

- integrate various elements of the sexual health service and implement one common set of actions
- focus more activity on men who have sex with men, and adults within the lesbian, gay, bisexual and transgender community, and
- increase the uptake of long acting and reversible methods of contraception.
3 Detailed findings against the standards

Standard 1: Comprehensive provision of specialist sexual health services

<table>
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<th>Standard statement 1</th>
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<tr>
<td>A comprehensive range of specialist sexual health services is provided locally and individuals with the greatest need are treated as a priority.</td>
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1.1 The NHS board has integrated local specialist sexual health services, which as a minimum, deliver a full range of contraception options, facilities for the diagnosis and treatment of all sexually transmitted infections in both men and women, and HIV testing and counselling.

STATUS: Not met

The NHS Fife sexual health service provides specialist contraceptive, reproductive, sexually transmitted infection and HIV services for Fife’s population. The care of people living with HIV in Fife is undertaken in both the sexual health service and the infectious diseases service.

Sexual health services are delivered through the contraception and sexual health (CASH) and genitourinary medicine services. CASH offers 30 sexual health clinics at nine different venues across Fife. Ten of the clinics are drop-in clinics, the remainder are by appointment. CASH offers a full contraceptive service, including emergency contraception and long acting and reversible methods of contraception (LARC). It also provides pregnancy testing, cervical smears, screening for some infections, medical gynaecology and advice on the menopause and hormone replacement therapy. It also refers patients for sexual problems, abortion or sterilisation.

The genitourinary medicine service provides testing and treatment for sexually transmitted infections and HIV, hepatitis vaccinations for at risk groups, partner notification and testing of alleged victims of sexual assault and abuse. It also offers pregnancy testing, emergency hormonal contraception and condoms. The majority of genitourinary medicine patients are in their teens and early twenties. Nine of the CASH clinics are run adjacent to genitourinary medicine clinics with plans for further expansion of dual sited clinics.

NHS Fife also has a network of young people’s hubs offering sexual health drop-in services for those aged 12 to 25. The young people hubs provide a range of services including contraceptive advice and condom provision, pregnancy testing, and counselling on teenage issues. The advice and support provided within the young people's hubs is free and confidential.

In 2003, Kirkcaldy and Levenmouth Local Healthcare Co-operative proposed the integration of CASH and genitourinary medicine services using a hub and spoke model of delivery in each of the three community health partnership areas of Fife. In July 2009, the NHS board appointed a clinical services manager to progress the integration. NHS Fife has a long-term plan to achieve dual training of all sexual health staff and to deliver all sexual health services in a fully integrated rather than co-located manner. Medical and nursing staff in CASH and genitourinary medicine have undertaken a period of rotation into the opposite specialty to increase their skills and knowledge. NHS Fife has identified generic sexual health services which can be offered to all patients in all locations if staff are
appropriately trained. A number of integrated clinics have been established to pilot the generic service and to offer patients a one-stop service. In early 2011, an evaluation of one of the pilot locations revealed positive results and confirmed that this integrated service is meeting a previously unmet need.

NHS Fife reported challenges in merging the CASH and genitourinary medicine services. Each has a distinct culture and model of staffing. Genitourinary medicine has developed from an acute setting while CASH evolved from a community setting. Work is ongoing within NHS Fife to agree the next stage of integration and to decide how staff will be trained and skilled to deliver a fully integrated service.

The review team strongly recommends that NHS Fife resolves barriers to integration and rapidly progresses its plans to ensure that patients receive a comprehensive service across all sexual health service locations. This should be supported by a common set of sexual health protocols including patient referral pathways for all patient groups. The review team recommends the use of a common NHS Fife sexual health service branding rather than the separate CASH and genitourinary medicine brands. This will help integrate the sexual health service and make it more identifiable for patients. The review team further encourages NHS Fife to ensure that CASH and genitourinary medicine staff input patient data on the NHSScotland national sexual health system (NaSH) in a consistent and comprehensive way, to help improve audit and evaluation of the service.

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

Fife is a relatively small region with a population of around 363,460. There are no large cities. Most of the population live in small urban areas, of which Dunfermline, Glenrothes and Kirkcaldy are the largest.

In 2008, NHS Fife undertook a mapping exercise to determine the public’s access to sexual health services across Fife. The exercise revealed a need for additional genitourinary medicine services in certain areas where the service has traditionally been provided by CASH. As a result, NHS Fife introduced additional services in 2010 in Glenrothes and Dunfermline to provide a joint CASH and genitourinary medicine clinic.

In November 2010, the NHS board undertook a further geographical mapping exercise to assess the travel time from Fife settlements to its sexual health service locations. The exercise showed that most settlements of over 10,000 people have access to a minimum of 2 full days per week of local specialist sexual health service provision available within 30 minutes driving time. The exceptions were the sexual health services at Cupar and St Andrew’s which provide a service once a week. NHS Fife attempted to expand the service provided at Cupar but was unable to due to accommodation restrictions. The NHS board has identified that the demand for sexual health services at St Andrew’s does not warrant 2 full days per week.

NHS Fife is working towards resolving barriers to meeting this target. This includes taking forward actions to ensure that services are provided close to where they are needed.
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: 80%**

In 2009, an audit was undertaken which indicated that 80% of NHS Fife patients with priority sexual health conditions were seen within 2 working days of their initial contact. Following the audit, NHS Fife identified actions to further increase patient access to appointments through:

- educating staff about the availability of appointments for patients with priority sexual health conditions
- better use of the drop-in sexual health clinics, and
- highlighting the availability of drop-in appointments, where patients can turn up at the next available clinic and be fitted in on the day.

In 2010, NHS Fife moved to a single phone number for all patients who wish to make an appointment with the sexual health service. This enables the service to offer patients the next available appointment, wherever this may be in Fife, therefore improving access for patients. Phone calls are monitored daily to identify times in the day when patients have difficulty getting through to a member of staff. Answer phones are also in place to pick up calls that may be missed.

At the drop-in clinic, patients are asked to complete a triage sheet to ensure they are seen by an appropriate member of staff. The nurse practitioners assess patients who need to be seen and those who may be asked to attend a different clinic according to their need.

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

**STATUS: Met**

NHS Fife undertakes the equality impact assessment process for policies, procedures, strategies and service redesign. This includes recognising the need to identify adverse impacts including those affecting sexual orientation. The NHS Fife sexual health strategy action plan sets out key strands of work including early years and childhood, teenage transitions, adult life and workplace, adults in later life and communities. Within each of these strands, the strategy focuses on:

- the provision of hubs for young people
- young people not in school, young offenders and looked after children
- lesbian, gay, bisexual and transgender (LGBT) population, and
- adult populations including men who have sex with men (MSM) and those at risk of HIV.

NHS Fife is setting up processes to monitor patient equality information to demonstrate that the sexual health service is inclusive and accessible for LGBT people.

Around 1.1–1.5% of the Fife population is of ethnic minority. NHS Fife engages with its Polish and Chinese communities through working groups. There is an established link with translation services for those unable to communicate effectively in English. The NHS board shares information on sexual health services with the deaf society and association.
for blind people. It also has links with gypsy traveller groups. NHS Fife reported that its sexual health clinics are suitable for clients with physical disability or sensory impairment.

The young people’s hubs within NHS Fife offer pregnancy testing and contraception advice and signpost young people to their GPs and other services. NaSH data have indicated a low uptake of specialist sexual health services by under 16 year olds. NHS Fife intends to investigate the reasons behind the low uptake. The review team commends the NHS board for achieving the LGBT patient charter for the young people’s hubs.

A sexual health specialist nurse works with vulnerable groups including those vulnerable in pregnancy and looked after children. In 2008, an audit was undertaken in CASH to assess the quality of service provided to young people attending for child protection issues. Following the audit, a CASH young people guideline and assessment checklist was introduced to improve assessment. NHS Fife reported that all under 16 year olds attending genitourinary medicine clinics are actively encouraged to speak to a health adviser for counselling, safer sex and potential child protection issues.

A unique project has been funded to enable a nurse to provide contraception and sexual health support to antenatal and postnatal addiction clients. NHS Fife reported that this service has been well received by clients. Links have also been made with the family health midwives involved in the care of women with substance misuse issues who are vulnerable in pregnancy.

NHS Fife has sent invitation letters to schools and alcohol or drug agencies offering the support of a specialist nurse through drop-in sessions. The nurse can offer advice, leaflets, condoms, teaching sessions or displays to raise awareness of contraception and sexual health, and how to access services.

For the past 12 years, NHS Fife funded ‘Fife Men’, a voluntary sector gay men’s project to undertake prevention and support work in Fife. However, the project ceased operating in September 2010. The review team encourages NHS Fife to concentrate efforts on identifying MSM and gay communities in order to support them with their sexual health needs.

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

Sexual health services in Fife are provided in a variety of locations. The accommodation is often shared with others. The service is provided in buildings of various ages, making it difficult to comply with the Department of Health building note guideline. In 2007, the accommodation at The Beeches, Kirkcaldy, was extensively refurbished and goes a significant way towards complying with the guideline. However, space limitation and financial circumstances limit NHS Fife’s ability to fully meet the guideline. At the time of the review visit, NHS Fife was looking to relocate sexual health services to another community hospital. A service specification has been devised for the planned relocation to enable the planning department to allocate appropriate space for the sexual health service. The review team was pleased to note that NHS Fife has designed the specification in line with the guidelines for this standard.
Standard 2: Sexual health information provision

Days 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

At the time of the review visit, NHS Fife was reviewing its communication strategy for sexual health. A short-life working group has been established to identify gaps in the existing strategy and policies for sexual health. The aim is to introduce a new approach to communication consistent across all NHS Fife interventions. This will ensure that the NHS board has a system that can identify and respond appropriately to the information needs of its population. The NHS board further reported that a new project in 2011, led by public health, will examine the information needs of parents concerning sexual relationship education for young people.

NHS Fife has a service user policy to underline its commitment to provide clear, accurate, up-to-date and relevant information to patients and the wider public. Sexual health providers across Fife are responsible for adhering to this policy.

The health promotion department has an information and resources centre which produces a catalogue of sexual health materials for partner organisations. Patient information leaflets on sexual health are available to the public at all sexual health provider locations across Fife. There are designated equality and diversity lead staff responsible for ensuring that patient leaflets are available in community languages and easy to read formats as required. There is also a Fife community interpreting service available to the public.

There is a direct link on the homepage of the NHS Fife website to information on its sexual health services. From the website, the public has access to information on sexual health clinic times, the sexual health and relationships strategy 2006–09, the sexual health action plan 2010–2012, and minutes of the sexual health strategy group meetings. However, the website does not provide sufficient detail on sexual health services to meet the various information needs of the public. To address this shortfall, NHS Fife has designed a unique new website focusing on sexual health services across Fife. At the time of the visit, the new website was still under development due to technical difficulties. The review team recommends that NHS Fife works to provide comprehensive and up-to-date electronic information on sexual health to the public. This should include up-to-date leaflets, links to partner organisations, signposting to national information and details on how to access data in alternative languages or formats. The NHS board is further encouraged to provide specific information to meet the needs of adults within the LGBT community.

NHS Fife has also worked with Fife Council to introduce another unique website aimed at improving the health and wellbeing of young people. The website is accessible through libraries and the majority of Fife secondary schools. It includes information on
contraception, sexually transmitted infections, relationships, sex and the law, pregnancy and links to relevant organisations. The review team commends the young people’s website.

| 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: Not met**

A Fife sexual health directory and condom distribution scheme manual has been produced as a multiagency initiative involving 53 partners from health, education, social work, community services and Fife Health Council. A loose-leaf pack is provided to enable all professionals and voluntary staff to provide up-to-date advice and information on sexual health to young people. The pack can be added to and updated as required. Within the Fife condom scheme, posters are displayed next to condom machines. The posters advertise local sexual health, harm reduction services and national campaign posters such as the ‘HIV Wake Up Call’ campaign. In areas of higher injecting drug use or MSM activity, posters are selected to emphasise messages relevant to these population groups. However, the review team noted a challenge for NHS Fife to communicate with specific community groups such as MSM. NHS Fife reported its intention to allocate funding to a national third sector organisation to assess how to communicate effectively with this particular group.

NHS Fife holds blood borne virus (BBV) seminars to update the BBV communication network on Fife’s progress against the hepatitis C and HIV action plans. The BBV communication network includes service users. The seminars engage local organisations and service users in assessing the unmet needs of people accessing Fife sexual health services. Members of the communication network act as peer educators to work with other service users in delivering sexual health education and prevention messages. A recent seminar involved a wide audience of professionals, service users and carers to raise issues related to hepatitis B, C and HIV.

The review team noted these examples of partnership working. However, it did not find evidence of an overarching process to ensure accurate information describing sexual health conditions and local service provision arrangements. The work of the communications strategy group and implementation of the new website is expected to address this challenge. The review team recommends that NHS Fife includes details of partner organisations within the sexual health information provided on the website.
Standard 3: Services for young people

Standard statement 3
NHS boards ensure the development and delivery of integrated approaches to sexual health improvement, particularly in relation to young people.

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

STATUS: Met

NHS Fife engages with key local partners through the multi-agency sexual health strategy group. The strategy group includes representatives from NHS Fife, the community health partnerships, social work, health, youth services and the voluntary sector. The aim of the group is to enable an integrated approach to improving sexual health at a strategic level. The group has recently established a sexual health operational group to recommend and implement actions at an operational level. The operational group brings together the three community health partnerships and sexual health practitioners. This will enable a consistent approach to improving young people’s sexual health and wellbeing. The operational group is also tasked with reviewing the provision of sexual health and relationships with colleagues in education. There is ongoing work with the young people’s hubs advisory group to make young people’s access to sexual services more consistent across Fife.

Fife Council, NHS Fife and the Council for Voluntary Services Fife are members of the Fife Health and Wellbeing Alliance. The alliance is a community planning strategic partnership which provides a strategic lead for improving health and wellbeing and reducing health inequalities in Fife. The alliance produced Fife’s Joint Health Improvement Plan 2007–2010. The plan includes ‘teenage transitions’ as a priority population group and focuses on targeting young people at risk of poor sexual health through providing Fife-wide services.

NHS Fife and Fife Council developed a young people’s website to support young people to access advice and information on health and relationships. The review team commends NHS Fife for working with the council to develop an informative website specifically for young people.

The improving health teams in Fife work in partnership with NHS staff and key partner agencies to develop sexual health initiatives. This includes sexual health and relationship education to young people perceived as being at higher risk of poor sexual health outcomes. The condom distribution scheme enables young people to access free condoms from trained staff through various sexual health providers, including professional and voluntary.
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**

Young people at the greatest risk of teenage pregnancy and poor sexual health are identified through known high risk groups. This includes looked after children, young people with low educational attainment, low aspirations, poor school attendance, substance misuse and those living in areas of high deprivation.

In 2009, a needs assessment was undertaken to assess what sexual health and support services are available for young people, including specific services for looked after children across Fife. Following the needs assessment, the Fife Health and Wellbeing Alliance funded a looked after children health psychology project for 2 years. The project links health psychology and public health to provide help to vulnerable young people and to encourage healthy lifestyles. Information and advice is provided to looked after children on sexual health and other health improvement topics. Support is also offered to carers. The project was awarded a wellbeing in sexual health (WiSH) award in 2010 and was a finalist in the Scottish Health Awards 2010. At the time of the review visit, NHS Fife had received confirmation of further funding for the project for 2011–2012. The review team encourages the NHS board to ensure sustainability of the project beyond the coming year.

NHS Fife has undertaken a needs assessment of the LGBT population and has recently launched three LGBT youth groups. The young people hubs have achieved the LGBT charter award, which is commended by the review team.

A parent education initiative is in place to support the sexual health and relationship education programme in schools for parents and carers. There are also specific initiatives in areas with a high number of teenage parents, to provide multi-agency parenting support to young mothers and fathers.

The NHS board reported further specific efforts to engage with partners with the aim of offering sexual health information to young offenders. Meetings have been held with gypsy travellers to discover the best way to meet their specific sexual health needs. There is also an initiative to link maternity and midwife services with vulnerable young people. The review team encourages NHS Fife to further engage with maternity services to ensure young people’s sexual health needs are met.

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 Fife provides sexual health training through the health improvement training programme and the BBV and sexual health training programme. Training is offered to all statutory and voluntary organisations across Fife. The annual training programme is circulated to all partner agencies. Training is delivered in a multidisciplinary format which can be tailored to meet the specific needs of service providers. Training on offer includes:

- condom distribution training
• condom distribution and sexual health awareness training specifically aimed at youth workers
• LGBT issues
• sexual health and relationship education for people with learning disabilities
• sexual health and wellbeing, and
• sexual health matters for people with learning disabilities.

In 2008, the sexual health strategy group commissioned Caledonia Youth to provide specific training for social work staff in contact with vulnerable young people. NHS Fife has offered subsequent training. However, it has not been accessed due to staff shortages within the social work department.

The looked after children health psychology project has provided consultancy on health issues, including sexual health, to 25 staff or carers. The project has also offered sexual health training to foster carers, although uptake has been low.

NHS Fife has provided sexual health and relationships education (SHARE) training in 19 secondary schools and all three residential schools across Fife. There has been good attendance from the voluntary sector, public health nurses and care workers. In 2010, audits were undertaken across secondary schools to assess sexual health and relationships education to gain insight into the impact of the training provided. The audit results included 11 recommendations. These included influencing future training provision, partnership approaches, targeting the most vulnerable young people and involving pupils in future audits or consultations.

Sexual health and relationship training is also provided to primary schools. Due to lack of capacity to train all primary school teachers, NHS Fife is designing a training pack to enable primary school teachers to cascade training to their fellow teachers.

Informal reviews are held after each training session and feedback is obtained from both participants and trainers. The feedback enables improvements to be made and helps identify any gaps in the training provision. Feedback revealed that existing training did not fulfil the specific training needs of professionals working with children and young people with learning disabilities. As a result, the sexual health strategy group allocated funding for the implementation of the SHARE special training for trainers course.
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: Not met

Where an individual has tested positive for chlamydia or gonorrhoea in a specialist sexual health service, they can access a sexual health adviser through genitourinary medicine. If an individual is tested within primary care, GPs will notify the individual of a positive result and will provide treatment and advice. A covering letter is included with positive laboratory test results reminding GPs to refer the patient to the sexual health service. The review team recommends that NHS Fife works to ensure that GPs are aware of, and follow, the referral process to enable patients to be fully supported by the sexual health service.

Forty-five pharmacies within Fife are participating in a pilot chlamydia testing and treatment service. A sexual health adviser has delivered partner notification training to these pharmacies to help them undertake simple partner notification and to refer patients to a sexual health adviser where appropriate.

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

NHS Fife has partner notification pathways for chlamydia and gonorrhoea and a partner notification sheet. Individuals diagnosed with a sexually transmitted infection within the CASH setting are offered partner notification with a choice of patient or provider referral. The young people’s hubs refer young people at risk directly to specialist sexual health services.

The NHS board is currently participating in a research project in partnership with the obstetrics department. The project offers all pregnant women aged 25 and below an ante-natal chlamydia screening. Positive results are then referred to the sexual health adviser for treatment, partner notification and follow-up.

Testing for chlamydia is low within the pharmacy setting. The review team noted a challenge for NHS Fife to ensure that partner notification details get sent to the sexual health service for review and action.

There is very little partner notification within primary care in Fife, despite GPs diagnosing significant levels of chlamydia. A sheet is included with positive chlamydia or gonorrhoea test results advising the patient to return details of sexual health partners. NHS Fife reported an intention to train practice nurses and GPs to undertake simple partner notification with the support of a sexual health adviser. At the time of the review visit, this was being undertaken informally. The review team recommends that NHS Fife works with
primary care to increase the rate of partner notification delivered within this setting, particularly for the diagnosis of chlamydia.
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% (sexual health service), 84% (infectious diseases service)

The care of people living with HIV in Fife is undertaken in both the sexual health service and the infectious diseases service.

Results from an audit carried out in 2009–2010 indicated that 65% of adults receiving ongoing HIV care in the sexual health service had the result of syphilis serology taken in the preceding 6 months recorded in their HIV records. There was no documented evidence to record why the remaining 35% of patients did not have a result recorded. NHS Fife reported that some of these patients would have declined the test. The audit result is below the 90% target. NHS Fife reported that this is largely due to all newly diagnosed patients being tested within 4 weeks of diagnosis. Thereafter, patients are offered a routine test each year as part of a sexual health screen, or earlier if they require. NHS Fife has plans to improve its performance against the target. This includes changing the layout of the annual data collection form for HIV patients to prompt an offer of a syphilis test every 6 months and to record the reason why it was declined or not offered.

In June 2010, a local audit was undertaken by the infectious diseases service on people living with HIV who attend the BBV clinic. The audit showed that 84% of patients within the infectious diseases service had their syphilis serology taken in the preceding 6 months. Patients within infectious diseases are currently offered a test every 6 months. The infectious diseases service is working to ensure that staff check the annual summary sheet in the patient notes prior to clinics, supported by 6 monthly audits.

The review team encourages NHS Fife 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.

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: 100% (sexual health service), 71% (infectious diseases service)

The audit in 2009–2010 showed that within the sexual health service, 100% of HIV+ adults presenting for the first time in Scotland, had their sexual and reproductive history documented within 4 weeks of diagnosis. Each newly diagnosed patient is seen by an experienced health adviser who normally informs the patient of the diagnosis. The patient will be offered subsequent appointments at 2 and 4 weeks following diagnosis. At these
appointments, the health adviser will discuss a wide range of issues with the patient including onward HIV transmission and safer sex outcomes.

Within infectious diseases, the local audit undertaken in June 2010 indicated that 71% of patients had their sexual and reproductive history taken within 4 weeks of diagnosis. The service plans to increase this rate by educating medical and nursing staff to discuss sexual and reproductive history in the initial assessment of patients. This will be supported by the new patient checklist, and 6-monthly audits of new patients.

The Scottish Government allocated HIV/AIDS funding to NHS Fife to administer a condom distribution scheme and prioritise allocation of condoms. The primary goal is to prevent the spread of HIV in Fife. The NHS board has a policy on condom distribution which guides staff to standardise condom distribution practice across Fife. The sexual health service also has a large variety of condoms available to patients. The 2009–2010 audit showed that almost 60% of newly diagnosed HIV+ patients were offered and accepted condoms. NHS Fife plans to improve its data collection by including a section within the post-test counselling form to capture information on condom distribution.

Within the infectious diseases service, there has been a lack of documentation on the number of HIV+ adults receiving advice on onward transmission and the availability of condoms. The service has recently introduced a checklist for newly diagnosed HIV+ patients, which includes a section to guide staff on condom discussion and distribution. Condoms are available to patients at the clinic and have recently been made more visible and accessible to improve their uptake.

The review team encourages NHS Fife 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.

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 Fife was unable to provide local audit data to evidence its performance against this criterion. Data using the British Association for Sexual Health and HIV audit forms were provided for the sexual health and infectious diseases services. However, this audit only covers the offer of a chlamydia test and does not measure if the patient’s sexual health history was recorded. These audit data are, therefore, insufficient to measure performance against this criterion.

NHS Fife reported that patients with HIV attending genitourinary medicine are offered an annual health screen which includes a detailed sexual history in addition to a chlamydia test. British Association for Sexual Health and HIV audit data indicate that 100% of patients were offered a chlamydia test.

Within the infectious diseases service, the recently introduced patient checklist also includes a prompt for staff to offer a sexual health screen every 12 months. Although patients within infectious diseases are being offered access to a sexual health screen at the genitourinary medicine clinic, the uptake is low. The infectious diseases service is aiming to improve the uptake through an action plan, checklists and staff education. NHS Fife
reported that arrangements are being made with genitourinary medicine staff to enable a
sexual health adviser to attend the BBV clinic or provide training for infectious diseases
staff. This will support the promotion of sexual health checks and sexual health advice
provided to patients receiving ongoing HIV care. There is anecdotal evidence that some
adults receiving ongoing HIV care within infectious diseases are reluctant to attend the
genitourinary medicine clinic for a sexual health screen. The review team encourages NHS
Fife to review the possibility of sexual health screens being offered within the infectious
diseases service to ensure 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: 62.6%

Within NHS Fife, referrals for termination of pregnancy can be made through GPs, the sexual health service or other professionals including the young people’s hubs. The NHS board has termination of pregnancy referral pathways to guide staff to refer patients appropriately. Appointments for termination of pregnancy can be arranged by letter or by phoning the main booking office at Victoria Hospital, Kirkcaldy.

Audit data published by the Information Services Division in 2009 show that 62.6% of women seeking a termination within NHS Fife had the procedure at 9 weeks gestation or earlier. In response to this audit, NHS Fife has taken action to increase capacity within the termination of pregnancy assessment clinics to ensure procedures are carried out at less than 9 weeks gestation.

NHS Fife is working to meet the target of 70% for this standard by:

- expanding the availability of termination of pregnancy assessment clinics
- introducing early discharge termination of pregnancy on Sundays
- increasing capacity in the early medical termination of pregnancy at the weekends, and
- expanding capacity within the surgical termination of pregnancy during the week.

The NHS board has sent the new clinic times and information leaflets to all GP practices and sexual health services across Fife. This includes an advice line phone number to a link nurse. The link nurse can provide advice or arrange for a fast track priority service where required for addiction clients, young people or women with pregnancies approaching 9 weeks gestation due to referral delays.

The review team commends the good work undertaken by NHS Fife aimed at meeting the target, particularly the improved access for women to termination of pregnancy services.

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 Fife has guidelines for staff to offer all women a range of contraceptives at the time of termination of pregnancy. This includes oral, injectable, implant, intrauterine devices or intrauterine systems, and condoms. At the termination of pregnancy clinic, staff record the patient’s medical and social history on a termination care record, including details on contraceptives used prior to the pregnancy. Staff discuss future contraceptive methods with the patient with a focus on LARC, particularly, intrauterine devices/intrauterine systems or...
implants. All other methods of contraception are discussed and the relevant instructions and information leaflets are provided to patients.

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%**

If a patient within NHS Fife selects LARC, this can be fitted at:

- early discharge termination – LARC is fitted in a ward setting prior to the patient going home following the termination of pregnancy
- early medical termination – an appointment is made for LARC to be fitted at the sexual health clinic or patient’s GP after the termination
- surgical terminations – LARC is fitted in the day bed area at the time of the termination, and
- mid-trimester terminations – LARC is fitted in the labour suite or an appointment is made with the sexual health clinic or the patient’s GP.

Staff can provide women with contraceptive pills at the assessment clinic visit, together with relevant instructions and information leaflets. Injection contraception can be given to the patient at the time of the termination of pregnancy.

NHS Fife informed the review team that staff in the gynaecology ward are not currently trained to fit LARC. However, an accredited trainer within sexual health services is progressing training for staff.

In February 2011, NHS Fife undertook an audit of patients attending the termination of pregnancy service to assess the provision of contraception. The audit results revealed that 66% of women left the termination of pregnancy unit with a reliable method of contraceptive such as oral, injectable, implant, intrauterine devices or intrauterine systems. Following the audit, the NHS board has developed an action plan to take forward improvements. These include:

- updating all termination of pregnancy clinic staff on the importance of completing relevant documentation for contraception
- identifying and providing staff training where required
- continuing to encourage women to have a method of contraception arranged prior to leaving the assessment clinic
- the accredited implant trainer in CASH to identify gynaecology staff and midwives for training, to increase the uptake of implants at weekend procedures, and
- arranging for implant trained staff to attend the gynaecology wards and labour wards to fit LARC at the time of the termination 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: Met

NHS Fife has processes in place to offer post termination of pregnancy counselling to women or their partners. This is provided by an accredited counsellor. At the time of the review visit, one of the clinicians within CASH was also undergoing training in counselling.

The termination of pregnancy information leaflets include phone numbers for patients to call to access advice. This would include advice on how to access post termination counselling. When the patient or partner phones the advice line, the message is passed to the relevant staff member who returns the call. A clinic appointment is then booked for a consultation with the counsellor. Patients or partners can book subsequent appointments as required. The counsellor refers patients to psychologists if required. NHS Fife reported that all patients and partners who contact the service for counselling are seen within 4 weeks.

The review team encourages NHS Fife to review the patient information leaflets to make them more reader friendly. It would benefit patients and partners if the leaflets included more detail on how to access post termination of pregnancy counselling.
Standard 7: Hepatitis B vaccination for men who have sex with men

Standard statement 7
Men who have sex with men who are at risk of sexually transmitted hepatitis B are offered vaccination.

7.2 Men who have sex with men (MSM) have a choice of where hepatitis B vaccination is available, with a protocol to promote hepatitis B vaccination of all individuals at risk outside specialist sexual health services. Information on other health promoting activities such as risk reduction and sexually transmitted infection testing is also available in that setting.

STATUS: Not met

The NHS board provided evidence of an action plan for 2010–2011 aimed at improving hepatitis B vaccination for MSM. The action plan highlights plans to improve education and prevention, training and workforce development, vaccination and communication. New LGBT youth groups have also been established in partnership with Fife Council community learning and development. Work is planned to increase awareness of the availability of hepatitis B vaccination within these groups. NHS Fife is currently working to identify more effective routes to access MSM in Fife. This includes liaising with Gaycon, HIV Scotland, Gay Men’s Health, Waverley Care and the Terrence Higgins Trust.

NHS Fife recently developed a hepatitis B vaccination protocol for MSM in non-specialised sexual health services. The protocol aims to:

- create a wide network of agencies who will raise awareness of the advantages and availability of hepatitis B vaccination among risk groups
- ensure that vaccination of risk groups is promoted at all contacts within NHS services, and
- ensure that all MSM are offered immunisation against hepatitis B.

At the time of the review visit, MSM in Fife could only reliably access hepatitis B vaccination and other health promotion information through the genitourinary medicine clinic. The infectious diseases service within NHS Fife refers all patients for hepatitis B vaccination back to their GP. The review team recommends that the NHS board reviews this practice so that individuals are not referred back to their GP but are treated within the specialist health service. A challenge was identified with MSM gaining access to hepatitis B vaccination through primary care. It was reported that GPs may not accept that the vaccination is covered under the general medical services contract. The review team encourages NHS Fife to expand the choices available to MSM for accessing hepatitis B vaccination and other health promoting activities such as risk reduction and sexually transmitted infections.

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: 74%

NHS Fife undertook a local review of case notes of MSM attending the genitourinary medicine clinic at Forth Park Hospital, Kirkcaldy, between December 2005 and February
2008. The audit results showed that 74% of all MSM attending the clinic, and eligible for hepatitis B vaccination, were offered and accepted at least one dose of 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: 46.4 per 1000

The key clinical indicator report for 2009–2010, published by the Information Services Division, shows that NHS Fife prescribed 46.4 per 1,000 women of a reproductive age with implants, intrauterine devices or intrauterine systems methods of contraception. This is a significant increase on the 33.6 per 1,000 women achieved in 2008–2009. The performance is lowest for uptake of LARC in primary care. In 2010, NHS Fife developed an action plan to increase the uptake of LARC in Fife. This action plan has been agreed with Kirkcaldy and Levenmouth Community Health Partnership and will be discussed with the other two community health partnerships.

In 2007, a survey was undertaken in primary care to identify the number of GPs trained in intrauterine techniques and subdermal implants. The survey highlighted the need for training in subdermal implants. In response to the survey, NHS Fife worked to raise awareness of LARC training opportunities through:

- mailshots to all GP surgeries and practice managers in Fife
- LARC poster presentations at protected learning time conferences in various community health partnerships in Fife
- sexual health and reproductive presentations at various education events across Fife, and
- CASH training in intrauterine techniques and subdermal implants for GPs.

CASH also provides outreach training in general practice. All CASH doctors are trained in intrauterine techniques and subdermal implants, as are most CASH nurses. Since 2008, approximately 20 GPs have been trained in subdermal implants and five in intrauterine techniques. At the time of the review visit, there were still GPs on the waiting list for training.

NHS Fife plans to raise further awareness of LARC through the young people’s hubs, links with care homes, targeting work places and through publicity campaigns.

The review team acknowledges NHS Fife’s work in significantly improving the rate of women being prescribed intrauterine and implantable contraceptives. The review team encourages the NHS board to continue to work with GPs and to specifically target GPs in areas where there is a low uptake of LARC.
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 local enhanced service agreements available to GPs in Fife who choose to provide LARC. At the time of the review visit, there was an informal arrangement between practices to refer patients who may wish to have an intrauterine device or intrauterine system fitted. NHS Fife reported that GPs are generally aware of CASH. GPs refer patients to CASH both formally and informally for fitting of LARC. In January 2010, NHS Fife introduced a guideline for the provision of contraception which outlines the referral mechanism for LARC. The guideline is part of the NHS Fife formulary and has been circulated to all GP practices in Fife. The review team encourages NHS Fife to promote more formal referral of women wishing LARC between GPs.

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

**STATUS: Not met**

Women can access consultation appointments at the CASH clinics. One third of the CASH clinics run on a drop-in basis. This provides quick access for women requiring a consultation to discuss contraception.

In November 2010, NHS Fife undertook an audit of the waiting times for clients contacting the sexual health service. The audit results showed that only 58% of clients requesting LARC were offered a consultation appointment within 5 working days. The NHS board reported that some clients choose to postpone the consultation appointment to a date suitable to them, particularly if they do not wish to attend a drop-in clinic.

In response to the audit results, NHS Fife has developed an action plan. The action plan includes a review of the current appointment system, introducing guidance and educating administration and clerical staff on the availability of appointments for women wishing LARC. The guidance will help improve access for women to LARC consultation and fitting appointments, and help ensure the provision of consistent advice to women. The action plan also includes plans for each clinic to have reserved appointments for women wishing LARC.
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

Consultants in the sexual health service are registered with the General Medical Council. They have also undertaken specialty training in sexual and reproductive healthcare. NHS Fife has seven specialty doctors in sexual health working on a sessional basis. Newly appointed doctors have an induction programme. All CASH doctors are certified for the Faculty of Sexual & Reproductive Health and have letters of competence in intrauterine techniques and subdermal implants. All CASH doctors have attended the Sexually Transmitted Infection Foundation Course. Since early 2010, CASH doctors have started rotating to genitourinary medicine for a period of 4–6 months. This is supported by a personal training needs assessment and formal training and evaluation under the supervision of a genitourinary medicine consultant. All doctors undergo annual appraisal with consultants or the head of service. This includes discussion and review of their personal development plan, re-certification, audit activity and mandatory training. The review team acknowledges the specialty training provided by NHS Fife for CASH doctors. The team encourages the NHS board to ensure that staff within genitourinary medicine receive sufficient training in sexual health to support their role.

The NHS board reported that all nursing staff have portfolios with evidence of qualifications and training. This is reviewed at the annual personal development review appraisal. The sexual health service is a recognised teaching base for postgraduate nursing courses at Scottish universities. New nursing staff have an induction pack and are allocated a mentor. Each quarter there is internal training, with protected learning time, to enable staff to be educated on a range of clinical and non-clinical topics. NHS Fife reported that all staff are encouraged to participate in audit projects and to present at the quarterly meetings. NHS Fife has recently introduced a mandatory specialty training programme to help nursing staff work towards an integrated sexual health service. A monthly integrated programme has been developed for all staff to present an update on individual CASH or genitourinary medicine subjects, which will support their research and presentation skills. Staff are also rotating their work in CASH or genitourinary medicine to train them to undertake dual roles. The review team commends NHS Fife for providing staff with protected learning time to undertake relevant education and training.

The 2007 survey of primary care provided an overview of GPs’ qualifications in sexual and reproductive health. The survey results highlighted training needs among GPs and practice nurses. In response to the survey results, NHS Fife has delivered training and teaching to primary care staff. This includes:

- clinical updates to GPs, practice nurses, pharmacists, obstetrician and gynaecology junior doctors, GP registrars and physiotherapists as part of the projected learning times sessions
• GP core education programme
• practical training for doctors for the Faculty of Sexual & Reproductive Health
• intrauterine techniques or subdermal implants training delivered at CASH clinics or through outreach training in GP practices
• obstetrician and gynaecology junior doctor teaching programme, and
• training for pharmacy staff on sexual health including sexually transmitted infections and emergency contraception.

Primary care staff can access further support by contacting the sexual health service by telephone or email.

The review team commends NHS Fife for its outreach work to train GPs in sexual health. The team encourages NHS Fife to concentrate its outreach work in more deprived areas where there is a higher need for sexually transmitted infection and LARC services.
Appendix 1 – Details of review visit

The review visit to NHS Fife was conducted on 10 March 2011.

<table>
<thead>
<tr>
<th><strong>Review team members</strong></th>
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<tr>
<td><strong>Gillian Flett (Team Leader)</strong></td>
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<td>Consultant in Sexual &amp; Reproductive Health, NHS Grampian</td>
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<td><strong>Jackie Black</strong></td>
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<td><strong>Jinty Moffett</strong></td>
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<td>Public Partner</td>
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<td><strong>Gordon Scott</strong></td>
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<tr>
<td>Consultant in Genitourinary Medicine, NHS Lothian</td>
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<th><strong>Healthcare Improvement Scotland staff</strong></th>
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<tr>
<td><strong>Nanisa Feilden</strong></td>
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<tr>
<td>Programme Manager</td>
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<td><strong>Edel Sheridan</strong></td>
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<td>Project Officer</td>
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# Appendix 2 – Glossary of abbreviations

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BBV</td>
<td>blood borne virus</td>
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<tr>
<td>CASH</td>
<td>contraception and sexual health</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>LARC</td>
<td>long acting and reversible methods of contraception</td>
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<tr>
<td>LGBT</td>
<td>lesbian, gay, bisexual and transgender</td>
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<tr>
<td>MSM</td>
<td>men who have sex with men</td>
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<tr>
<td>NaSH</td>
<td>NHSScotland national sexual health system</td>
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<tr>
<td>SHARE</td>
<td>sexual health and relationships education</td>
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<tr>
<td>WiSH</td>
<td>wellbeing in sexual health</td>
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We can also provide this information:

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

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