Healthcare Improvement Scotland is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.healthcareimprovementscotland.org). The full report in electronic or paper form is available on request from the Healthcare Improvement Scotland Equality and Diversity Officer.

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

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www.healthcareimprovementscotland.org
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 Ayrshire & Arran. The review visit took place on 9 February 2011 and details of the visit, including membership of the review team, can be found in Appendix 1.

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

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

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

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

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

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

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

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

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**Strengths**

The NHS board has:

- made arrangements with GP practices in more remote areas to offer enhanced sexual health services
- a well-developed school nurse service offering advice and information to young people
- comprehensive sexual health care for people with HIV, and
- made improvements to its termination of pregnancy services.

**Recommendations**

The NHS board to:

- develop a mechanism for partner notification for gonorrhoea
- ensure data collection regarding hepatitis B vaccination can be interpreted on the relevant system, and
- work in collaboration with primary care to ensure a choice of where hepatitis B vaccination is available.
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

The department of sexual health in NHS Ayrshire & Arran provides facilities for the diagnosis and treatment of all sexually transmitted infections (STIs). The main specialist sexual health service is based at the new, purpose-built Gatehouse in Ayrshire Central Hospital, Irvine. The NHS board has arranged its specialist sexual health services in a ‘hub and spoke’ model type. There are three main clinical hubs in Ayr, Kilmarnock and Irvine which also offer drop-in emergency appointments. The spoke clinics, which support the three main hubs, are situated in Ardrossan, Largs, Cumnock, Kilbirnie and Girvan. Services are integrated in that common clinical protocols are used and patients would not have to re-register if attending a different clinic.

Primary care is arranged through three community health partnerships: East, North and South Ayrshire. The local authorities cover the same geographical areas as the community health partnerships. Various service level agreements exist between the NHS board and GP practices to ensure local provision of sexual health services in more remote and rural areas. The review team was pleased to see how this worked, in particular, within the two island communities of Arran and Cumbrae.

The sexual health programme board is the main strategic planning group. It oversees the implementation of the sexual health strategy and action plan which is currently under review. The programme board reports to the director of public health and the director of integrated care and partner services as well as various governance committees. There are three local implementation groups, one in each community health partnership area. Additionally, there are a number of subgroups (such as the training groups and standards group) and short-life working groups (such as the sex workers report group and the learning disabilities and cervical screening groups).

A range of contraception options are offered by NHS Ayrshire & Arran; except in a few exceptional cases, this does not include the contraceptive patch. Complex contraceptive policies have been developed for women with specific conditions such as epilepsy or diabetes. GPs can refer women to certain consultant-led clinics for further support and advice if required. There is also a specific clinic for women having problems related to the menopause. Male and female sterilisations are referred to the gynaecology and urology departments.

HIV testing is available at all clinics and is offered on an opt-out basis. Between 2009 and 2010, NHS Ayrshire & Arran tested 1,864 individuals for HIV. Pre and post-test

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: Met

Specialist sexual health clinics operate from a range of locations across NHS Ayrshire & Arran. Clinics are situated in: Ayr, Kilmarnock, Irvine, Ardrossan, Largs, Cumnock, Kilbinnie and Girvan. Not all offer a complete range of services which include genitourinary medicine and complicated long acting and reversible methods of contraception (LARC) services. However, populations of over 10,000 have access to at least 2 full days of such integrated specialist sexual health service provision. The review team was assured that those travelling from Largs to attend a sexual health clinic in Irvine would be able to travel to the centre within the recommended 30 minute travel time. It is the vision of the sexual health department to have all clinics offering a complete service in the future.

Clinic times are carefully planned to ensure that at least one clinic runs on each day of the working week. To help with accessibility, the NHS board has arranged clinic times at various points in the day with some early morning, afternoon and evening sessions. The NHS board has improved access to services through developing the hub and spoke model which would appear to work well in the mixed geography of NHS Ayrshire & Arran.

The NHS board has tried to target locations for clinics where people are less likely to travel for services, such as in areas of deprivation. Transport links in remote areas are being considered and a transport officer is in post to help address some of the challenges the NHS board faces with regards to its rurality.

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: 89%

The West of Scotland sexual health managed clinical network undertook two snapshot audits in February and October 2010. The data for both audits indicate that 89% of patients contacting the NHS board with a priority sexual health condition are offered an appointment within 2 working days. The managed clinical network may continue this audit as an annual exercise.

Patients who contact the NHS board and indicate they have a priority sexual health condition are offered an appointment at the next available clinic. There are also drop-in clinics at a number of locations. Patients are made aware of these through information leaflets and the NHS Ayrshire & Arran sexual health website (www.shayr.com).

A dedicated central number exists for people enquiring about anything to do with sexual health. During certain times, qualified staff are available to speak and arrangements can be made if people call outwith these times. The telephone system has the ability to monitor calls and can also offer results over the phone.
1.4 There are targeted services for communities or individuals with specific needs.

**STATUS: Met**

NHS Ayrshire & Arran’s sexual health strategy (2005–2010) identifies its vulnerable or ‘at risk’ groups. A 6-month consultation was carried out when developing the strategy. This included questionnaires being sent to various targeted groups. Public health information on disease trends and emerging issues are also used to shape service development. The groups NHS Ayrshire & Arran identifies are:

- young people
- parents and carers
- men who have sex with men (MSM)
- women who have sex with women
- transgender people
- survivors of sexual and domestic abuse
- people in prison
- people with learning difficulties
- those affected by or infected with HIV
- sex workers
- homeless people, and
- looked after and accommodated children.

Considerable work has been carried out in relation to young people. This includes setting up young people’s sexual health clinics and a well-developed school nurse network. This service is explained further in Standard 3. The young men’s outreach worker post, which is currently vacant and under review, had been able to target young men through the criminal justice system, schools, residential units, community education and voluntary agencies such as the Prince’s Trust.

A service level agreement is in place between the NHS board and the Terrence Higgins Trust. The Terrence Higgins Trust provides a report every 6 months to update the public health department on the services it is providing. A gay men’s outreach worker is employed by the Terrence Higgins Trust and part of the role is to consult with this group about their health needs. Services for MSM are less well established because small numbers of gay men attend services in the local area. When consulted, most men reject the idea of a specific clinic for MSM due to concerns about confidentiality. Many prefer to travel to Glasgow for sexual healthcare, testing and treatment. However, certain locations, such as gyms, saunas and GP practices, are targeted by the Terrence Higgins Trust for handing out questionnaires and to distribute information.

Many women who have sex with women and transgender people also attend services in Glasgow. There is information available on the shayr website, in particular, the ‘Who am I? Who are you?’ leaflet.

The blood borne virus nurse, who also has competencies in sexual health, undertakes all testing of blood borne viruses and STIs within HMP Kilmarnock. This nurse-led service also provides a free condom scheme within the prison. Health promotion staff and the gay
men’s outreach worker attend prison health days to offer advice and support. The NHS board hopes to introduce dry blood spot testing in the prison in the near future.

There is a sexual health nurse with a specific remit for supporting people with a learning disability. She hosts a weekly clinic for this vulnerable group. The community learning disability nurses (not trained in sexual health) act as a link to sexual health services and help patients understand their sexual health needs by providing education and support for accessing services.

A ‘keep safe’ service was set up in 2005 to provide basic sexual health services for sex workers but it was under-utilised and so withdrawn. After a scoping exercise in 2008, a short-life working group was set up to take forward recommendations. The group has begun to develop training for professionals to raise awareness and educate them about how to identify and support people who are sex workers. Awareness that many sex workers also have a history of childhood sexual abuse is highlighted. Progress appears to be slow and the NHS board is encouraged to implement the training.

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 Ayrshire & Arran reviewed existing sexual health facilities in North Ayrshire Community Health Partnership in 2007. It also participated in the more recent accommodation audit carried out by West of Scotland sexual health managed clinical network. These reviews have provided a detailed analysis of the state of existing accommodation and where to prioritise funding for modernisation and improvement of premises. Work has already progressed and a new purpose-built facility has been completed.

The NHS board is commended for the investment made to fund the new, stand-alone sexual health facility in Irvine. The Gatehouse, which is based at Ayrshire Central Hospital, houses the main sexual health hub. It includes outpatient clinics, ultrasound scanning and counselling facilities as well as administrative and general office accommodation. The facility was completed in 2010 and is expected to meet the needs of the North Ayrshire population for the next 25 years.

Also planned is the upgrade of sexual health facilities for Ayr and the surrounding area. Currently, different accommodation options are being considered. The NHS board is encouraged to progress this work with the same momentum used to open the Gatehouse facility. Accommodation action plans need to be developed for all sites which include timescales.
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 Ayrshire & Arran supplies various sexual health resources in a number of different formats. Leaflets, booklets, posters, DVDs, teaching packs, models, CD formats, games and quizzes are available from the health information and resources service. This service is available to professionals and the public. It is currently undertaking a user needs analysis to explore where people access health information and how the service can be improved. This is across all health promotion topics, not just sexual health. Recently, a review of materials for people with learning disabilities has been completed to ensure resources are suitable and up to date for this client group.

The NHS board stated that it was important to include the views and opinions of the target audiences that resources are designed for. This is to ensure that the information needs of target groups are met. For example, the ‘Puberty and Me’ DVD pack was developed in collaboration with pupils and teachers from schools across the region.

NHS Ayrshire & Arran’s comprehensive sexual health website (www.shayr.com) includes information about STIs, contraception and local sexual health clinic locations and times. A small number of video links are on the website to provide a visual aid to those with reading difficulties.

The sexual health promotion officer helps to publicise specific campaigns such as World AIDS Day and the chlamydia testing campaign in local venues and health centres. Agencies and venues that display information receive a health resources pack. For example, the ‘chlamydia party’ poster with tear-off slips was distributed to bars, clubs and further education centres.

A small selection of translated sexual health information is available in Polish and Cantonese to match population needs. It is possible to have information translated on request. The interpretation service, Language Line, is also available to staff who are dealing with patients whose first language is not English. However, this is very seldom required in sexual health services.

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

The health information standards for resource development are used to ensure all resources developed or procured meet minimum standards and are equality and diversity
checked. Regular reviews of health resources are undertaken by the health promotion team. For example, all sexual health resources used within educational establishments were reviewed in 2008–2009 and this is to be repeated in 2011. When new items are added to the resources service, updates are sent out to staff by newsletter and also via the ENews network. A resource feedback form is also supplied to everyone who orders or borrows items and this information helps to assess the usefulness and effectiveness of the materials available.

There are two leaflets which detail the types and venues of clinics. Clinic times are not included to ensure leaflets do not go out of date quickly. One is designed specifically for young people. Changes to clinic times and venues are highlighted to the health promotion team and also made available on the local intranet site, AthenA.

South Ayrshire Council has links to the shayr website, however, the other two local councils do not. Links from the NHS Ayrshire & Arran website to the shayr website could perhaps be improved. There are links from the shayr website to various other partner organisations such as the East Ayrshire women’s project.
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

Key partners are identified in the sexual health strategy and action plan. They include: the three local authorities (community learning and development and education); the school nursing service; the Terrence Higgins Trust Scotland; HMP Kilmarnock; the West of Scotland sexual health managed clinical network as well as various departments and services within NHS Ayrshire & Arran. Key partners are invited to join the programme board or one of the local implementation groups which operate at community health partnership level.

Young people can access sexual health services from a variety of providers. This includes: specialist sexual health clinics, GP practices, pharmacists and school nurses. A number of young person’s clinics for those under 21 run across the NHS board each week. Health promotion staff attend health days at educational establishments during freshers fayres and within HMP Kilmarnock.

A comprehensive school-nurse service, which includes sexual health issues, exists in many schools across NHS Ayrshire & Arran. In 2009, following consultation with parents and teachers, school nurses introduced holistic health drop-in sessions to all non-denominational schools in south and east Ayrshire. In north Ayrshire, there is a pilot scheme in two non-denominational schools. The enhanced service includes chlamydia testing, contraceptive advice, pregnancy testing and condom card (c-card) scheme sign up. The NHS board now needs to address the needs of young people in denominational schools.

A good example of partnership working between NHS Ayrshire & Arran and youth services is the joint working with a project called yipworld.com. This project provides young people in the Cumnock area with a range of services. In particular, there is a weekly confidential sexual health clinic run by an NHS nurse and sexual health worker. It offers information about services, contraception and STI testing. Yipworld.com also provides a virtual baby programme so young people can experience the challenge of being a young parent.

Following a request from the young people’s forum, a new leaflet for young gay, lesbian and bisexual people was produced and made available through the health resources service.
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

Additional support to school aged children outwith term time has been arranged by extending two school nurse contracts to cover school holidays. This ensures young people have continued access to services. School nurses have good links with GPs and can identify young people who may require further support. They also provide the opportunity for greater contact with parents and carers.

In line with national guidance, all looked after and accommodated children have a personal health needs assessment which includes sexual health. This is carried out by the looked after and accommodated children health team. This team also provides one-to-one and group interventions to raise awareness of sexual health issues, and supports young people to access services. An example of one intervention is implementing the virtual baby programme. The looked after and accommodated children team works closely with care staff and encourages them to attend sexual health training.

The young men’s outreach worker post, which is currently vacant and under review, was able to target young men through the criminal justice system, voluntary agencies, such as the Prince’s Trust, schools, and residential units. Although some of the post’s educational work may be continued, it will not provide the same access and support for young men at risk of poor sexual health.

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

Various training events are delivered to professional and non-professional staff across the Ayrshire & Arran region on a range of sexual health issues. All training courses are evaluated and discussed at the sexual health training subgroup.

There is good partnership working with education colleagues. The roll-out of the sexual health and relationship education training programme was delivered in partnership with North and East Ayrshire education departments. A large mix of professionals is trained on the sexual health and relationship education programme, and targets for attendance were met and exceeded. Attendees included teachers, social workers, residential care workers, support workers and youth services. The NHS board should now consider extending the sexual health and relationship education training programme to those working in the south Ayrshire region. It should also ensure momentum continues where sexual health and relationship education training is currently being rolled out.

Parents have attended an educational training course on sexual health through the ‘Speakeasy’ course. It aims to help raise awareness and allow parents and carers to gain confidence in speaking to their children about sexual health issues. Although only one training course has run, there may be plans to extend this further. South and East Ayrshire community learning and development teams also carry out ‘Speakeasy’ training. The ability to engage parents and carers remains a challenge for the NHS board.
NHS Ayrshire & Arran has developed training for parents and carers specifically on the sexual health needs of young people with learning disabilities. The health promotion officer and learning disability nurse provide this 2 day training and education programme for parents and carers.
Standard 4: Partner notification

Standard statement 4

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

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

STATUS: Not met

Although much work has been done in relation to chlamydia testing and raising awareness, there does not appear to be a formal mechanism in place which allows individuals diagnosed with gonorrhoea to have access to a sexual health adviser. The documentation focuses on chlamydia testing and treatment. Chlamydia is the most common STI, however, it is essential that, as a minimum, gonorrhoea is also included in documentation. The NHS board can meet this criterion by updating certain protocols and arrangements.

A specialist sexual health nurse with a specific remit for increasing chlamydia testing and promoting partner notification has recently been employed. She will be working across primary care and community pharmacies in particular. This post is fixed term for 2 years only.

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

There is currently no process in place to ensure that all individuals diagnosed with an STI are offered partner notification in all settings delivering sexual healthcare. Efforts have been made by the sexual health department to try and allow sexual health advisers to receive a copy of all positive STI results directly from the area laboratory. However, NHS Ayrshire & Arran’s Caldicott Guardian has advised that this would require the patient’s consent and agreement for a system to allow the laboratory to identify where consent has been given. This issue has been escalated to directorate level and is being pursued by the sexual health department. NHS Ayrshire & Arran is aware that other NHS boards have been able to find solutions to this challenge.

Partner notification awareness sessions have been offered to all GP practices since November 2010. Of the 57 GP practices within NHS Ayrshire & Arran, 25 have taken part in this training.

All sexual health staff, working across the main hubs and spokes, are trained in simple partner notification. For more complex partner notification, healthcare professionals from across the NHS board can refer to the sexual health department’s health advising team. This team is leading on developing partner notification across NHS Ayrshire & Arran. A reminder about support with partner notification and contact details for the team are included on the laboratory report form which is sent to the test originator.
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: 92%

The total number of patients receiving ongoing HIV care within the blood borne virus clinic is 55. An audit was undertaken in November 2010 of all HIV+ patients to determine what percentage of adults 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. Audit data show a total of 51 (92%) patients have been offered syphilis serology, or have documentation why this is not required, within the last 6 months.

The offer of syphilis serology every 6 months is part of the NHS board’s clinical protocol. Changes to working practices and documentation, in particular, the HIV case sheet, remind clinicians to routinely offer screening and this is explained to patients as part of their ongoing care.

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: 69%

An audit was undertaken in November 2010 to find out what percentage of HIV+ adults presenting for the first time in Scotland had their sexual and reproductive history documented within 4 weeks of their initial HIV diagnosis. The audit also investigated if advice was given about preventing onward transmission.

The NHS board has audited its total eligible cohort of patients. Audit data show that 69% of adults had their sexual and reproductive history documented within 4 weeks of their initial HIV diagnosis. Patients originally diagnosed within NHS Ayrshire and Arran routinely have their sexual and reproductive history documented within 4 weeks. However, some patients transfer in from outside Scotland. These patients should also have their sexual and reproductive history taken within 4 weeks of diagnosis in NHS Ayrshire & Arran. All patients were offered advice on how to prevent onward transmission. Condoms are also available within clinical settings to all patients.
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: 95%**

An audit was undertaken in November 2010 to find out what percentage of adults receiving ongoing HIV care have an offer of a sexual health screen at least once every 12 months.

Of all 55 HIV+ patients receiving ongoing HIV care, 52 (95%) were offered a sexual health screen at least once every 12 months. This has been documented in their case notes.

A specialist blood borne virus nurse with a qualification in genitourinary medicine is now in post. Patients attending for HIV care are now offered sexual health screening and testing for all uncomplicated STIs within the same clinic. Uptake in testing has increased now that this is offered within the blood borne virus clinic. In particular, uptake of smear tests is much higher.

When addressing the sexual health needs of HIV patients, staff follow the NHS Ayrshire & Arran local care pathway for management of sexual health needs of people living with HIV/AIDS. The flow chart states that an STI screen should be offered, or needs assessed every 6 months. The HIV case sheet also requires a sexual health screen every 6 months.
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: 57.8%

Audit data published by the Information Services Division in 2009 show that 57.8% of women seeking a termination within NHS Ayrshire & Arran had the procedure at 9 weeks gestation or earlier. This is an improvement on the 2008 figure of 48.3%. The NHS board also undertook a local audit in 2010. Data from this audit show 59% of procedures being carried out within the specified timescale.

The NHS board has taken a number of steps to improve the service offered to women and minimise delays in access. A dedicated consultant in sexual and reproductive health was appointed in 2009. This consultant provides all surgical termination of pregnancy services. Women are now appointed to the dedicated day ward clinic within 5 working days of initial referral to the service. The mean time between clinic appointment and undergoing the termination procedure is 4 days. All surgical procedures now take place on one day each week. This has allowed staff to increase the number of medical procedures available each week.

An integrated care pathway has been developed for use within the termination of pregnancy service which contains all required clinical information. A pathway for termination of pregnancy requests is also in place. This pathway gives details on how to refer women to the service, additional information and points to consider when discussing pregnancy options. This is used for guidance by sexual health staff and other practitioners referring into this service.

NHS Ayrshire & Arran undertook a qualitative study of women accessing the termination of pregnancy service between December 2009 and January 2010. This study was designed to look at the reasons for delay in accessing and undergoing termination of pregnancy. It showed that the majority of delays were patient related. The NHS board provides information to women about their options through leaflets and on the shayr website in order to encourage early access. These leaflets were redrafted last year and distributed to all GPs, pharmacies and local libraries.

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 Ayrshire & Arran has mechanisms to ensure that women are offered a range of contraception options at the time of termination of pregnancy. An integrated care pathway for termination of pregnancy is in place. This pathway requires that all contraception options are discussed and offered at the time of termination of pregnancy.
Intrauterine methods of contraception can be inserted by the consultant at the time of surgical termination of pregnancy. Women having a medical termination of pregnancy who wish an intrauterine method of contraception can return to the day ward for this to be fitted 28 days later or can be fast tracked to the specialist consultant clinic at the Gatehouse, Ayrshire Central Hospital.

All registered nursing staff within the termination of pregnancy day ward were trained in 2009 to insert implants. This method of contraception is available to all suitable women before discharge from the facility. Weekly appointment slots for implant insertion are available for women who have had a medical termination.

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: 81%**

Following a termination of pregnancy, 81% of women leave the facility with one of the more effective methods of contraception. Through the integrated care pathway, there is a comprehensive system for providing women with information on the types of contraception available to inform their decision.

As noted previously, all registered nursing staff within the termination of pregnancy day ward were trained in 2009 to insert implants. A retrospective case note audit was carried out in 2010. These audit data show that 26% of women left the facility with a contraceptive implant.

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 Ayrshire & Arran has a nurse counsellor for termination of pregnancy service who provides a specialist counselling service for women (and their partners). This service is highlighted to women and documented as part of the integrated care pathway. Details of this service and other helplines and counselling services are contained in patient information leaflets. Women are able to self refer and referrals are also received from GPs and sexual health services.

This specialist counselling service has three 1 hour protected appointments each week. Initially each client is offered six counselling sessions and, in more complicated cases up to 12 sessions can be provided. There is currently no waiting time as the number of appointments available exceeds the demand for the service.

The NHS board used funding from Respect and Responsibility to establish this nurse counsellor post. Funding is guaranteed until March 2011. After this date, and because appointment slots are being under-utilised, the nurse counsellor will continue on a more flexible ‘zero hours’ contract. This will allow the sexual health service to increase use of the counsellor as demand increases.
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

Hepatitis B vaccination is offered to MSM at a number of the specialist sexual health clinics in NHS Ayrshire & Arran. It is not available at the Largs sexual health clinic due to very small numbers of men attending. However, MSM are not offered a choice about where the hepatitis B vaccination is available to them outside of specialist sexual health services. Although vaccination is available at travel clinics (where payment is required) and at enhanced services for addictions, these are not viable or desirable options for MSM to choose from.

A local protocol to promote hepatitis B vaccination for all those at risk outside specialist sexual health services has not been developed. It is unclear how many, if any, GPs would offer MSM the hepatitis B vaccine. It is more likely that a GP would refer on to one of the sexual health clinics. Engaging with primary care and raising awareness on this issue remains a challenge for NHS Ayrshire & Arran.

There are a number of resources used to raise awareness of the hepatitis B vaccination and encourage uptake by MSM. In particular, two national leaflets produced by the Terrence Higgins Trust Scotland and a booklet produced by the West of Scotland managed clinical network. Leaflets and information are sent out to various groups. For example, to those men who access the ‘Get Rubbered’ free condom campaign which is run by the Terrence Higgins Trust. Information about the vaccination is also promoted via the shayr and Terrence Higgins Trust websites.

7.3 70% of all MSM attending specialist sexual health services and not known to be immune to hepatitis B receive at least one dose of hepatitis B vaccine.

STATUS: Data not available

The NHS board has been unable to gather information from the computerised system that collects data on hepatitis B vaccinations within the genitourinary medicine department. NHS Ayrshire & Arran stated that although the system collates data on hepatitis B, it does not differentiate between first, second and third doses. It has been trying to find a solution to this for a number of months without success. The genitourinary medicine department has recently changed its IT systems over to the national sexual health computer system (NaSH). At the present time the NHS board is still unable to gather reports on these data but hopes to do so once the system is fully implemented.
Standard 8: Intrauterine and implantable methods of contraception

Standard statement 8
All individuals have access to intrauterine and implantable methods of contraception.

8.2 60 or more females per 1,000 females of reproductive age per year are prescribed intrauterine and implantable contraceptives.

STATUS: 59.2 per 1,000
Audit data for 2009–2010 published by the Information Services Division show that NHS Ayrshire & Arran prescribed 59.2 per 1,000 women of reproductive age with intrauterine and implantable methods of contraception. This is an improvement from the previous year’s figure which showed that 51.9 per 1,000 women were prescribed with intrauterine and implantable methods of contraception.

The NHS board is close to achieving the target figure and has plans to help increase the uptake of these methods of contraception. The sexual health department is continuing with its programme of training healthcare professionals on how to fit LARC. It has delivered training to GPs, practice nurses as well as in-house training within the department.

Where appropriate, women are encouraged to consider more reliable, longer acting methods of contraception. This is the case when women attend for a termination of pregnancy. Also, following a prescription for the emergency hormonal contraceptive pill, women are provided with a leaflet which includes details about 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
Local enhanced services to provide LARC have been set up between the NHS board and a large number of GP practices, particularly those located in more remote areas. Forty-seven GP practices fit intrauterine devices and 35 practices fit the implant. On the island of Cumbrae, implants can be fitted and on Arran, all LARC are available.

GP practices that do not provide intrauterine and implantable contraceptives within their own service refer women on to specialist sexual health services. Care pathways have been developed to ensure a quick referral between primary and secondary care. Referrals between GP practices have not been arranged as this was deemed not appropriate.

NHS Ayrshire & Arran recognises a balance is required between patient choice and maintaining skill sets for healthcare professionals who do not fit large numbers of LARC. It has not mapped GP practices that have received training for LARC fitting with prescriptions to find out which practices are carrying out this procedure. How to utilise GPs who are trained and encourage them to carry out LARC fitting is a challenge for the NHS board to address.
8.4 A consultation appointment with a service providing intrauterine and implantable contraceptives is available within 5 working days.

STATUS: Not met

NHS Ayrshire & Arran states that a consultation appointment is available within 5 working days if the woman is willing to travel. No evidence was submitted to support this.

Implantable contraceptives are usually fitted at the same appointment. However, for intrauterine devices, another appointment is normally made. The sexual health department has been working to try and increase fitting of intrauterine contraceptives at the woman’s initial appointment. Appointment times have been made longer to facilitate this.

The West of Scotland sexual health managed clinical network carried out two audits in February and October 2010. However, the results of the audits were not submitted.
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
A generic training needs analysis was undertaken in 2006. Questionnaires were sent out to staff in a variety of departments (not just sexual health) to identify gaps in training. Plans were developed using information gathered from the questionnaires for particular staff groups.

The sexual health strategy is currently being updated - part of this will include workforce planning. The NHS board provided a training overview for all nursing staff within the specialist sexual health service. A sexual health training programme, underpinned by a specific training needs analysis, will support the sexual health department to plan for future service provision.

There is a variety of training for different staff groups taking place within NHS Ayrshire & Arran. All new staff are required to undergo the corporate induction and there is a continuous professional development plan for each staff group. Staff are encouraged to attend appropriate training. For example, training is available on insertion of contraceptive intrauterine devices and implants. Annual updates are offered to GPs who wish to maintain sexual health competencies. A culture of information sharing is encouraged at various groups and team meetings. Sexual health medical and nursing competencies are also reviewed through personal development plans.

The West of Scotland sexual health managed clinical network has also taken on a key role in developing training across member NHS boards. For example, the managed clinical network has held joint LARC fitting sessions aimed at GPs, supported a training roadshow for administrative staff covering areas such as priority conditions and national sexual health computer system (NaSH) training and is addressing competencies for healthcare assistants.

The managed clinical network group is currently looking at what gaps exist across all NHS boards in the network. It hopes to determine what training needs are required, and in so doing, work out regional solutions and avoid duplication of effort. A shadowing scheme has also been set up by the managed clinical network to help further develop clinical expertise. Although there has not yet been demand for the scheme, this is thought to be down to staff time pressures. It will remain available to staff as a development opportunity.
Appendix 1 – Details of review visit

The review visit to NHS Ayrshire & Arran was conducted on 9 February 2011.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Steve Baguley</strong></td>
</tr>
<tr>
<td>Consultant in Genitourinary Medicine, NHS Grampian (Team Leader)</td>
</tr>
<tr>
<td><strong>Yvonne Finlayson</strong></td>
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<tr>
<td>Public Partner</td>
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<tr>
<td><strong>Kay McAllister</strong></td>
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<tr>
<td>Consultant in Sexual and Reproductive Health, NHS Greater Glasgow and Clyde</td>
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<tr>
<td><strong>Martin Murchie</strong></td>
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<tr>
<td>Senior Sexual Health Advisor, NHS Greater Glasgow and Clyde</td>
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<tr>
<td><strong>Angela Parsons</strong></td>
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<tr>
<td>Public Partner, Waverley Care</td>
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<tr>
<td><strong>Julia Trowell</strong></td>
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<tr>
<td>Lead Nurse in Sexual Health, NHS Fife</td>
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<tr>
<td><strong>Owen Watters</strong></td>
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<tr>
<td>Unit General Manager, NHS Lanarkshire</td>
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<th>Healthcare Improvement Scotland staff</th>
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<tbody>
<tr>
<td><strong>Catriona Foley</strong></td>
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<tr>
<td>Project Officer</td>
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<tr>
<td><strong>Anne Hanley</strong></td>
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<tr>
<td>Team Manager</td>
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## Appendix 2 – Glossary of abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BME</td>
<td>black and minority ethnic</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>
</tr>
<tr>
<td>STI</td>
<td>sexually transmitted infection</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 Scottish Health Council, the Scottish Intercollegiate Guidelines Network (SIGN) and the Healthcare Environment Inspectorate are part of our organisation.