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
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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 Lanarkshire. The review visit took place on 23 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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<thead>
<tr>
<th>Sexual health services standards criteria</th>
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**Strengths**

The NHS board has:

- strong leadership and direction from a managerial, clinical and health promotion perspective
- an innovative and enthusiastic approach to restructuring services to meet the needs of its population, and
• robust partnership working arrangements, particularly with regards to providing targeted services for priority groups.

**Recommendations**

**The NHS board to:**

• ensure engagement with primary care practitioners to provide sexual health services
• make best use of its multidisciplinary workforce, and
• continue to develop its services to meet the needs of its population in challenging financial circumstances.
3 Detailed findings against the standards

Standard 1: Comprehensive provision of specialist sexual health services

Standard statement 1
A comprehensive range of specialist sexual health services is provided locally and individuals with the greatest need are treated as a priority.

1.1 The NHS board has integrated local specialist sexual health services, which as a minimum, deliver a full range of contraception options, facilities for the diagnosis and treatment of all sexually transmitted infections in both men and women, and HIV testing and counselling.

STATUS: Met

NHS Lanarkshire has undertaken a significant change programme over the last 4 years to ensure it provides integrated sexual health services to its population. In April 2007, the family planning and genitourinary medicine departments merged to be a single unified sexual health service. This service is hosted by the North Lanarkshire community health partnership. Budgets for the merged services and staff were also brought together under a single management structure. Management and leadership of the service is a key strength throughout the sexual health service in Lanarkshire. There is clear direction and a co-operative approach between clinical staff and management to achieving the service’s goals.

The sexual health implementation group has delegated authority from the Board to implement the sexual health strategy and action plan. This group is made up of a range of strategic and frontline staff from various organisations. This includes both local authorities, social work and education representatives, voluntary organisations, health promotion specialists and other relevant health professions including colleagues from infectious diseases. This group produces and monitors performance data to ensure that the service is meeting its targets. The operational management group provides support to this group, dealing with day to day management and operational issues facing the service such as staff shortages.

The NHS board has restructured its clinics to provide sexual health clinics, these are combined family planning and genitourinary medicine clinics. They are designed to be geographically spread across the region based on a hub model. This model allows for specialist integrated sexual health services in a number of community clinics organised by a central co-ordinating centre. In NHS Lanarkshire this is known as the clinical activity base. There are seven locations across the region that host sexual health clinics at varying times throughout the week. These clinics provide a full range of contraception as well as testing and treatment for sexually transmitted infections. These clinics are appointment based, made through a central booking line. There is a drop-in clinic on a Monday morning and a number of young people’s drop-in clinics operating throughout the week. There remain a few family planning only clinics within NHS Lanarkshire, referred to as sexual and reproductive health clinics, however chlamydia and gonorrhoea testing is also available at these locations. As appointments are made through a central booking system, men are able to be seen at a clinic appropriate to their needs and would not have an appointment booked at a family planning only clinic.
A full range of reversible methods of contraception is available at all sexual health (including sexual and reproductive health) clinics. Referrals for people requesting sterilisation are made to gynaecology for female sterilisation or to Viewpark Health Centre, Uddingston, or the Sandyford Initiative in NHS Greater Glasgow and Clyde for male sterilisation. Women with complex contraception requirements can be referred to the consultant or associate specialist in sexual and reproductive health and will be given the next available appointment. HIV testing is currently an opt-out model at all integrated clinics and is discussed as part of the routine asymptomatic sexual health screen for people attending sexual and reproductive health clinics. Patients who are deemed at high risk of a positive HIV test are referred to a health adviser for pre-test counselling.

NHS Lanarkshire has increased the number of core staff working in its sexual health service. This has facilitated the clinic restructuring by allowing staff to be trained in both family planning and genitourinary medicine specialties. The remaining family planning clinics are mainly staffed by sessional staff who have not undertaken the training required to provide an integrated service. The NHS board has a training programme to address this which will ensure all clinics can be fully integrated in the future. As part of this training programme, the NHS board is encouraged to further develop the role of specialist sexual health nurses and to use primary care to deliver routine sexual health interventions. This will ensure that medical consultants can focus on promoting and providing more specialist services. This includes addressing complex contraception needs, making best use of their knowledge and skills.

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

NHS Lanarkshire has maximised use of its existing resources to restructure its clinics to provide 2 full days of integrated specialist sexual health services within 30 minutes travel time from each settlement of over 10,000 people. There are five settlements which are served by two sexual health clinics which operate throughout the week at various times of day. The NHS board has increased the number of core staff working in sexual health to allow the majority of clinics to cover both family planning and genitourinary medicine requirements.

The NHS board has established a walk-in clinic in Coatbridge on a Monday morning which has been a successful initiative. There are plans to roll out more walk-in clinics.

The NHS board is commended on its commitment to service re-design and its ability to provide these services within limited resources. The NHS board should ensure that future capacity issues are considered before the service continues to expand and evolve.

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: 48%

An audit conducted in January 2011 showed that 48% of patients with a priority condition are offered an appointment within 2 working days. Appointments are made via the
centralised appointment line. The administrative staff who operate the centralised booking line have been trained in triage. This training includes identifying priority conditions and emphasises the importance of 48-hour access for patients suspected of having one. A list of priority conditions is also on display, as a prompt, in the clinical activity base, where the telephone line is answered. Despite the training, it was noted through audit data that identifying what is and is not a priority condition remains a challenge for the NHS board. Further training on the definitions of priority conditions is being rolled out to address this. NHS Lanarkshire is also using the West of Scotland managed clinical network to deliver additional training to its administrative staff on capturing raw data for audit purposes to ensure accuracy of the data as this was identified as a potential area for improvement.

NHS Lanarkshire has fully implemented the national sexual health system to electronically book appointments, record patient details and host clinical records. Within this system there are appointments specifically designated as emergency appointments for patients who phone with a priority condition. These patients are offered an appointment at the next available clinic. The NHS board reported that while these appointments are offered, the patient often prefers to wait until the next available appointment within their geographical area. To address this, the NHS board plans to increase the number of drop-in clinics across the region, ideally on a Monday, Wednesday and Friday, which will allow more patients to be treated locally within the 48-hour target time.

NHS Lanarkshire recognises that progress is still required in this area and it plans to have more clinics to address genitourinary medical issues. The NHS board should ensure that its administrative staff are appropriately skilled in undertaking telephone triage, identifying priority conditions and recognising the importance of accurate data recording for audit purposes.

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

STATUS: Met

NHS Lanarkshire has identified a number of priority groups that require targeted services. It has conducted a series of equality and diversity impact assessments and has used local and national data to look at trends, community make-up and population changes. While the NHS board provides specific information and services for a range of groups, it particularly focuses on providing targeted services to meet the needs of young people and those from black and minority ethnic communities.

There are a number of young people’s clinics in operation across the NHS board area which provide access to a range of services on a drop-in basis. Youth workers and sexual health nurses support these clinics ensuring a holistic approach is given to young people’s care. Staff are committed to providing these services at times relevant for young people and often provide clinics out of hours. The NHS board reported that it has used population data to consider areas where there is a high concentration of young people and high levels of deprivation. It now intends to specifically target young people living in these locations using health promotion materials.

The NHS board has worked with partners to target black and minority ethnic communities. It has an acute awareness of cultural sensitivities and has adopted an innovative approach to promote access to sexual health services, for example using English as a Second Language courses to engage with the eastern European community. It has also worked with partner organisations to undertake outreach work through local faith groups and
community events. The NHS board and the Terence Higgins Trust have produced a leaflet on ‘accessing health services’ to distribute to these communities. This contains specific information on accessing sexual health services as well as accessing healthcare generally. This is considered less invasive and more suitable to the needs of the ethnic minority communities and is considered an example of good practice.

The NHS board has hosted specific drop-in clinical days for sexual health screening for targeted communities of the black and minority ethnic communities. The first of these, for Congolese women, was held in October 2008. This provided an opportunity for them to get a sexual health screen, obtain information and build relationships with sexual health professionals. They could then be subsequently signposted into mainstream sexual health services. This was a successful event and was repeated in May 2010 for women from South Asia.

NHS Lanarkshire blood borne virus (BBV) nurses provide risk reduction clinics in Shotts prison where prisoners can be tested for sexually transmitted infections. The NHS board intends to enhance the close links with the BBV team who deliver this healthcare to potentially run sexual health educational awareness sessions for prisoners.

NHS Lanarkshire has a range of fast track cards for specific groups and communities to ensure swift access to sexual health services. These cards are available for clients with addictions, looked after and accommodated children, men who have sex with men (MSM) and individuals who have experienced sexual assault. These cards are distributed to individuals within these groups or to workers who support these groups alongside a leaflet describing the services available to them. These cards have a unique mobile telephone number that service users can phone or text and they will be called back by a senior nurse to enable immediate contact. The NHS board reported that this has enabled the nurse to build trust and establish relationships with individuals or their support workers. People phoning this number are directed to the next available and appropriate clinic as a ‘drop-in’ case and will be seen by a senior member of staff as soon as possible.

NHS Lanarkshire is clearly providing services for individuals and groups with specific needs. It makes good use of the health promotion team to engage with a wide range of communities and responds to the identified need with targeted information or services where this is most relevant.

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 Lanarkshire has invested in improving its premises for specialist sexual health services where possible in the last few years. This includes getting office space to host the central clinical activity base and having dedicated space within the women’s health unit for performing termination of pregnancies.

There is an ambitious capital investment programme under way in NHS Lanarkshire and sexual health services are included within this. The NHS board participates in the West of Scotland managed clinical network’s audit of sexual health premises. The results of this led to the development of an improvement plan and recommendations being made to the NHS Lanarkshire capital investment group. Progress will be monitored by the sexual health implementation group.
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 Lanarkshire identifies the information needs of its population in a variety of ways and responds to these accordingly. The population of Lanarkshire largely reflects national population trends in terms of sexual health behaviour and outcomes. The NHS board regularly reviews national statistics and publications to identify areas for development. It also considers the diverse information needs of the population when carrying out equality and diversity impact assessments prior to implementing new strategies or procedures within the sexual health service.

The health promotion team links with a number of voluntary organisations to gather local intelligence on the information needs of specific groups, for example MSM or people from black and minority ethnic communities. There is information sharing between the NHS board and these organisations to ensure that gaps are identified and addressed, and that duplication is avoided. When funding becomes available, partners are asked to submit proposals outlining information gaps and the steps required to remove these. The proposals are cross referenced with existing local and national material, and subsequently partners are provided with support to address the gap if required.

The NHS board also uses its local voluntary groups to ensure user involvement in all stages of information provision, from conception to design, publication and distribution. The NHS board has used English as a Second Language classes to discuss information requirements for its black and minority ethnic communities. It has also worked with other healthcare professionals to focus this information more generally on how to access healthcare in Scotland. Completed materials are taken back to the consulted groups for feedback prior to distribution. NHS Lanarkshire also engages with a wide range of MSM, through the Terrence Higgins Trust, prior to developing social marketing campaigns. This ensures that it meets the needs of potential service users in terms of where they should go for information and what they should expect to receive.

NHS Lanarkshire is responsive to the information needs of its diverse population providing information in a variety of settings, formats and languages. It has a comprehensive sexual health website, with a range of information, that is an example of good practice. There are a variety of posters and leaflets available, which can also be downloaded from the website. The NHS board advertises in pubs, clubs, fresher fairs in colleges and a number of public convenience locations as well as on specific iPhone applications. The NHS board also provides resources for parents and young people through healthy reading initiatives with resources available to borrow from libraries across North and South Lanarkshire. It also uses videos and DVDs where possible. For example, information on using the chlamydia postal testing kit is shown using a video clip on the
sexual health website and on YouTube. The innovative approach to providing information to meet the diverse needs of its population is an area of good practice.

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

Information is provided by NHS Lanarkshire on sexual health conditions and service provision in a variety of formats. There is a specific sexual health website for NHS Lanarkshire. This website contains detailed descriptions on all sexual health conditions, the range of services available and how to access these. It also details clear links to partner organisations. The website is evaluated and updated by health professionals on a 6-monthly basis using a formal review process. This is an area of good practice.

There are leaflets and posters in a variety of languages available from the resource library and the website. There are a range of social marketing initiatives in operation. The NHS board campaigns are given a unique website address and 0845 telephone number. This enables monitoring of interest generated by each specific campaign to measure success and return on investment. The results of this monitoring are used to inform future campaigns. This is an area of good practice, although some concern was expressed at the cost to people using an 0845 number.

All information is subject to a quality assurance process to ensure it is accurate. All new information is written by lead professionals for that area of work and is reported back to one of the key strategic groups: Lanarkshire sexual health implementation group, BBV managed care network or BBV prevention network committee. These groups also consider new information produced nationally or by voluntary groups. As previously mentioned these groups are attended by a wide variety of partners to ensure they are informed of the latest developments. There is a sexual health communications guide that details agencies who are sent information for wider dissemination.

The NHS board has clear arrangements to provide information on sexual health conditions. It provides support to its partners in sharing information to ensure consistency and accuracy of messages. The NHS board is encouraged to continue with this approach and continue to monitor the impact of the information provided.
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

The NHS board actively engages with a range of relevant partners to improve sexual health for young people and reduce teenage pregnancy. There is a strong commitment to partnership working at a strategic level. There is representation from both North and South Lanarkshire Councils, including colleagues in education and social work on the sexual health implementation group. Young people are a key focus of the sexual health strategy, which the sexual health implementation group has responsibility for. There is also a young persons steering group which meets on a regular basis. A wide range of health, education, and social work professionals attend this group, as well as voluntary organisation representatives. The steering group considers current service delivery to young people, what is working well, and has the potential for roll-out to other areas, and addresses areas where improvement is needed.

Partnership working at a strategic level is reinforced within frontline services for young people. A risk reduction approach is taken within young people’s clinics to provide a holistic youth-based service. All young people’s clinics are provided in partnership with various youth organisations. They are supported by youth workers and provide the opportunity for young people to tackle other risky behaviour such as alcohol use and smoking. Several of the young people’s clinics are held within youth centres at the same time as youth clubs to ensure they are accessible. For young people’s clinics held within health centres, NHS Lanarkshire attempts to replicate a youth work environment. Where possible, they provide access to computers and music as well as having support from youth workers. Other services, such as smoking cessation, have approached the sexual health service to provide their services to young people within the existing clinics.

There are strong links with the Lanarkshire Youth Counselling Service which operates in every school in Lanarkshire. Young people are directed between the two services as appropriate to ensure that emotional wellbeing is promoted as well as good sexual health. Staff within the counselling service have been trained on how to signpost young people to sexual health services for contraception and sexually transmitted infections testing including BBV and how to access postal testing kits from the website. This is one example of a number of joint training exercises undertaken by NHS Lanarkshire and is an area of good practice.

The NHS board is also engaging with pharmacy partners through the provision of the ‘Free Three C Programme’ to distribute free condoms, emergency contraception and chlamydia testing to young people across the region. Young people are directly consulted on the services they receive and require through use of surveys and focus groups. The NHS board responds to the results of these surveys wherever possible and monitors the effectiveness of the changes made. The NHS board is encouraged to strengthen
engagement with primary care practitioners, particularly GPs, to ensure they are connected to the services available for young people in NHS Lanarkshire.

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

**STATUS: Met**

NHS Lanarkshire has taken steps to ensure poor sexual health and teenage pregnancy are tackled across the region. Any woman under 25 attending sexual health clinics is offered the opportunity to start their preferred method of contraception and is routinely offered screening for chlamydia and gonorrhoea. Good sexual health is promoted in all schools through bespoke sex and relationship training programmes. This is developed by the NHS Lanarkshire health promotion team in partnership with key community planning partners.

The NHS board considers that issues of sexual health education are universal to its population so does not currently tailor programmes for specific geographical school catchment areas settings. Areas of high deprivation are geographically spread across both North and South Lanarkshire, with no specific geographic area currently targeted for intervention. NHS Lanarkshire, however, recognises that specific interventions may be beneficial for key groups at risk of poor sexual health and teenage pregnancy. To address this, the NHS board is in the process of using postcode data to map areas of high deprivation to areas with high concentrations of young people as it has identified this as a key group at risk of teenage pregnancy. The intention is to develop and deliver targeted services to this group through the health promotion team and community learning and development colleagues to address the issue of sexual health. This is an innovative approach and an example of good practice.

NHS Lanarkshire has also recently appointed two nurses specialising in sexual health and addiction. These nurses are working to formally establish links between services for young people in sexual health and addictions services, as well as with youth counselling and social work services. It is intended that they will provide targeted information and services specifically for young people with substance misuse issues. Similarly, nursing staff within the harm reduction team have been trained in testing for sexually transmitted infection and offer this to patients that present for BBV screening.

NHS Lanarkshire has developed a range of systems to address the needs of looked after and accommodated children. A dedicated nurse supports vulnerable young people and links directly with public health nurses. The NHS board has designated a public health nurse to each facility for looked after and accommodated children and linked this nurse to a named sexual health nurse. These resources provide support to people who work with vulnerable young people and foster carers. It has also implemented a fast track card system for children who are looked after and accommodated. This card is distributed through support workers to vulnerable young people. The young person can then contact a sexual health nurse, using the unique mobile number, to obtain advice and arrange to attend a clinic quickly. The support workers receive a leaflet which provides them with guidance on the most appropriate support to offer. The card is re-launched annually at an event for all staff who work with vulnerable groups. At this event there are talks on contraception and sexually transmitted infection as well as teenage pregnancy. This helps to raise awareness of the scheme and promote partnership working.
The NHS board also has a service level agreement with an organisation called Landed. This is a peer education service which trains young people aged 16 to 22 from Lanarkshire to pass on information about drugs, alcohol and sexual health to other young people in the area. The agreement states that Landed will specifically work with young people who are looked after and accommodated to deliver targeted interventions.

NHS Lanarkshire is also devising a specific educational training programme to address the needs of carers of and workers with vulnerable young people. This will enable partners to assist with targeted interventions where necessary.

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 Lanarkshire delivers a range of training to its partners on sexual health and relationships and BBV. The NHS board has developed two bespoke training programmes for delivery in schools. Proud to be Me is delivered in primary schools, and Healthy Relationships is delivered in secondary schools. These programmes cover the same topics and use similar materials to the national sexual health and relationships education programme (SHARE). NHS Lanarkshire offers regular training to teachers to facilitate the delivery of these programmes. There is good attendance at these courses by South Lanarkshire Council teachers. Attendance by North Lanarkshire teachers is a challenge which is being addressed by sexual health service managers and colleagues from the local authority education department. Attendance at these courses is also open to a range of health professionals, voluntary organisations and community learning and development staff. This ensures a consistent message is delivered.

The NHS board has a range of targeted training for professionals. The youth counselling team has been trained on BBV, and nurses within the harm reduction team have been trained in sexually transmitted infections testing. The service level agreement with Landed includes providing training on sexual health to anyone who is a key contact with young people, for example youth workers, foster carers and residential workers. The NHS board also uses its service level agreement with Landed to deliver training on drugs, alcohol and sexual health directly to young people. For example, Landed worked with training agencies in the Lanarkshire area to engage with young people not currently in employment, education or training.

Training courses are regularly evaluated by attendees and revisions made where necessary. NHS Lanarkshire also regularly reviews the content of programmes to ensure the information is in line with policy changes, both at local and national levels. In the last year, there have been substantial changes to the school education programmes to reflect the requirements of Curriculum for Excellence. The introduction of Curriculum for Excellence has also led to an increase in requests for training from teachers.

The NHS board has a proactive and committed approach to providing educational support to its partners. It should continue to address issues of attendance across the local authority boundaries and monitor the impact of the training.
Standard 4: Partner notification

Standard statement 4

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

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

STATUS: Met

There is a sexual health adviser or a specialist sexual health nurse adviser available to everyone diagnosed with chlamydia or gonorrhoea in NHS Lanarkshire. Sexual health advisers or specialist sexual health nurse advisers are available for immediate support at every integrated sexual health clinic to treat patients with a positive result. The NHS board has protocols to direct patients to the health adviser service if they receive a positive result, regardless of where they present initially.

As previously stated NHS Lanarkshire uses the national sexual health system to electronically manage its patients. Patients are referred to a sexual health adviser through this system after a positive result is received. In most instances, it is a health adviser who will notify them of a positive result ensuring immediate access. At this point, a health adviser will discuss various treatment options with the patient, provide advice, offer further screening and organise partner notification. This approach is flexible and responsive to the patient’s need and is considered an example of good practice.

Within primary care, GPs will notify a patient of a positive result and will provide treatment, advice and support. GPs have access to the health adviser team and can choose to contact the team for support or refer the patient to a health adviser to undertake partner notification. The contact details and next steps that the GP should take are outlined on the laboratory results returned with the tests. This is an area of good practice.

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

STATUS: Not met

Partner notification is carried out by sexual health advisers for patients attending specialist services, community pharmacies, youth services and those using postal testing kits. Where possible, the national sexual health system is used to document partner notification. This is an area of good practice. Where it is not possible to use the system, such as in some young people’s clinics, a simplified paper form is used. The data are then uploaded into the system at the clinical activity base. As described above there is a protocol in place that directs all positive results from these areas to sexual health advisers or specialist sexual health nurse advisers who then inform the patient of the result and begin the process for partner notification.

For testing undertaken in primary care, GPs are notified of a positive result and it is their responsibility to inform the patient. GPs may at this stage undertake partner notification themselves or refer the patient on to the sexual health adviser team which undertakes this.
The NHS board did not provide data detailing the number of positive results from the primary care setting and was unable to quantify if partner notification was happening in this environment. There are three laboratories providing results to primary care settings, each with a different system. This means that the NHS board is unable to use laboratory data to compile or analyse results to ensure the sexual health adviser team offers sufficient support for partner notification, or to monitor if GP practices are carrying it out themselves. There are plans in place to unify this system in the near future which will enable data monitoring to take place.

NHS Lanarkshire should continue to engage with primary care practitioners around partner notification. It should ensure there is ongoing monitoring of positive results from this area and that partner notification is offered as standard to all individuals with a positive result, regardless of where they access the service.
Standard 5: Sexual healthcare for people living with HIV

Standard statement 5

Individuals attending for ongoing HIV care are offered high quality sexual and reproductive healthcare to improve personal wellbeing and to minimise the risk of transmitting infections to others.

5.1 90% of adults receiving ongoing HIV care have the result of syphilis serology taken within the preceding 6 months recorded in their HIV records, or documentation why this is not required updated at 6 monthly intervals.

STATUS: 77%

A recent audit conducted by NHS Lanarkshire showed that 77% of HIV patients have had a syphilis test offered and accepted, or documentation as to why it is not required, recorded in the preceding 6 months.

To improve this figure, the NHS board has added syphilis serology to its minimum blood taking dataset every 3 months unless a client specifically declines. This will ensure offering a syphilis test is part of standard clinical practice for patients with HIV in NHS Lanarkshire. There is a care pathway in place to support this which outlines the protocol for patients requiring sexually transmitted infections testing. The NHS board noted that some patients do not attend clinics frequently enough to offer a test every 3–6 months.

5.2 80% of HIV+ adults presenting for the first time in Scotland have their sexual and reproductive history documented within 4 weeks of their initial HIV diagnosis, and are given advice to prevent onward HIV transmission, backed by the availability of condoms.

STATUS: 22%

22% of adults presenting for the first time in NHS Lanarkshire have their sexual and reproductive history documented within 4 weeks of initial diagnosis. The NHS board has made a number of changes to its service to improve this figure and will continue to audit this area.

There is now a sexual health adviser specifically for people with HIV who attends both HIV clinics in NHS Lanarkshire. This adviser sees every new patient within 4 weeks and uses a standard proforma to complete the patient’s sexual history. NHS Lanarkshire has designed a leaflet describing the service the sexual health adviser delivers. This will promote the service to existing HIV patients and improve access to it by increasing the understanding of what it offers.

The sexual health adviser also has responsibility to provide information to patients on how to prevent onward transmission. The proforma which details the patient’s sexual history also contains a section detailing post exposure prophylaxis after sexual exposure (a course of antiretroviral therapy given to someone exposed to HIV in an attempt to prevent infection) and condom provision. Condoms and lubrication are also freely available for patients within the sexual health adviser’s room. The NHS board also includes prevention of onward transmission information within the folder of information given to all HIV positive patients.
The steps undertaken by the NHS board to improve its performance in this area are noted and it is encouraged to continue to monitor progress.

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: 72%**

The NHS board demonstrated that 72% of adults receiving ongoing HIV care have an offer of a sexual health screen in the last 12 months documented in their file. This audit was a case note review of 49 HIV patients performed between August 2009 and July 2010.

The date of the last sexual health screen is recorded in the sexual health adviser’s proforma along with details of partners for notification if required. The sexual health adviser will undertake a screen if it is noted to be more than 12 months since the patient’s last documented screen or at the patient’s request. NHS Lanarkshire plans to conduct a further audit in 6 months as part of its ongoing monitoring arrangements.
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: 67.8%

According to key clinical indicator data, 67.8% of women seeking a termination of pregnancy undergo the procedure at 9 weeks gestation or earlier. NHS Lanarkshire is continuing to improve this figure and has made a number of changes to delivery of the service.

The NHS board has now centralised the termination of pregnancy service to the women’s health unit in Wishaw General Hospital which now operates 7 days a week. The central location has also reduced the time between a woman being referred to the service and undergoing the procedure.

NHS Lanarkshire has also invested in appointing dedicated staff to lead the service. The nurse specialist has provided direction and commitment to leading the changes made to the service and in engaging with other staff to do the same.

The NHS board is monitoring performance in this area closely and has identified a challenge in getting women to present to the service before they reach 9 weeks gestation. Currently women are referred from a variety of areas, including GPs, sexual health clinics and young person’s clinics, but they cannot self-refer. The NHS board’s audit proforma has a question which checks if women experienced a delay in referral to the unit from where they initially presented. It is anticipated that this will identify opportunities for improvement in this area. The review team recommends that the NHS board works with its health promotion staff to promote awareness of the symptoms of pregnancy and the available options a woman has to address the issue of late presentation.

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 Lanarkshire has a system to ensure that women are offered a range of contraceptives at the time of termination of pregnancy. Future contraception is discussed at the initial consultation appointment in the women’s health unit. There is an integrated care pathway for all women undergoing a termination which includes a section on contraceptive planning. There is a standard proforma, detailing a wide range of contraception options, which is completed for every patient.

The NHS board makes good use of its skilled workforce within the women’s health unit. A number of staff within the unit have completed the Sexually Transmitted Infections Foundation course and are trained in fitting contraceptive implants. The senior charge nurse has also gained a family planning qualification and is trained to fit intrauterine
devices, as well as contraceptive implants. This ensures that NHS Lanarkshire has the resources available to offer and provide a range of contraception at the time of termination of pregnancy.

6.3 60% of women leave the facility with one of the more effective methods of contraception (hormonal oral contraceptives, intrauterine devices or contraceptive implants).

**STATUS: 81%**

81% of women in NHS Lanarkshire undergoing a termination of pregnancy leave the facility with one of the more effective methods of contraception. The NHS board is commended for its performance in this area, which is largely due to the commitment of its skilled workforce. NHS Lanarkshire has invested in training for staff in the women’s health unit to ensure they can fit long acting and reversible contraception (LARC). This allows women attending the unit to have a range of options available on the day of the procedure. This is proving to be effective for the NHS board with more than half of the women attending the service leaving with a contraceptive implant or an intrauterine device. The NHS board plans to continue to roll out this training to more nurses within the unit.

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

**STATUS: Not met**

NHS Lanarkshire does not provide post termination of pregnancy counselling. All women are made aware that they can contact the women’s health unit directly should they require information, support or advice following a termination of pregnancy. The lead specialist nurse from the termination of pregnancy service will then provide this in an informal manner. Should a woman require specialist post termination of pregnancy counselling, the NHS board signposts them to the dedicated service at the Sandyford Clinic in Glasgow. NHS Lanarkshire does not currently monitor how many patients from its NHS board area are accessing this service and has no access to waiting times data. Young people requiring specialist counselling are directed to the youth counselling service that operates in all the schools in the area.

The NHS board is developing a business case to have a dedicated counsellor in women’s and maternity services who would provide this service if required.
Standard 7: Hepatitis B vaccination for men who have sex with men

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

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

STATUS: Met

Hepatitis B vaccination is available at the following settings within NHS Lanarkshire:

- sexual health clinics
- Lanarkshire HIV and hepatitis counselling clinics
- Lanarkshire BBV clinics
- through the harm reduction team, and
- at GP clinics through a local enhanced service.

A working group was set up by the NHS board to identify risk groups, facilitate training and draft patient group directives to promote vaccination. At every sexual health consultation, anyone identifying as gay or bisexual is offered the hepatitis B vaccination as standard. Appointments are made at that point for the follow-up vaccinations to ensure a full dose is administered. Any patient that does not attend the follow-up appointments is recalled to encourage attendance. The HIV nurse also provides the vaccination to HIV positive MSM attending HIV services.

NHS Lanarkshire has invested in developing a local enhanced service with GPs to ensure that hepatitis B vaccinations are delivered in primary care settings. This significantly expands the choice of where MSM can be immunised. As this is a recent addition to NHS Lanarkshire’s sexual health service, there are no data on uptake or vaccinations available at present. GPs are enthusiastic to roll this out, with 42 practices signing up across the NHS board area. A learning resource has been distributed to all GP practices, regardless of whether they have signed up to the service, ensuring that knowledge and awareness of the need to vaccinate is improved.

There is a significant amount of work ongoing to promote the hepatitis B vaccination and other health promoting activities. The NHS board works closely with the Terrence Higgins Trust to ensure outreach and information is provided to the most vulnerable groups. There are internet outreach workers working through the Scottish Netreach network to promote the importance of hepatitis B vaccination in Lanarkshire internet chat rooms. In public sex environments, outreach workers provide information to men who request it. They also provide a safer cruising guide and a Get Rubbered card with the condom packs distributed to men using public sex environments. The Terrence Higgins Trust Get Rubbered scheme is fully operational in the region. It provides regular updates on what is happening for
MSM in their area, promotes risk reduction information and other health-related issues, as well as providing information on hepatitis B, condoms and lubricants.

There is also a lesbian, gay, bisexual and transgender (LGBT) support group in Lanarkshire. The group has 48 members on its mailing list and meets every 3 weeks. These members are contacted prior to the meeting via letter or email with a range of information on health promoting activities. The importance of hepatitis B vaccinations is highlighted in this correspondence twice a year.

It is clear that NHS Lanarkshire has invested in developing and promoting this service and is encouraged to continue to progress with this. The NHS board should ensure it has a system in place to monitor and evaluate the service provided to MSM through the GP local enhanced service to ensure this is effective.

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: 83%**

An audit of all MSM attending specialist sexual health services between January 2009 and December 2010 was conducted; 83% were recorded as having received at least one dose of the hepatitis B vaccination. This audit highlighted that there is scope to improve documentation, particularly when people decline the vaccination without a reason given. The NHS board is taking steps to address this by rolling out further staff training. The impact of this will be monitored through a planned re-audit in a year.
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: 39.3

Key clinical indicator data show that 39.3 women of reproductive age per 1,000 in NHS Lanarkshire are prescribed intrauterine and implantable contraceptives per year. The NHS board recognises that there is more to be done in this area and has an action plan to take this forward. This includes carrying out a public awareness campaign, increasing training and engaging with primary care practitioners.

The NHS board has approved and launched a locally enhanced service with GPs to provide implantable contraceptives. This means that GPs will receive a payment from the NHS board to provide the service. Approximately 40 of the 99 GP practices in NHS Lanarkshire have signed up to the agreement and training is under way. The NHS board anticipates that this agreement will substantially improve the uptake of LARC as patients will be able to access it from their GP rather than by referral to specialist sexual health services. The NHS board is also monitoring the location of the GPs that have signed up to deliver the local enhanced service to ensure there is coverage across the NHS board area. In areas where there is not sufficient primary care coverage, it intends to restructure its specialist sexual health clinics to ensure they meet the contraception requirements of that area of the population.

NHS Lanarkshire is also undertaking a significant training programme to upskill its sexual health nurses. By undertaking this training, nurses will be able to see more routine patients and release doctor's appointment time to fit more intrauterine and implantable contraception. NHS Lanarkshire has identified a challenge to rolling out training on the contraceptive implant with regards to completing the final practical element of the training. To address this, the NHS board plans to restructure its clinics, on a short term basis, to allow specific implant fitting clinics to act as training workshops. There is also a possibility of addressing this through roving training via the West of Scotland managed clinical network.

The NHS board also has a campaign to increase awareness of LARC to women of reproductive age and to encourage uptake of this. Part of this campaign is to encourage GPs to discuss the option with women presenting for contraception. It includes provision of posters, leaflets and credit card size information guides with links to where information can be obtained. These materials will be located in traditional health settings including GP practices, health centres and pharmacists, as well as in sports centres, supermarkets and potentially workplaces. These materials will have a unique phone number and website address that will allow monitoring of the success of the campaign. The NHS board also intends to monitor uptake by reviewing prescription figures for primary care settings, having discussions with GPs providing the service and potentially having GPs undertake an audit.
The NHS board is encouraged to pursue the opportunities it has identified for improvement. It should ensure that it monitors the impact of the local enhanced service on the overall delivery of implantable contraceptives and that the service continues to be responsive to the needs of the patient.

| 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 |

NHS Lanarkshire has a pathway in place to refer women to specialist sexual health services for intrauterine and implantable contraceptives if their own GP practice does not provide it. There is a standard referral letter that has been communicated to all GPs to facilitate this. Sexual health service nurses contact the patient on receipt of a referral letter and undertake a telephone consultation appointment. This includes triage, patient history, counselling and booking a suitable appointment for fitting the contraception.

The NHS board does not receive many referrals this way but will be monitoring this with the introduction of the locally enhanced service. It is considering introducing inter-practice referrals for GPs that have not signed up to the agreement. This would allow patients to be treated at other primary care settings if their GP does not provide intrauterine or implantable contraceptives.

The NHS board is encouraged to introduce a formal system to monitor adherence to the referral process. This will allow it to assess equity of access to services providing intrauterine and implantable contraceptives across NHS Lanarkshire.

| 8.4 | A consultation appointment with a service providing intrauterine and implantable contraceptives is available within 5 working days. |
| STATUS: Not met |

An audit conducted in January and February 2011 showed that 74% of patients have a consultation appointment with a service providing intrauterine and implantable contraceptives within 5 days. This is a substantial improvement on a previous audit conducted in 2010 that demonstrated only 30% of women were offered an appointment within 5 working days.

The NHS board introduced a system of nurse telephone consultations in November 2010. Women calling the appointment line are given a time for a nurse to call them back to undertake counselling. During the telephone consultation, the woman has a full history taken and a comprehensive screen done, followed by an opportunity to ask questions. Further information can also be posted or emailed following these discussions.

NHS Lanarkshire should continue to monitor its progress in this area, ensuring that audit data are captured effectively to accurately reflect the performance of the service.
Standard 9: Appropriately trained staff providing sexual health services

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

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

STATUS: Not met

The NHS board provides a significant amount of training to its specialist sexual health staff on a regular basis. There is a system in place to identify and address training needs of this staff group and a flexible delivery approach.

As previously reported, NHS Lanarkshire has reduced the number of sessional clinical staff working in sexual health. A core team of staff working solely in sexual health now deliver the majority of services. This allows delivery of more specific continuous professional development. The NHS board has implemented a dedicated Wednesday morning continuous professional development session for its core team which runs every fortnight. There are a range of topics covered within these sessions including the management of specific sexual health conditions, or priority groups, alcohol brief intervention training and child protection training.

In addition to these regular sessions, the NHS board has rolled out a programme of training to dual skill staff as part of its integration programme. The majority of staff were skilled in the family planning specialty prior to integration so significant work was undertaken to develop genitourinary medicine skills. NHS Lanarkshire has training log books for doctors and nurses within the service to work through and obtain practical skills; this is an example of good practice.

The NHS board continues to host a small number of evening sessions throughout the year to allow existing sessional staff to maintain their knowledge and skills. It is anticipated that there will be further paid evening training sessions for existing sessional staff who have a family planning background. This will provide them with genitourinary medicine skills to enable them to provide more integrated clinics.

NHS Lanarkshire has also undertaken a training needs analysis to inform its future continuous professional development training programme. The NHS board is commended that the results of this analysis have been divided between the needs of the sessional staff and the core staff recognising the diversity of requirements between the two staff groups. A specific training needs analysis was also conducted to identify the training requirements of doctors. The annual training plan reflects these needs.

NHS Lanarkshire has undertaken some training with staff from other specialist services including the women’s health unit, practice nurses and community pharmacy staff. The NHS board compiles an annual training summary of relevant training provided by sexual health, sexual health promotion staff and third sector partners. This details the training available and the staff groups, for example BBV training for youth counselling staff. It also
includes a summary of the content of the training, who will deliver it, and the frequency of
the training. It encompasses a wide range of staff from GPs and primary care practitioners,
to specialist sexual health staff, midwives, youth workers, teachers and voluntary
organisations. In most cases, the frequency of training is recorded as operating on an ‘as
requested’ basis. The NHS board reported that it had tried to engage with GPs to offer
training with limited success.

NHS Lanarkshire is encouraged to adopt a formal and systematic approach to scheduling
and delivering training, particularly with reference to primary care and GP training. The
NHS board should ensure that it is monitoring the uptake of training for all staff providing
sexual health interventions and assessing the impact of the training on the delivery of
services.
## Appendix 1 – Details of review visit

The review visit to NHS Lanarkshire was conducted on 23 February 2011.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tbody>
<tr>
<td><strong>Dona Milne (Team Leader)</strong></td>
<td>Specialist in Public Health, NHS Lothian</td>
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<tr>
<td><strong>Hosanna Bankhead</strong></td>
<td>Health Trainer, Terrence Higgins Trust</td>
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<tr>
<td><strong>Ambreen Butt</strong></td>
<td>Consultant in Genitourinary Medicine, NHS Grampian</td>
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<tr>
<td><strong>Alison Craig</strong></td>
<td>Nurse Consultant, NHS Lothian</td>
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<tr>
<td><strong>Norma Duncan</strong></td>
<td>Public Partner</td>
</tr>
<tr>
<td><strong>Susie Logan</strong></td>
<td>Consultant in Sexual and Reproductive Health, NHS Grampian</td>
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<tr>
<td><strong>Lorraine Mann</strong></td>
<td>Senior Health Promotion Specialist, NHS Highland</td>
</tr>
<tr>
<td><strong>James Nicoll</strong></td>
<td>Health Advisor, NHS Tayside</td>
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<th>Healthcare Improvement Scotland staff</th>
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<tbody>
<tr>
<td><strong>Anne Hanley</strong></td>
<td>Team Manager</td>
</tr>
<tr>
<td><strong>Deborah McIntyre</strong></td>
<td>Project Officer</td>
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### Appendix 2 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BBV</td>
<td>blood borne virus</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>
</tr>
<tr>
<td>LGBT</td>
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</tr>
<tr>
<td>MSM</td>
<td>men who have sex with men</td>
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</tbody>
</table>
We can also provide this information:

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

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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 are key components of our organisation.