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

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

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www.healthcareimprovementscotland.org
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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 Forth Valley**. The review visit took place on **24 March 2011** and details of the visit, including membership of the review team, can be found in Appendix 1.

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

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

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

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

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

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

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

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

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Strengths
The NHS board has:

- effective targeted services to meet the needs of young people in NHS Forth Valley through Sorted on Sex clinics
- clear branding with excellent information resources available in a variety of formats
- a high standard of sexual and reproductive healthcare for patients diagnosed with HIV
- strong arrangements to facilitate partnership working for vulnerable groups, and
- undertaken extensive outreach work with community pharmacies.

Recommendations
The NHS board to:

- strengthen links between termination of pregnancy clinics and the sexual health service
- demonstrate clear strategic leadership for termination of pregnancy services
- implement a mechanism to ensure that women leave the termination of pregnancy facilities with one of the more effective methods of contraception
- risk assess staffing levels and ensure staff are dual trained, to allow the full integration of services, and
- ensure there is suitable accommodation for the sexual health service across Forth Valley.
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 Forth Valley has an integrated local specialist sexual health service, provided across the three local authority areas of Falkirk, Stirling and Clackmannanshire. Full integration began in January 2009, when genitourinary medicine and sexual and reproductive health services merged under the management of women, children and clinical services and sexual health. In 2010, the service was rebranded as central sexual health.

Central sexual health provides specialist contraceptive, reproductive, sexual health and HIV services for Forth Valley’s population. The following services are available:

- general, long acting and very long acting contraception options
- testing, diagnosis and treatment for sexually transmitted infections
- pregnancy testing and termination of pregnancy referrals
- hepatitis B vaccinations for at risk groups
- HIV testing and counselling, and
- management of HIV infection.

These are undertaken at specialist clinics in Falkirk Community Hospital, Stirling Royal Hospital, Clackmannan Community Hospital, Orchard House Health Centre, Stirling, and Grangemouth Health Centre. While not a part of central sexual health, Airthrey Park Medical Centre, located on the Stirling University campus, also provides an enhanced sexual health service. This includes long and very long acting contraception and services for men who have sex with men (MSM).

NHS Forth Valley also has specific sexual health services for young people. The Sorted on Sex clinics are fully integrated clinics offering contraception, and testing and management for sexually transmitted infections for under 21 year olds. The review team commends the provision of dedicated services for young people and identified this as an area of good practice. The NHS Forth Valley sexual health strategy also identified young males as a key population for sexual health and a male only clinic takes place in Alloa.

All services under central sexual health have standardised guidance and protocols, supported by a formal clinical governance process. These include protocols for the management of women with complex contraceptive needs. NaSH, the NHSScotland National Sexual Health IT system, is in place within NHS Forth Valley. There is also a
central phone line in place for all appointments within central sexual health and a separate sexual health adviser helpline. This enables the service to provide specialist advice and staff can issue appointments at any location throughout the NHS board area.

NHS Forth Valley reported that there have been a number of challenges to achieving a fully integrated service throughout the region. Accommodation and staff training have been identified as barriers to full implementation.

The NHS board has recently undergone a major building programme, with newly completed hospitals at Larbert (Forth Valley Royal Hospital) and Clackmannan Community Hospital. Two further community hospitals are also planned. Falkirk Community Hospital is the only remaining location in NHS Forth Valley to have separate clinics for genitourinary medicine and sexual and reproductive health. Following building works, this will have dedicated integrated sexual health premises. This will be completed in May 2011. Further renovation in Falkirk is likely to be completed in 2012. Stirling Community Hospital is expected to be completed in 2013.

All staff who hold substantive clinical posts within central sexual health are dual trained, working within both genitourinary medicine and sexual and reproductive health. However, there are a number of sessional workers holding substantive posts elsewhere. These staff may only work within the service as few as 3 hours per week and are therefore not trained in both specialties. There are plans in place to ensure that all staff are dual trained and, once implemented, this will ensure further integration.

The review team advises NHS Forth Valley to continue to resolve the challenges to full integration and to progress plans to ensure that patients receive a consistent service across all sexual health service locations. NHS Forth Valley reported that where services are not available at a certain clinic, the patient is given an appointment at the appropriate service and transferred. Patient details are stored on the NHSScotland National Sexual Health (NaSH) IT system and can be used at all sites. This removes the need for further registration or triage at the receiving site.

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**

The geographical landscape of NHS Forth Valley consists of large urban populations surrounding the south-east of the region, with a high proportion of remote and rural areas to the north. The majority of the population reside in the Falkirk-Stirling-Alloa triangle, which is easily accessible by train and bus. Central sexual health has clinics which provide 2 full days of integrated specialist sexual health services in Alloa, Falkirk, Grangemouth and Stirling, where there are populations of over 10,000 residents.

In addition, there are Sorted on Sex clinics within the urban area. These are located at Falkirk Community Hospital, Orchard House Health Centre, Stirling, and Clackmannan Community Hospital. This ensures that there is a young person’s clinic each evening, Monday to Friday, throughout the region.

Within rural areas, central sexual health is working closely with local pharmacies to provide pregnancy testing, emergency contraception and the promotion of long acting and
reversible methods of contraception (LARC). These pharmacies are also involved in the
distribution of postal testing kits for chlamydia and the subsequent treatment of individuals
with positive results. Pharmacies refer individuals with more complex cases to the central
sexual health services. The NHS board is commended on the extensive outreach work
undertaken with community pharmacies.

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: 100%
Audit undertaken in November 2010, indicated that 100% of NHS Forth Valley patients
with priority sexual health conditions were seen within 2 working days of their initial
contact.

Prior to November 2010, all patients attending central sexual health for genitourinary
medicine were by appointment only. NHS Forth Valley has now changed its operating
procedure so all afternoon appointments are drop-in clinics. There is now a dual system in
place offering both appointments and walk-in sessions. This ensures that all individuals
with priority sexual health conditions are seen within 2 working days of initial contact.

A sexual health adviser helpline was implemented in June 2010 and is available to service
users Monday to Friday 09.00 – 12.15. This helpline is used to triage patients to ensure that
those with priority conditions are seen within 2 working days. The central sexual health
booking line operator will also pass on calls to the sexual health adviser on duty if there are
any queries or concerns as to whether a patient has a priority condition.

Individuals presenting at a drop-in session, without having consulted the central booking
line or helpline, are triaged on arrival. Those with priority sexual health conditions are seen
first.

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

STATUS: Met
NHS Forth Valley undertakes an equality impact assessment process for every policy and
procedure. This includes recognising the need to identify adverse impacts including those
affecting sexual orientation. Following the sexual health service equality and impact
assessment, an action plan was completed and the following actions were identified for
2011:

- review current service provision and access to information for vulnerable people
- enhance current equality and diversity data collection, monitoring tools and IT systems,
  and
- identify gaps in service provision for transgendered individuals.

The NHS Forth Valley sexual health strategy further identifies a number of priority groups
that require targeted services. These include looked after and accommodated children and
young people, male and female offenders, substance users, rural communities, young
people and those individuals living with HIV. Initiatives are in place to address these
populations and targeted services developed in response. The NHS board reported that a
sexual health needs assessment has not been undertaken across Forth Valley due to lack of
capacity. However, plans are in place to assess the needs of specific groups. NHS Forth Valley is participating in an NHS Health Scotland mapping exercise working to identify populations with specific needs.

Sexual health implementation groups are also in place within the three local authority areas in Forth Valley. These groups produce a yearly action plan to ensure the sexual health needs of their populations are met.

There is a dedicated sexual health promotion team within NHS Forth Valley. Its remit is to support the sexual health of the population and develop targeted initiatives for groups of individuals who experience barriers to positive sexual health. It has a commitment to improving knowledge and skills, and exploring values and attitudes around sexual health issues by working with statutory and voluntary sector partners, education services, parents and carers. The team has an ongoing priority to work in partnership with local authorities to support the implementation of the Curriculum for Excellence from early years to the end of secondary education. This is in addition to its wider remit of providing support, training, information and advice to meet the specific needs of young people and those working with them.

A community sexual health educator position has also been developed and an individual recruited into post within the sexual health service. The remit of this role is to address the issues of young people in vulnerable groups such as:

- young homeless people
- individuals with a physical or learning disability
- ethnic minority communities
- lesbian, gay, bisexual and transgender (LGBT) individuals, and
- individuals with a sensory impairment.

The review team commends the provision of the community sexual health educator role and its achievements to date.

The NHS board carried out an HIV needs assessment in Forth Valley in 2009. This highlighted the need for greater engagement with MSM and people with Sub-Saharan African links. In 2010, central sexual health won an award from Durex to fund their work with Gaydar: a worldwide, profile-based dating and social networking website for gay and bisexual men, women and couples over the age of 18. Central sexual health holds Falkirk and Stirling chat rooms on Gaydar every Wednesday evening offering advice and support. The review team highlighted this as an area of good practice. Close links with LGBT Youth groups in Forth Valley also allow for appropriate signposting and advice. A further project to target MSM in public sex environments commenced in 2010. This aimed to increase knowledge about sexual health services, increase condom use and HIV testing.

The review team particularly commends the work of central sexual health with Polmont Young Offenders Institution, located in the Falkirk region for males aged between 16 and 21. The community sexual health adviser works extensively with the prison’s dedicated sexual health nurse to provide services to young men. This includes patient advice and information, hepatitis B vaccinations, testing and treatment of sexually transmitted infections and partner notification. The review team also noted that links have been
established with Cornton Vale, Scotland’s only female prison and Glenochil, a long term prison for males over 21 years of age.

NHS Forth Valley also has plans to target black and minority ethnic communities in 2012. To date, access to this area of the population has been challenging and the NHS board highlighted proposals to work with black and minority ethnic organisations to facilitate access.

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

Sexual health services are provided in a variety of locations and are often shared with other disciplines. The standard of specialist sexual health service accommodation does not conform with recommendations made by the Department of Health HBN12 guidance notes. However, plans are in place to address this.

Building work is currently under way to complete the community hospitals in Falkirk and Stirling. The NHS board reported that the specifications for both sites include the Department of Health HBN12 recommendations. The community hospital in Falkirk is intended to be completed in 2012 and Stirling Community Hospital the following year. When Stirling Community Hospital is completed, there will be a central sexual health department with its own dedicated premises. Clinics currently operating out of Orchard House will be transferred to these new premises.

Sexual health facilities at Grangemouth Health Centre do not currently comply with recommendations. However, this is a very popular clinic with patients, with more than 57% of the patients attending living locally. Therefore, this presents a challenge to relocating these services to another site.
Standard 2: Sexual health information provision

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

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

STATUS: Not met

NHS Forth Valley does not have a defined system in place to identify the diverse sexual health information needs of its population. However, the review team noted areas of good practice throughout this criterion regarding the provision of information and its available formats. Development of a cohesive strategy and needs assessment is recommended to ensure the NHS board is meeting the needs of its population.

There are a variety of formats in which information about sexual health conditions and services are available throughout Forth Valley. These include the central sexual health website, social networking sites, information packs, leaflets, posters and a DVD. All leaflets are available to download from the central sexual health website, as is the central sexual health directory of sexual health services 2010. The review team commends the comprehensive website and highlighted it as an area of good practice. Central sexual health also has profiles on Gaydar, Bebo and Facebook, to provide sexual health information and a signpost to sexual health services.

A short film is available on the central sexual health website homepage that provides information on the services available and also follows a young person as they visit a clinic for the first time. Copies of the film have been distributed in DVD format to all secondary schools in Forth Valley with links to the sexual health and relationship education resource. The review team highlighted this as a further area of good practice.

Patient information folders are distributed to all GP practices and are under development for distribution to prison services in the area. These folders contain examples of leaflets, resources and upcoming campaigns, and details of where to order further information and materials. Information packs were sent to all secondary schools in Forth Valley in August 2010, providing posters and leaflets advertising the new Sorted on Sex service. Information packs are also distributed to community pharmacies, providing information on chlamydia postal testing kits and sexual health clinics. Information is also distributed through an electronic mailing list. This is maintained by the sexual health promotion team, the Healthy Working Lives group and three local sexual health implementation groups.

The NHS board highlighted provisions to ensure those with limited or no resources could access information. Work has been undertaken to ensure that close links with prisons are maintained in Forth Valley so that information is disseminated and updated as required. Significant work has also been undertaken to ensure that other areas of the population with no access to resources receive verbal communication regarding the services, for example, communicating information to carers. Training has been undertaken with young carers and agencies to adapt information to suit users.
2.2 There are clear and effective arrangements to ensure accurate information describing sexual health conditions and local service provision arrangements. The information details links with partner organisations outside the NHS, such as local authorities.

**STATUS: Met**

NHS Forth Valley has arrangements in place to ensure information describing sexual health conditions and local service provision arrangements are accurate and up to date. The central sexual health website, the central forum for information, is managed in-house and can be updated on a daily basis as and when required. Additionally, the sexual health team meets twice a year to review the website and ensure that information is accurate. There is a pathway in place to approve all information prior to submission to the website. The sexual health team has established links with local authorities and the central sexual health website is accessible to schools in Clackmannanshire and Falkirk. Discussions are under way to enable this access in Stirling schools.

The central sexual health directory of sexual health services is available to download electronically from the website and is updated by a similar process to the website. Paper copies have been distributed to GPs, schools, clinics, alcohol and drug treatment services, and at training and information events. The directory is updated every 2 years; however, the definitive version on the website is updated as changes occur. Information packs and patient information folders described in criterion 2.1 are also updated every 2 years.

A survey, targeting young people through schools and youth groups, was carried out in January 2011 in partnership with local authorities. This was to ascertain young people’s knowledge and awareness of local services and to identify any potential barriers to accessing services. The NHS board reported that the results from this survey will help to inform future promotion of the newly re-branded services for young people.

NHS Forth Valley undertakes a number of training and networking events. This ensures staff and partner organisations are well informed and updated about the sexual health service. Training updates are available for staff at twice yearly evening meetings and monthly lunchtime training sessions. Training sessions are available for primary care staff. Training, provided by sexual health promotion staff, is also available to teachers and associated professionals via the sexual health and relationship education programme. The sexual health newsletter is produced annually and provides information and updates about local and national developments in sexual health. The central sexual health network is an annual event where partners and colleagues share information about new developments and best practice within the sexual health service.
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

In January 2010, central sexual health became the main provider of young people’s sexual health services, taking over from Caledonia Youth. Caledonia Youth still provides one weekly clinic in Tullibody, Clackmannanshire. The service has been re-branded as Sorted on Sex (SOS). NHS Forth Valley has worked extensively with key partners in the development of these services and continues to do so as the service grows. A local mapping exercise was recently undertaken to examine all organisations that work with young people and this will facilitate enhanced future working and targeting of training. A young person’s sexual health development nurse has also been appointed to develop and strengthen links with key partners throughout Forth Valley.

The sexual health team works closely with the three local authorities within the Forth Valley area. Each local authority area has a sexual health implementation group to improve sexual health outcomes in their area using local knowledge and information, and partnership working. Integrated action plans in Falkirk and Clackmannanshire, developed as a result of this, contain key priorities including reducing unintended pregnancies and levels of sexually transmitted infections.

Links also exist between the central sexual health team and the newly formed LGBT Youth Forum in Forth Valley. LGBT youth has been involved in the initial planning stages of a new project in Forth Valley which focuses on the sexual health of MSM in public sex environments. Members of the central sexual health team also attend the Scottish Throughcare and Aftercare Forum alongside health, social work and the voluntary sector. This ensures the needs of looked after and accommodated children are represented.

Central sexual health actively engages with key partners in the education and health sectors. Particular examples of this include a condom distribution scheme developed in partnership with Forth Valley College, and the extensive work undertaken in partnership with community pharmacies surrounding chlamydia postal testing kits and treatment. The review team highlighted this as an area of good practice for the NHS board, which demonstrates monitoring and evaluation, and continuous improvement activity.

Young people are also actively encouraged to engage with central sexual health in the development of sexual health services for young people, through a variety of forums:

- feedback through the website and Facebook profile
- Sorted on Sex survey available at young people’s clinics
- surveys distributed in schools regarding knowledge of sexual health services in the area, and
consultations surrounding the set up of an additional clinic in Clackmannanshire and the drop-in clinics in Callander and Falkirk.

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 Forth Valley undertook a needs analysis of young people’s sexual health in Forth Valley in 2000, identifying vulnerable groups. The population groups identified to be most at risk of teenage pregnancy and poor sexual health were then used to inform the NHS Forth Valley sexual health strategy and local authority sexual health implementation group strategies. This has been supplemented by recent mapping activities to identify:

- sexual health service accessibility and attendance in areas with the highest teenage pregnancy rate
- areas of high deprivation
- areas with highest rates termination of pregnancy, and
- individuals identifying as LGBT.

The community sexual health educator post was created in 2010 to specifically address sexual health issues for vulnerable young people. The community sexual health educator has undertaken training with learning support school workers, with resources and a curriculum developed for community nurses. School lesson plans have been developed and are accessible on the central sexual health website. The sexual health service team has conducted focus groups with young people to address barriers to attending sexual health services. Drop-in clinics were also opened to promote accessibility.

Targeted interventions undertaken to mitigate the risk of teenage pregnancy include: contraception provision following termination of pregnancies; and condom distribution schemes through Forth Valley College. Joint working has also been undertaken with the community alcohol and drugs service to provide contraception for drug users. There is a business plan to provide sexual health and contraception to vulnerable postnatal mums on hospital wards.

Furthermore, a number of interventions have been implemented to address young people at greatest risk from poor sexual health. The review team noted that a lot of work had been undertaken looking particularly at young males. A male only sexual health clinic has been developed in Alloa to target young men and the central sexual health team has social marketed the sexual health service at Falkirk Football Club. Chatrooms, for people seeking information and advice, are available on Gaydar every Wednesday evening. Central sexual health has also been working in partnership with Central Scotland Police, Gay Men’s Health and LGBT Youth to target MSM in public sex environments to help improve sexual health and HIV testing.

Young people’s general health drop-ins have been established in rural areas where there is limited access to other local sexual health services. This gives young people in the area access to information and signposts to central sexual health. Training and information has also been offered to organisations working with young people not attending mainstream and central schools. The provision of chlamydia postal testing kits, treatment and partner notification through community pharmacies has also proved successful throughout the rural population.
The review team commends the targeted work undertaken at Polmont Young Offenders Institution to tackle poor sexual health and help young offenders prepare for re-integration into society. This includes specialist advice on relationships, risk-taking behaviour, sexual health, parenting skills and personal wellbeing.

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 Forth Valley offers a variety of training courses for partner organisation workers throughout the area. These include:

- the sexual health and relationships education (SHARE) model
- feel, think, do
- condom training, and
- virtual baby/parenting.

Training is advertised on the central sexual health website and in local authority continuous professional development brochures. The development of e-learning modules has also been considered to combat the challenge of staff being released from work for training.

The NHS board reported that strong links have been established with educational partners to support the delivery of the national SHARE model to secondary schools throughout Forth Valley. The central sexual health team has facilitated roll-out of this training in 17 out of 18 secondary schools. These schools were assessed by the service and bespoke training programmes built and delivered to meet the needs of young people in the area. Central sexual health has also held school visits to explain the services offered and what a young person could expect at the clinic. The team has further offered training, and curriculum and development support work in primary schools.

NHS Forth Valley has also recently undertaken a mapping exercise of all organisations within Forth Valley that work with young people. This will help to ensure the effective targeting of future training and help develop joined-up working.
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

In NHS Forth Valley central sexual health, partner notification is carried out using recommendations from the Society of Sexual Health Advisers (2004), the British Association of Sexual Health & HIV guidelines and SIGN 109, Management of Genital Chlamydia Trachomatis Infection (2009).

All sexual health practitioners in the service carry out uncomplicated partner notification for individuals who test positive for chlamydia and gonorrhoea. Complicated partner notifications are referred on to the sexual health adviser team. Follow-up telephone consultations are also undertaken for all patients 10–14 days following treatment. In the case of a newly diagnosed syphilis or HIV patient, a clinic visit is also offered. The sexual health adviser team also has a morning helpline Monday to Friday for patients or professionals to call for advice.

Partner notification is documented on the partner notification recording sheet. The review team noted the comprehensiveness of this form. A bacterial infections proforma has also been developed as an aid to patient discussion and partner notification for patients who tested positive for bacterial infections. A self-completed partner notification form has recently been developed and piloted at Sorted on Sex sessions.

Central sexual health has also developed a draft leaflet entitled ‘What about Partners?’ which explains the importance of informing partners.

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

STATUS: Met

Guidelines for the management of sexual health in primary care were launched in 2008 and updated in 2010. These include details on the chlamydia shared care scheme to support primary care clinicians on a practice opt-in basis. This scheme allows people to be tested and treated for chlamydia in the primary care setting with appropriate follow-up and partner notification undertaken by the community sexual health adviser. In these cases, partner notification is carried out by telephone consultation. The NHS board demonstrated that monitoring and evaluation of referrals from the primary care setting had been undertaken.

As previously mentioned, NHS Forth Valley central sexual health has undertaken extensive work with community pharmacies to supply postal testing kits and treatment for uncomplicated chlamydia infections. Results from the postal testing kits are sent to the
sexual health adviser team who contact all patients with positive results for partner notification prior to treatment. There is a similar process in place for patients who attend termination of pregnancy clinics. In accordance with NHS Forth Valley protocols, these patients are tested for chlamydia and gonorrhoea. Any patient who tests positive is then referred onto the sexual health adviser team. The team will contact the patient to discuss the infection, ensure appropriate treatment and partner notification. The antenatal chlamydia testing programme also began in NHS Forth Valley in 2007 for all women under the age of 25. Any patient who tested positive in this setting was then asked to attend central sexual health with their current partner for treatment, partner notification and follow-up. This protocol was recently changed to include gonorrhoea due to the introduction of dual tests though nucleic acid amplification testing.

The community sexual health adviser has also worked extensively with the prison sexual health nurse at Polmont Young Offenders Institution. All treatment and uncomplicated partner notification is now undertaken within the prison setting for all patients who test positive for chlamydia. Complicated partner notification, including provider referrals, are passed on to the sexual health adviser team.
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: 97%

Individuals living with HIV and receiving care in NHS Forth Valley attend the central sexual health department in Falkirk Community Hospital. A recent audit conducted by NHS Forth Valley shows that 97% of HIV patients had been tested for syphilis and their syphilis serology documented in their case notes in the previous 6 months.

A dedicated health adviser for HIV role was developed in 2009 in NHS Forth Valley. Specific remit of this role is to co-ordinate services and formalise processes for the sexual healthcare of people living with HIV. This includes partner notification, promoting risk reduction and safer sexual practices and sexual health screening. The review team commends the scale of work undertaken in this area.

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: 52%

Audit data indicate that 52% of individuals presenting for the first time in NHS Forth Valley have their sexual and reproductive history documented within 4 weeks of their HIV diagnosis. The NHS board reported that progress had been made in this area. By auditing only those patients diagnosed in the preceding 18 months, it became apparent that 88% of recently diagnosed individuals had their sexual and reproductive history taken within 4 weeks of diagnosis.

The NHS board has taken steps to further improve its performance in this area. At their first clinic, the newly diagnosed patient sees both the consultant and the health adviser for HIV. The consultant completes a new patient form, which was adapted in 2010 to contain specific sexual history documentation. This paperwork shows the NHS board has a formal system to record that these discussions have taken place. The health adviser for HIV then discusses items, such as partner notification, promoting risk reduction and safer sexual practices and sexual health screening, with the patient. The NHS Forth Valley HIV clinical care policy, developed in 2010, sets out protocols for this assessment and protocols for HIV care. It specifies that a sexual history should be undertaken within 4 weeks of diagnosis.

Further audit was undertaken, looking specifically at the time following diagnosis, to show whether advice had been given on preventing onward transmission. This was only documented in 24% of cases. However, the introduction of the health adviser for HIV has
addressed this issue, with all those recently diagnosed individuals given advice to prevent onward HIV transmission. The revised patient form also includes documentation on safer sex and condom use. The health adviser uses the NaSH system, to record the sexual health consultation and also completes a separate form to record what has been done and when. New patients are given introductory patient packs which include information on the service and onward transmission. This is also discussed with the patient at the annual sexual health review.

NHS Forth Valley further reported that condoms are easily available within the clinic. Patients can access these in the treatment room when seeing the doctor or the health adviser. The offer of condoms is documented as part of the initial assessment and annual review.

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: 77%**

Local audit shows that 77% of adults receiving ongoing HIV care in NHS Forth Valley have had an offer of a sexual health screen in the last 12 months.

The NHS Forth Valley HIV clinical care policy sets out protocols that HIV patients should have, as a minimum, an annual sexual health assessment screen. The NHS board reported that the health adviser for HIV invites all patients for a sexual health screen annually, by written correspondence. If the patient does not turn up for their appointment, they are then contacted to re-appoint. For those patients who decline or do not present for this assessment, the consultant will offer to do the screen at the next visit and will discuss post-exposure prophylaxis after sexual exposure, condom use and onward transmission.

During an annual screen, the health adviser completes the sexual health assessment on the NaSH system, and in appropriate paperwork. There is space on this documentation to record if the patient has declined the assessment. Where possible, the annual sexual health screen is co-ordinated with the patient’s visit to the consultant.

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.
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: 60.1%

Information Services Division data show that in 2009, 60.1% of women seeking a termination had the procedure at less than 9 weeks gestation in NHS Forth Valley. The NHS board reported that a further internal audit had been undertaken in November 2010. This showed improvement, with 63% of patients attending the termination of pregnancy clinic having their termination by 9 weeks.

NHS Forth Valley has implemented a number of changes to ensure it achieves the 70% required for this criterion. This includes:

- increasing the number of staff working in the clinic, which allows more patients to be seen each week
- implementing direct referral for GPs using the Scottish Care Information gateway, an electronic referral tool
- introducing a referral protocol for central sexual health, and
- providing a direct phone line for patients to contact the service.

The NHS board is also considering introducing early medical discharge within the service. This will reduce the number of occupied beds, enabling a greater number of appointments so patients can be offered appointments earlier in their pregnancies. The review team noted that this could impact on the provision of future contraception.

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 Forth Valley has mechanisms in place to ensure that all women are offered a range of contraception options at the time of termination of pregnancy. The termination of pregnancy clinic has a pathway in place for future contraception provision. This pathway requires that all contraception options are discussed and offered at the time of termination of pregnancy.

A specialist sexual health practitioner is part of the clinical team who meets with women at the consultation appointment. The practitioner provides specialist advice on all methods of contraception when consulting with women on their post termination of pregnancy contraceptive plan. The NHS board reported that the full range of methods, medically appropriate for the individual, are discussed and supporting literature is provided on the chosen method. Following consultation, the specialist sexual health practitioner will arrange
provision of the chosen method. This process is documented on the termination of pregnancy history sheet, which is kept as part of the patient notes.

### 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: 26%**

NHS Forth Valley carried out an audit which shows that 26% of women leave the facility with one of the more effective methods of contraception. However, the review team noted that data were not available for analysis for all the women attending the termination of pregnancy facility during the period of the audit.

NHS Forth Valley has a specific clinic for those requesting a termination of pregnancy, which is separate from the sexual health service. Staff at this clinic are not all trained in the provision of LARC; particularly implantable or intrauterine devices. However, there is a specialist sexual health practitioner who attends the termination of pregnancy clinic.

Where women opt for oral hormonal contraception or patch method, a 3-month supply is issued at the termination of pregnancy clinic. For women who choose an injectable contraception, the initial dose is prescribed for pre-discharge administration. Following contraception provision for both of these methods, the patient receives an information booklet and condoms are supplied.

However, if women opt for a subdermal implant or intrauterine method of contraception, and have a medical termination of pregnancy, this cannot be administered pre-discharge. A fast track appointment is made at a contraception clinic of the woman’s choice, within 7 days of termination of pregnancy and alternative contraception provided. NHS Forth Valley reported that there is an ongoing pilot project in place for those women who do not attend for this appointment. This pilot involves re-contacting these patients to try to facilitate another appointment. Women who opt for surgical termination of pregnancy and choose an intrauterine method of contraception can have this fitted at the time of the termination of pregnancy procedure.

Further work should be undertaken to ensure that every woman can receive any form of LARC before leaving the facility. The termination of pregnancy audit shows that the uptake of LARC increases when patients are seen by the sexual health practitioner. The NHS board has identified that work needs to be conducted to increase access to the sexual health practitioner. The review team highlighted the engagement of termination of pregnancy clinics with the sexual health service as a significant challenge for the NHS board. Further strategic planning and closer links between the services are required.

### 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**

Post termination of pregnancy counselling is available in NHS Forth Valley through an independent counsellor: Quiet Waters. Information on this service, including contact details, is given to patients on leaving the termination of pregnancy clinic. The Quiet Waters service aims to offer an initial appointment between 7–10 days of referral. Following this initial appointment, if appropriate, women are offered a course of
counselling therapy. This usually begins within 2–4 weeks of the initial appointment. Emergency appointments are also available where necessary.
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

The hepatitis B vaccination is routinely offered to all MSM and is available at a number of settings in NHS Forth Valley. These include:

- specialist sexual health clinics, including a male only clinic in Alloa
- Sorted on Sex clinics for young people
- Airthrey Park Medical Centre located at Stirling University, and
- GP clinics.

There is a dedicated sexual health adviser at every genitourinary clinic and several of the sexual and reproductive clinics in NHS Forth Valley. The sexual health adviser promotes risk reduction and safer sex practices, and offers written information for MSM in leaflet form. A hepatitis B vaccination schedule is in place at each clinic to identify who should receive the vaccination and protocols for use. This is also used to document an individual’s immunisation schedule.

NHS Forth Valley sexual healthcare primary care guidance information and hepatitis B vaccination training has been delivered to core sexual health staff, primary care, alcohol and drug services, and urology team members. This ensures a consistent approach across the NHS board. Situations in which the hepatitis B vaccination should be offered are communicated to relevant staff through primary care training sessions delivered by the NHS Forth Valley clinical lead consultant for blood borne viruses (BBVs). As part of the West of Scotland sexual health managed clinical network, the NHS board is also in the process of producing guidance for primary care on who and how to vaccinate for hepatitis B. This will encourage vaccination in other settings.

The hepatitis B vaccination is also provided to certain populations through alternative settings such as occupational health, drug addiction services and prison settings. All individuals who attend for HIV care in NHS Forth Valley are also encouraged to be vaccinated for hepatitis B.

In addition, NHS Forth Valley has implemented a number of initiatives to increase awareness and target certain populations. A BBV bus was used in NHS Forth Valley during hepatitis C week in 2010. This visited several locations in Forth Valley providing information on all BBVs, risk reduction, and testing and vaccination for hepatitis B. This initiative proved successful and is due to be repeated annually by the NHS board.
Plans are also in place to specifically target MSM in public sex environments. This involves:

- the use of peer support workers to increase testing for HIV
- increasing access to sexual health services
- decreasing risk taking behaviours, and
- increasing hepatitis B vaccinations.

Service users can find information on all of these services and initiatives through the central sexual health website, Facebook and weekly sessions on Gaydar. Two leaflets, produced in consultation with Central Scotland Police and Gay Men’s Health, have also been designed specifically to target MSM. These are widely distributed throughout Forth Valley.

<table>
<thead>
<tr>
<th>7.3</th>
<th>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.</th>
</tr>
</thead>
</table>

**STATUS: 88%**

Internal audit was undertaken between January and March 2010 to look at hepatitis B vaccination in MSM. The results showed that 88% of all MSM who attended specialist sexual health services received at least one dose of hepatitis B vaccination. The audit made the following recommendations to continue to promote and improve this provision.

- Hepatitis B vaccination should continue to be offered to all high risk individuals and always a reason documented if this has not offered or if the tests are declined.
- Specific responsibility should be assigned to one health adviser for patient recall to improve completion of further doses.
- Continuing medical education, discussion and dissemination of guidelines.
- Regular clinical audit to improve the prevalence of hepatitis B immunisation in high risk populations.
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: 49.5

Key clinical indicator audit data, published by the Information Services Division, shows that 49.5 women of reproductive age per 1,000 in NHS Forth Valley were prescribed intrauterine and implantable contraceptives for 2009–2010. This is an improvement from the previous year’s figure which showed that 40.2 per 1,000 women were prescribed LARC. The NHS board recognises the need for improvement in this area and has recently undertaken a comprehensive mapping exercise of LARC provision. An action plan has been implemented to address identified gaps in this service.

A local enhanced service agreement is in place for the provision of LARC. 77% of GP services in Forth Valley provide LARC through this agreement. The recent mapping exercise identified gaps in service provision and NHS Forth Valley will target these areas to enhance local access and availability. The NHS board reported that they are looking at two ways to address this. Firstly, to encourage non-provider practices to undertake training in LARC techniques, or secondly, to encourage existing providers to offer this service to patients out with their practice.

Work has also been undertaken around promotion of LARC methods. Health professionals involved in the delivery of contraception are encouraged to promote these methods when discussing the range of contraceptive choices with women. Training seminars to help health professionals promote these methods has been undertaken across the NHS board. Significant training has been undertaken across NHS Forth Valley, including competency-based training in subdermal implants and intrauterine techniques for doctors and nurses.

Community pharmacists are encouraged to promote LARC when consulting with women on sexual health issues. Community pharmacies have an up-to-date list of GP practices within their local community healthcare partnership that provide LARC, and information about central sexual health clinics. This information allows pharmacies to appropriately signpost women to service providers.

NHS Forth Valley has implemented a fast track appointment system for vulnerable patients such as women using termination of pregnancy services, looked after and accommodated children and through-care aftercare client groups. Opportunistic provision of LARC methods for young people is available at Sorted on Sex clinics and mainstream contraceptive services as appropriate.
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 Forth Valley has a pathway in place to refer women to specialist sexual health service clinics for intrauterine and implantable contraceptives if their own practice does not provide it. This is detailed as part of the sexual health primary care guidance. Dedicated LARC clinics have been established across the region to facilitate improved access availability. Standardised paperwork is completed and given to the patient to present at the receiving clinic to minimise duplication.

Intra-practice referral is available for two GP practices in the Forth Valley area and the sexual health services team is in the process of advertising this service on the central sexual health website. The NHS board reported that it is looking into encouraging existing providers to offer LARC to patients outwith their practice.

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

**STATUS: Met**

Recent audit demonstrates that women are able to have an initial consultation appointment about LARC within 5 working days. The central sexual health service operates an open-access service for this type of consultation. All staff are competent in counselling women on implantable and intrauterine contraceptive methods and use standardised documentation to ensure consistency in counselling. Women have the option of accessing any clinic across Forth Valley, Monday to Friday, provided they are willing to travel. Women preferring to attend a clinic in their local area may experience delays as access could be restricted to a particular day during the week.
Standard 9: Appropriately trained staff providing sexual health services

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

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

STATUS: Met

NHS Forth Valley provides training to its specialist sexual health staff on a regular basis. The NHS board induction programme addresses confidentiality and child protection issues. Employees of central sexual health also receive specific sexual health induction training.

Monthly training for central sexual health staff takes place on a weekday lunchtime. However, a recent training needs analysis showed that 60% of responders experienced difficulties attending these training sessions. This is due to the large proportion of sessional staff within the service. To address this, evening sessions and full 1-day training events have been developed. The NHS board has made it mandatory for sessional staff to attend at least one of two evening update sessions each year. Central sexual health staff are also regularly updated on new advancements and changes to care by email. All other updates are available on the staff intranet and shared drive.

Staff within the service complete training logs, which record all training undertaken including postgraduate qualifications and items for continuing professional development. Specialty doctors in sexual health work to, and are assessed against, West of Scotland specialty doctor competencies. Consultants have undertaken specialist qualifications in genitourinary medicine. The associate specialist in the service is working towards the level of competence for delivering further training. In addition, the West of Scotland sexual health managed clinical network has a shadowing scheme to allow sharing of ideas and practice in other sexual health settings. This has been used by two members of the central sexual health team. The Sexually Transmitted Infections Foundation and Diploma of the Faculty of Sexual and Reproduction Healthcare courses are also available for NHS Forth Valley staff from two neighbouring NHS boards.

The NHS board reported that training has been undertaken with urology, obstetrics and gynaecology, and alcohol and drug addiction teams.

All staff undergo regular appraisal. Training priorities are identified as part of this process. The recent training needs analysis has been used to identify specific training needs and to develop the training programme for the forthcoming year. A sexual health training needs assessment was also developed for healthcare providers in primary care. The analysis of this needs assessment was used to inform the content and structure of proposed training and education programmes. This is to ensure that all health professionals have the opportunity to maintain and develop core skills in the provision of sexual and reproductive healthcare.
Primary care staff are supported by the recently updated primary care sexual health guidance. They receive updates and undertake sexual health training through a tailored training programme. The professional part of the central sexual health website also contains updates, resources and leaflets, professional links, and links to the West of Scotland sexual health guidelines. This is accessible to all health professionals providing sexual health interventions.

In line with the introduction of national patient group directions for community pharmacies, training on emergency contraception and chlamydia treatment has been delivered to pharmacists. The training also covered child protection issues, confidentiality and partner notification. In addition, central sexual health has mapped services providing LARC in Forth Valley to identify areas where there are low areas of provision. Central sexual health plan to target training in these areas and have an action plan in place to support this.
Appendix 1 – Details of review visit

The review visit to NHS Forth Valley was conducted on 24 March 2011.

**Review team members**

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Staff Nurse & Team Leader for Sexual Health, NHS Shetland

**Tricia Meldrum (Observer)**  
Audit Scotland

**Healthcare Improvement Scotland staff**

**Nanisa Feilden**  
Programme Manager

**Susan Lowes**  
Project Officer
### Appendix 2 – Glossary of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BBV</td>
<td>blood borne virus</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>LARC</td>
<td>long acting and reversible methods of contraception</td>
</tr>
<tr>
<td>LGBT</td>
<td>lesbian, gay, bisexual and transgender</td>
</tr>
<tr>
<td>MSM</td>
<td>men who have sex with men</td>
</tr>
<tr>
<td>NaSH</td>
<td>NHSScotland National Sexual Health</td>
</tr>
<tr>
<td>SHARE</td>
<td>sexual health and relationships education</td>
</tr>
<tr>
<td>SOS</td>
<td>Sorted on Sex</td>
</tr>
</tbody>
</table>
We can also provide this information:

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

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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.