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 Tayside. The review visit took place on 26 January 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:

- a strong commitment to improving its services through service re-design and integration
- robust partnership working arrangements with community planning partners and voluntary organisations, and
- well-developed websites that meet the information requirements of a diverse population.

**Recommendations**

**The NHS board to:**

- ensure arrangements are driven by systems and processes
- ensure a full range of integrated sexual healthcare is available in all areas of the NHS board, and
- respond to the needs of a wider variety of target groups, in particular, men who have sex with men (MSM).
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 Tayside has integrated its arrangements to provide local specialist sexual health services to its population. The NHS board is structured into three community health partnerships: Angus, Perth & Kinross and Dundee. Dundee Community Health Partnership manages sexual health services for the region. The main specialist service is provided within Ninewells Hospital, Dundee. Clinics are also offered at two locations in Angus and one location in Perth & Kinross. The genitourinary medicine services and reproductive health services in Dundee moved to co-located premises in March 2010 to improve integration arrangements. A similar move to co-located community premises took place in September 2010 within Perth. The NHS board has increased the capacity of the specialist genitourinary medicine service to allow the service to be offered within Angus Community Health Partnership by including this as a responsibility of the newly appointed consultant in sexual health and HIV.

NHS Tayside offers a full range of contraception options including intrauterine devices and contraceptive implants. Specialist clinics for complex contraception are also provided. This is supported within primary care through the use of local enhanced services. To ensure consistency of care, there is a range of patient pathways and referral criteria. These were developed in partnership with primary care colleagues. These pathways have been shared with a range of other departments across NHS Tayside. They have also been shared with voluntary partners including The Corner, which provides services to young people in Dundee. There are arrangements in place for the diagnosis and treatment of all sexually transmitted infections. HIV testing is offered as standard to all patients attending the specialist service. This is supplemented by pre-test and post-test discussion and counselling.

There are clear lines of communication among colleagues from different healthcare settings which has facilitated integration. For example, primary care colleagues are making good use of the e-referral system in NHS Tayside to access specialist services. This ensures that patients move through the system in a smooth and efficient manner.
1.2 There is a minimum of 2 full days per week of integrated local specialist sexual health service provision available within 30 minutes travel time from each settlement of over 10,000 people.

STATUS: Not met

NHS Tayside has six locations within the NHS board area with a population exceeding 10,000: Dundee, Perth, Arbroath, Forfar, Montrose and Carnoustie. Ninewells Hospital provides an integrated sexual and reproductive health service 5 full days a week. Drumhar Health Centre, Perth, provides 4 full days and 1 half day on a Friday. Angus Community Health Partnership covers the populations of Arbroath, Carnoustie, Forfar and Montrose. The Abbey Health Centre, Arbroath, provides a variety of specialist clinics that total two full days a week. There is also a half day clinic at Whitehills Health and Community Care Centre, Forfar, on a weekly basis. These clinics are within 30 minutes travel time for the populations they serve.

There has been recent restructuring of the services and co-location to ensure that clinics offer an integrated service. There is currently not a robust system for rapid review of microscopy slides within the Abbey Health Centre. This means that clinicians are unable to manage symptomatic sexually transmitted infections without further referral to specialist services at Ninewells Hospital and are not providing a fully integrated service at this location.

The NHS board is commended for its recent integration efforts that have taken place within NHS Tayside and the pace at which these have taken place. The level of service provided in a range of settings is encouraging. The NHS board should address the challenge of microscopy diagnosis within the Abbey Health Centre, which would allow the NHS board to provide a fully integrated service at all locations.

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: 87%

The NHS board has introduced a triage system to all clinical sites to ensure that patients identified as having a priority sexual health condition are seen within 2 working days. Daily walk-in clinics are offered to patients at Ninewells Hospital and Drumhar Health Centre. However, almost all Abbey Health Centre clinics are appointment only. Patients presenting at walk-in clinics complete a self-triage form to identify if they have a priority condition. If a priority condition is not identified, they are encouraged to either visit their GP or book an appointment at a later date. This is to ensure sufficient space is available at drop-in clinics to treat patients with priority conditions.

The NHS board recognises that patients diagnosed as having a sexually transmitted infection and returning for treatment are not currently being adequately prioritised compared to new patients attending with suspected priority conditions. There are plans in place to address this.

NHS Tayside has recently invested in improving its telephone systems in the Drumhar Health Centre. Telephone lines are now answered 5 days a week, regardless of clinic opening hours, allowing for appointments to be made at any point. This increases the
opportunity to identify patients with priority conditions and ensure they are treated within the target timescale. The NHS board is looking to implement similar improvements at the Abbey Health Centre where there is currently an answering machine service directing patients to other services during non-clinical hours. Access to the service at the Abbey Health Centre has been improved by the introduction of a direct telephone line. The NHS board is also considering options to have calls intercepted by other services when the clinic is shut or to introduce a central telephone booking system.

A recent local audit shows that 87% of patients with priority conditions are being seen within 2 working days. This audit was conducted at all three sites across NHS Tayside over a week long period in October 2010, considering a total of 61 patients. While the access target is clearly met, the audit identified that improvements are needed at the Abbey Health Centre to ensure it can meet this target.

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

STATUS: Met

NHS Tayside created a population profile when developing its sexual health and relationship strategy in 2005. This profile has been regularly updated with local population data and generic health profiles for each of the community health partnership areas. These were used to identify communities that would benefit from targeted services. The NHS board has recently reviewed the available data and included these in its draft strategic position statement and annual plan for sexual health services. A specific target to improve access for priority groups has now been included within the annual plan.

The NHS board has identified the following communities with specific needs for sexual health:

- young people
- MSM
- looked after and accommodated children
- people with learning disabilities
- drug users
- the homeless
- migrant workers, and
- people with chaotic lifestyles (for example, people with alcohol problems and people leaving prison).

NHS Tayside has started to address the needs of these groups by providing targeted services and specific information to meet their differing needs where this is possible.

The NHS board has specific young people’s clinics within the specialist services at the three main sites across Tayside. Child protection professionals support the clinic at Ninewells Hospital. The sexual health service at Ninewells Hospital has recently piloted an early evening young person’s clinic. If successful, the NHS board intends to extend this service to run more frequently and within other community health partnerships. The NHS board also has close working relationships with young people’s charities: The
Corner and The Web Project. The Corner provides a wide range of confidential health and information services for individuals aged between 11 and 25. It hosts a nurse-led sexual health service 6 days a week. The Web Project provides an outreach service to young people in each of the three community health partnership areas. It focuses on rural areas, and vulnerable and more at risk young people such as those looked after or in care, excluded from school or accessing services for substance misuse problems.

NHS Tayside has also identified the sexual health needs of people with learning disabilities. Extensive consultation work was carried out with service users, parents and carers and a wide range of health and social care professionals. This has led to improved information being developed, including using symbol format. Learning disability clinics are offered where the specialist sexual health service and specialist learning disability nurses work together to provide a unified service.

The NHS board has undertaken limited work to date in terms of addressing the needs of sex industry workers and its gay and transgender population. It has recently launched a health needs assessment of MSM to inform future prevention interventions and shape service delivery, in particular for HIV testing, care and treatment. The review team encourages progress with this as a priority. The NHS board should also consider the specific needs of its lesbian and transgender population, and sex industry workers.

Patient pathways and referral criteria have been developed to ensure that priority groups are treated appropriately when presenting with sexual health conditions. Clinical staff from the specialist service have linked with community planning partners and other NHS departments to highlight services on offer to vulnerable groups. This includes: the drug problem service; Vice Versa for sex industry workers; health and homeless team; the women’s rape and sexual abuse centre; and the hepatitis C team.

There are local action groups in each community health partnership area made up of a range of community planning partners. These groups implement the overall NHS Tayside sexual health strategy and tailor programmes of work to meet specific local needs. The local action groups have detailed action plans in place. In most cases, these specified the steps to be taken to address the needs of priority groups at a local community level.

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 Tayside understands its accommodation requirements. It has re-located two of its clinics to improve integration arrangements. The NHS board is aware that these facilities require further modernisation to meet the standards outlined in this criterion. A business case has been put to the NHS Tayside property management group for the development of a new community site in Dundee. This site would provide specialist services for Tayside and North East Fife. As part of the business case, the accommodation must conform to standards.

The NHS board has also identified a need to expand its laboratory facilities within the Abbey Health Centre to allow for on-site sexually transmitted infection testing. This will allow the NHS board to progress to meeting other criteria within this standard.
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 Tayside consulted with its population when it was developing the sexual health and relationship strategy. This consultation included a section on how best to meet the information and support requirements for individuals and groups with specific needs. The completed strategy has been supplemented with further assessments of specific groups. In 2010, the NHS board issued questionnaires relating specifically to information provision for people with learning disabilities and their carers. There has also been a survey of young people with regards to their attitudes towards sexual health and a health needs assessment questionnaire issued to MSM to ensure that services for these specific groups are appropriately targeted.

Information is available in a variety of formats including leaflets and websites. NHS Tayside also reported that it is developing specific sexual health information materials for people with learning disabilities; this includes information in symbol format. The NHS board has an annual drama tour for third year secondary school pupils. This tour includes a play, workshops with sexual health providers, question and answer sessions, and leaflet distribution. There is an interactive forum for young people to raise questions, in a confidential manner, through the website: Cool2Talk. Young people can submit questions anonymously on a range of health and wellbeing topics, including sexual health which will be answered by a qualified nurse within 24 hours. The review team was pleased to note that this website is available in all schools in the NHS board area. This includes denominational, schools although these schools do not advertise or promote the website.

NHS Tayside has a specific sexual health website. The sexual health strategy group, which includes the three local authority partners, developed this. Local action groups also had a significant role in developing and promoting the website. Clinicians and appropriate health promotion specialists review information stored on the website prior to uploading. Prior to launching the website, there was a large amount of user testing to ensure that the website was accessible and met the varied needs of users.

NHS Tayside also has a specific gay men’s health website. This provides detailed and targeted information on services available for MSM. It is also the main mechanism for promoting the current health needs assessment survey for MSM.

The health promotion team is responsible for assessing and distributing new sexual health information as it becomes available. This team is also responsible for ensuring that information already available remains up to date and accurate. New information is taken to the most relevant group for approval (ie the sexual health strategy group, or the blood borne virus (BBV) managed clinical network, etc). The review team recommends
formalising this process to ensure that there is a consistent information management process based on a documented procedure.

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 |

As described in criterion 2.1, NHS Tayside has a range of methods to provide information to its population. Each website has detailed and accurate information on sexual health conditions and an online directory of services. There is hard copy information available in a variety of formats and locations across the NHS board including within local authority buildings, schools, colleges and community pharmacies.

Information about specific sexual health conditions is included in the school curriculum. There is also a range of tailored programmes delivered to young people that are excluded from mainstream education. In addition, there is a variety of youth projects run by voluntary organisations including The Web Project and The Corner that promote sexual health material and good sexual health behaviours.

The public health department of NHS Tayside works with a range of community planning partners to provide migrant workers with a range of sexual health information. The NHS board visits migrant worker sites with colleagues from the police, fire and rescue and community learning to promote access and provide direction to services.

The sexual health strategy group is a multi-agency group with representatives from the three local authorities, education partners, voluntary organisations and a range of professionals from the NHS. Part of this group’s remit is to promote a culture of positive sexual health, which includes information provision. As such, this group has played an active part in developing the NHS board’s websites and approving material for inclusion.

Local action groups have the opportunity to target and streamline services to meet the requirements of their area. They maintain close links with partner organisations and ensure that all new information is appropriately distributed from the public health department. It was noted from the local action groups action plans that information provision was a key aim for each of the groups. This specifically includes providing targeted information to priority groups of the NHS board. NHS Tayside is encouraged to ensure there is consistency of approach across the three action groups and regular updating of action plans.

NHS Tayside’s commitment to partnership working is commended. The NHS board is encouraged to continue with the ongoing development and integration in this area.
Standard 3: Services for young people

Standard statement 3

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

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

STATUS: Met

NHS Tayside has invested in developing its service for young people. Improving the sexual health of young people is a key focus area of the sexual health strategy group. This group meets four times a year and provides overall strategic leadership on improving sexual health in conjunction with community planning partners. The local action groups are embedded within community planning and have close working arrangements with key partners including alcohol and drug partnerships and the BBV managed clinical network. These groups play a key role in developing localised services for young people.

There are strong links between NHS Tayside and educational partners. Generic health drop-ins run in most schools. This provides the opportunity to give information on sexual health and to direct young people to appropriate specialist sexual health services or voluntary organisations where appropriate. The review team was pleased to learn that two schools within Angus Community Health Partnership were piloting specific sexual health drop-ins. In these sessions, pupils have access to condoms, pregnancy testing and chlamydia testing, information, support and educational resources. The chairman of NHS Tayside regularly meets with the three directors of education to ensure close partnership working arrangements at a strategic level.

There is also a high level of partnership working between NHS Tayside and young people’s voluntary organisations. The Corner currently sees a higher proportion of young people than the specialist sexual health service. This reflects the difference in service provision and in particular the high numbers of young people accessing information and support from The Corner about sexual health and relationships issues. The Corner is represented on the sexual health strategy group and works closely with the NHS board to ensure consistency of treatment, access and message. The Corner has also formed close working links with local authorities and education providers and undertakes drop-in sessions and outreach work with schools and community centres. Due to the numbers of young people being seen by The Corner, the NHS board should ensure that The Corner is fully integrated with specialist sexual health services and that comprehensive quality assurance and governance arrangements are in place. The Web Project engages with young people in remote and rural areas in partnership with the NHS board. It particularly engages with looked after and accommodated young people, those excluded from mainstream education and other high risk vulnerable groups.

Teenage pregnancy is recognised as a significant problem for NHS Tayside. The sexual health strategy group has agreed to adopt the community collaborative methodology to ensure a community-led response to the issue. Initially, this will take the form of social marketing to engage with young people in key target groups and communities. This will
allow a better understanding of young people’s beliefs, motivations and behaviours regarding early sexual activity and teenage pregnancy. Community planning partners will then use this information to re-design services and implement programmes to achieve behaviour change in young people. It will identify and test potential interventions and alternatives to early parenthood. This will be carried out with a full range of stakeholders to ensure the widest community approach is taken.

In addition to engaging with community partners and voluntary organisations, NHS Tayside has consulted directly with young people, their parents and carers on its local strategy. A range of surveys have been conducted and a series of focus groups held where the services available and clinic opening hours were discussed. Looked after and accommodated children were included in these discussion groups. The NHS board also engages with the ‘Youth Talkin Health’ group. This is a group of young people that work with NHS Tayside to enhance the level of engagement with young people and improve the services available to them. Improving sexual health has been identified as a key priority for this group.

NHS Tayside has a strong commitment to improving the sexual health of young people and reducing teenage pregnancy. It is actively working with a range of community planning partners, the public, service users and other stakeholders to ensure progress in this area. It has arrangements in place to monitor the outcomes of this work.

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**

As part of its population profile, NHS Tayside identified the groups most at risk of teenage pregnancy and sexual health. These were: young people who do not attend school; looked after and accommodated children; young people who are homeless; young people with learning disabilities; young people living in deprived areas; and young people from black and minority ethnic communities. To address this, the NHS board commissions specifically targeted sexual relationship education and delivers this to the most vulnerable groups of young people. There is also specific training delivered to professionals and carers of young people with learning disabilities to ensure that they can meet the needs of the young people.

The Web Project is a key resource for the NHS board in this area. As previously mentioned, it provides targeted outreach information and support to some of the most vulnerable young people, including those that are looked after or accommodated, affected by substance misuse or are homeless.

In 2010, NHS Tayside and its community planning partners completed the Scottish Government’s teenage pregnancy self-assessment toolkit. This allowed the sexual health strategy group to identify strengths in the services it delivers and to develop actions to address areas where recognised improvements can be made. Each local action group has a report from this assessment, tailored to their area, for consideration. This will feed into the action plans for each community health partnership, with progress monitored both at a local level and at the sexual health strategy group level.

The NHS board is currently implementing the Family Nurse Partnership across Tayside as a targeted intervention for all young mums. A young mum is provided with continual
input from one nurse from pregnancy through to the child’s second birthday. Evidence has shown that this allows for a strong relationship to develop between the young mum and the nurse so that risky sexual behaviour can be addressed and subsequently reduced. This programme is known to increase the interval between first and second pregnancies.

It is clear that NHS Tayside has developed interventions to promote good sexual health to young people at risk of teenage pregnancy. The review team encourages the NHS board to ensure that there are robust monitoring systems in place to measure the success of these interventions.

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 Tayside has demonstrated commitment to supporting sex and relationship education training. The NHS board provides matched funding for two full-time staff tutors in sexual health. These tutors support curriculum development, teacher training and support service delivery in schools.

There are regular meetings between the public health schools team, the education department health improvement officers and the staff tutors to ensure effective partnership working. The sexual health and relationships education (SHARE) programme has been implemented on a school by school basis across the region. This is an in-service programme of training for secondary school teachers, off-site staff and school health nurses. In Angus and Dundee, the schools team, public health department and staff tutors, deliver this jointly; in Perth & Kinross it is provided solely by a member of the schools team. In addition the staff tutors provide training for primary school teachers.

The review team was pleased to note the innovative Health Buddies pilot. This is a peer-led sexual health and relationships education programme. In partnership with The Corner, the Education Department in Dundee City Council, and NHS Tayside, a group of third year pupils were recruited to develop and deliver a programme of sexual health and relationships education to first year pupils. The programme has been delivered in two schools and addresses common sexual health questions as well as incorporating issues of self-esteem, aspirations and attitudes towards sex and relationships. The NHS board hopes that this programme will harness the power of peer to peer education and reinforce messages delivered through the traditional mechanisms. The programme has been internally reviewed and evaluated and is considered to have been a successful pilot. The NHS board is currently trying to secure funding for a formal and independent evaluation of the programme’s effectiveness.

There is a home resource pack for parents detailing where they can obtain information and advice on addressing sexual health and relationships education with their children. There is also practical advice and support through the Speakeasy parenting programme. This course is for parents and carers to gain confidence and knowledge in talking to their children about growing up, sex and relationships, and encourages nurturing self-esteem and openness with children to promote good sexual health behaviours.
**Standard 4: Partner notification**

**Standard statement 4**

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

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

**STATUS: Met**

NHS Tayside has a team of sexual health advisers in place to support people diagnosed with chlamydia or gonorrhoea. The health advisers are trained nursing staff. This team supports the specialist sexual health services, primary care, youth services and other specialist departments including dermatology and gynaecology.

Health adviser pathways are clearly incorporated into patient pathways and referral criteria. These are available to both specialist services and primary care practitioners. There are direct dial telephone numbers for professionals to refer patients directly to the service. The team of health advisers have also rolled out training to GPs and practice nurses on addressing the issues of positive test results.

Capacity to meet the demands of the service has improved following the integration of genitourinary medicine and family planning within the specialist sexual health services ensuring that all individuals have access to support from a sexual health adviser.

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**

Individuals are offered partner notification within specialist sexual health services. NHS Tayside is implementing systems where health advisers carry out partner notification, supported by colleagues, in primary care and other settings. These are relatively new processes and were due to be implemented in March across the whole NHS board area.

Training has been offered to GPs and practice nurses through protected learning times. Partner notification packs have been developed and distributed to GPs. These packs outline the referral process, direct contact numbers for health adviser teams and referral forms. GPs get consent from the patient to contact the health adviser team to organise partner notification in the event of a positive result. The health adviser will invite the patient for further screening as well as organising for partner notification to take place. GPs normally provide treatment for positive sexually transmitted infection results. From March 2011, health advisers will automatically undertake partner notification for individuals diagnosed with either chlamydia or gonorrhoea in primary care, provided they give their consent and contact details are included on the test request form.
Community links have been strengthened with training on partner notification offered to hepatitis C teams, drug and alcohol teams, youth workers, social work staff and nursing staff within Perth prison.

To reach more rural areas, NHS Tayside offers postal testing kits for chlamydia testing at the four minor injury unit sites in Angus. This pilot has proved successful and the NHS board now plans to implement this at the minor injury units in Perth & Kinross. Postal testing kits are also available for young people through The Web Project and at The Corner. Health advisers at the specialist sexual health services follow up positive results identified through postal testing.
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: 15%

Within NHS Tayside, audit data show that 15% of adults receiving ongoing HIV care have the results of syphilis serology taken within the previous 6 months recorded in their HIV records. However, the NHS board has recently invested significantly in improving the organisation’s ability to deliver HIV services by appointing two new HIV consultants.

To ensure this issue is addressed, serological testing for syphilis will be performed on the viral load specimen taken at the patient’s HIV outpatient appointment. The NHS board also reported that it is currently undertaking an exercise to ensure there is a catch up of all missed patients. A local audit was conducted over a 6-week period in autumn 2010 covering the period before the change in testing methodology and the 3 weeks following the implementation of the new procedure. The audit showed that in the 3 weeks before the change in testing, 9 tests were performed. In the 3 weeks following the change, the number of tests increased to 44 showing a substantial improvement.

NHS Tayside has also increased the provision of a dedicated sexual health clinic for people living with HIV to once per week, previously two per month. This clinic is being actively promoted to patients attending HIV outpatient appointments. This provides further opportunity to comply with the NHS board’s HIV treatment and care pathway, and protocol. This protocol recommends testing for syphilis every 3 months, unless sexual history dictates this is not required.

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: 75%

Audit data from NHS Tayside show that 75% of HIV positive adults presenting for the first time in Scotland have their sexual and reproductive history documented within 4 weeks of initial diagnosis. In each case, the patient was given advice to prevent onwards transmission backed by the availability of condoms.

This figure is expected to rise with the recent appointment of a HIV and sexual health consultant and the increase from a fortnightly to a weekly sexual health clinic for people living with HIV.
NHS Tayside has a protocol and care pathway for the sexual health of HIV positive patients. This protocol documents the need to record a sexual and reproductive history within 4 weeks. There is also a referral process into the specialist clinic initiated by the HIV specialist nurse for patients diagnosed outwith sexual health services. There are also a number of patient information leaflets which outline the services available and support for people living with HIV.

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

**STATUS: Data not available**

NHS Tayside was unable to provide local audit data to evidence its performance against this criterion. Data from the British Association for Sexual Health and HIV (BASHH) audit show that 6% of adults receiving ongoing HIV care have had an offer of a sexual health screen within the past 12 months documented on their HIV record. However, this audit only covers the offer of a chlamydia test and does not measure if the patient’s sexual health history was recorded. BASHH audit data are, therefore, insufficient to measure performance against this criterion.

The steps that NHS Tayside has taken to address this shortfall in service are encouraging. Following the appointment of two new HIV consultants, all HIV positive patients will have an annual review appointment in addition to their outpatient care. Sexual history will be taken at the annual review appointment and a chlamydia test obtained at that clinic. There is a standard form used at each annual review appointment which will facilitate future audits. For patients requiring more extensive screening (for example, MSM), an appointment is made for them to attend the specialist sexual and reproductive health clinic for people living with HIV.
Standard 6: Termination of pregnancy

**Standard statement 6**

Women receive safe termination of pregnancy with minimal delay, followed by contraceptive advice and psychological support.

6.1 70% of women seeking termination of pregnancy undergo the procedure at 9 weeks gestation or earlier.

**STATUS: 54.8%**

The key clinical indicator report on 2009 data, published by the Information Services Division, shows 54.8% of women in NHS Tayside seeking a termination of pregnancy undergo the procedure at 9 weeks gestation or earlier. There are two locations where terminations can be performed, Ninewells Hospital and Perth Royal Infirmary. A local audit has been performed at both sites from February 2010 to May 2010 which shows an improvement to 64%.

The NHS board has undertaken a health improvement project to achieve this improvement and progress this further. There is now weekly monitoring of data to consider fluctuations in capacity and ensure that staff resources are in the best place. This, on occasion, means rotating nurses from the surgical ward to the referral clinic and vice versa.

NHS Tayside also reported that it is currently implementing early discharge arrangements across the service. This will increase the number of inpatient beds available and further improve results in this area.

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 Tayside reported that all methods of contraception are discussed during the initial consultation. Information leaflets are provided to support this discussion and inform decisions.

At the time of termination of pregnancy, a specific contraception section within the form for termination must be completed. This comprehensive form is completed for each patient and clearly indicates the chosen method of contraception. Where possible, the patient leaves the clinic with the chosen method. Clinic staff are trained to provide all methods including intrauterine devices and contraceptive implants. The NHS board plans to roll out further training to increase the number of staff available to fit contraceptive implants on the ward.
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: 79%**

An audit carried out by the NHS board between October and December 2010 shows 79% of women leave the facility with one of the more effective methods of contraception.

As described previously, NHS Tayside is planning to roll out contraceptive implant training to nursing staff within the termination of pregnancy unit. It is expected that this will further improve the number of patients leaving with long acting and reversible contraception (LARC).

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

**STATUS: Met**

NHS Tayside provides all women undergoing termination of pregnancy with an after care advice leaflet. This details available services including one to one and telephone counselling.

The post termination of pregnancy counselling service is run by a specialist nurse counsellor. A one to one clinic operates on Monday mornings offering hour long appointments. Patients are able to self-refer using the telephone number on the patient advice leaflet. Referral can also come from the termination of pregnancy suites, GPs and other areas of the service. Local audit shows that the average waiting time between booking an appointment and being seen was 8 days; well within the 4-week target.
Standard 7: Hepatitis B vaccination for men who have sex with men

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

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

STATUS: Not met

NHS Tayside does not yet have an agreed protocol to promote hepatitis B vaccination outside of sexual health services or a choice of settings for MSM wishing to receive the vaccination. Currently, sexual health clinics are the only location that MSM can reliably obtain access to vaccinations.

A draft vaccination protocol was developed in 2007. This protocol has remained as draft and has not been implemented. NHS Tayside has recently formed a short-life working group to develop the protocol further, focusing particularly on high risk groups, including MSM. At the time of the visit, this group had met on one occasion and established the main gaps in the protocol. The final report and protocol are expected to be delivered to the BBV managed clinical network project board for approval and implementation in spring 2011. The challenge of providing vaccination in a primary care setting through the existing general medical services contract will be addressed through this process.

NHS Tayside reported that there is a wide variety of health promotion materials available in a range of locations. This includes a rough guide to BBV services. Tayside has a specific gay men’s health website that promotes the availability of the hepatitis B vaccination and other services for MSM. The needs of MSM were considered and included within the Tayside Condom Initiative. This is an example of good practice.

The NHS board has made minimal progress in identifying the MSM population in Tayside. A health needs assessment for this priority group was only initiated in late 2010. The NHS board has now issued a survey to gather the views of MSM and is widely promoting this on popular gay men’s forums and various websites. Service redesign will be informed by the analysed results of this survey.

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: 100%

An audit of MSM attendances to sexual health services was conducted from February 2009 to July 2010. There were 123 new male attendees to the service during this time. A case note review was carried out on 54 of these cases. Fifty were not known to be immune to hepatitis B and all 50 received at least one dose of the vaccination.
The NHS board is encouraged to review the number of MSM accessing its services as part of its ongoing health needs assessment.
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: 58.4 per 1000
The key clinical indicator report on 2009–2010 data, published by the Information Services Division, shows that 58.4 women per 1000 were prescribed intrauterine and implantable contraceptives. This represents a 10% improvement on 2008–2009 figures. The NHS board benefits from a strong commitment to providing LARC methods in a primary care setting. Provision of LARC in primary care is expected to increase further with training roll-outs and a review of locally enhanced services.

There is an opportunity for NHS Tayside to work with its voluntary partner, The Corner, to further increase use of contraceptive implants in young people by providing on-site fitting. Currently, young people attending The Corner interested in receiving a contraceptive implant are referred to a sexual health clinic at Ninewells Hospital. The NHS board indicated that it would be exploring the possibility of developing an on-site implant fitting service with The Corner. This would reduce the number of appointments a young person must attend making it a more accessible option.

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 Tayside has clear patient pathways in place to ensure women can be referred for intrauterine and implantable contraceptives. There are a number of GP practices which provide this service which allows the specialist sexual health service to concentrate on complex cases. GPs can refer electronically directly to the specialist sexual health services when required.

At the time of the visit, NHS Tayside identified some areas where access to LARC could be improved. To address this, NHS Tayside plans to introduce a system of inter-practice referral, ensuring ease of access across the NHS board area. This would mean that patients registered with a GP practice that does not provide LARC would be able to access this at another local GP practice either through direct referral from their GP or self-referral. This will allow specialist services to focus on delivering more complex and targeted services.
8.4 A consultation appointment with a service providing intrauterine and implantable contraceptives is available within 5 working days.

STATUS: Met

NHS Tayside conducted an audit in September 2010 that shows 100% of patients contacting sexual health services for LARC were offered an appointment within 5 working days. The review team commends the progress made. The original audit conducted in August 2009 demonstrated significant differences between health centres with patients waiting up to 15 days for an appointment in the worst case.
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 Tayside has systems in place to ensure that staff within the sexual and reproductive health services are appropriately trained and have access to ongoing support to maintain their skills. All staff have annual appraisals which review development opportunities and address the training needs of the individual and of the service.

NHS Tayside has developed a set of core competencies for medical staff based on specialty doctor learning objectives in sexual and reproductive healthcare created by the west of Scotland managed clinical network. Training needs are identified and addressed against this framework. Local standards have also been agreed for each band of nursing using the NHS Education for Scotland competencies. These will be used in conjunction with the job outline on the electronic Knowledge and Skills Framework system. This addresses both local theoretical training and what is expected at a practical level within a clinical setting. These are also used to identify training needs.

Healthcare assistants, who are involved in triaging patients attending specialist sexual health services, have had a significant amount of training from senior charge nurses. They observe several triage consultations prior to conducting them themselves. The healthcare assistants are also supported in completing the triage consultations until they are confident to complete independently. Regular audit of triage forms is conducted to continually assess performance of the healthcare assistants.

All staff attend an NHS Tayside corporate induction when they join the NHS board. This is supplemented by a local staff induction to ensure all elements of work relating to sexual health services are addressed. This local induction includes administrative and clerical staff which is good practice.

The specialist service also provides a significant amount of training and education to colleagues in primary care and other specialist departments including gynaecology and the emergency department. Annual update days are held with primary care professionals and address a broad range of topics including hepatitis C, BBVs and generic sexual health issues. This training is supported by the protocols, referral pathways and patient group directives, which have been developed and updated by the specialist service, and made available to these other departments.

The public health department also delivers a significant amount of training to education partners, voluntary organisations and other community planning partners.
NHS Tayside has identified areas where its training programme could be further developed, including a specific programme for midwives, particularly in relation to teenage pregnancy and pharmacists. The NHS board is encouraged to consider undertaking a training needs analysis on all staff involved in delivering sexual health services.
Appendix 1 – Details of review visit

The review visit to NHS Tayside was conducted on 26 January 2011.

<table>
<thead>
<tr>
<th>Review team members</th>
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<tr>
<td><strong>Andy Winter (Team Leader)</strong></td>
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<td>Consultant in Genitourinary Medicine, Sandyford Initiative, NHS Greater Glasgow and Clyde</td>
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<td><strong>Janice Allan</strong></td>
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<td>Associate Specialist in Sexual Health/ Sessional GP, NHS Dumfries &amp; Galloway</td>
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<td><strong>Nic Amos</strong></td>
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<td>Health Improvement Specialist, NHS Borders</td>
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<td><strong>Cathy Courtney</strong></td>
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<td>Sexual Health Team Leader, NHS Lanarkshire</td>
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<td><strong>Lorraine Forster</strong></td>
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<tr>
<td>Head of Nursing, Sandyford Initiative, NHS Greater Glasgow and Clyde</td>
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<td><strong>Maggie Gurney</strong></td>
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<td>Lead Clinician for Sexual Health, NHS Dumfries &amp; Galloway</td>
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<td><strong>John Jess</strong></td>
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<td>Public Partner</td>
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<tr>
<td><strong>David Johnston</strong></td>
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<td>Director, Waverley Care</td>
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**Healthcare Improvement Scotland staff**

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<tr>
<th>Nanisa Feilden</th>
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<tr>
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<td>Deborah McIntyre</td>
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<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>BASHH</td>
<td>British Association for Sexual Health and HIV</td>
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<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>MSM</td>
<td>men who have sex with men</td>
</tr>
<tr>
<td>SHARE</td>
<td>sexual health and relationships education</td>
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We can also provide this information:

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

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The Scottish Health Council, the Scottish Intercollegiate Guidelines Network (SIGN) and the Healthcare Environment Inspectorate are part of our organisation.