We are committed to advancing equality, promoting diversity and championing human rights. The sexual health standards are intended to enhance improvements in health and social care for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other status. Suggested aspects to consider and recommended practice throughout the standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment (EQIA) to help us consider if everyone will experience the intended benefits of these standards in a fair and equitable way, regardless of protected characteristic or experienced health inequalities. A copy of the EQIA is published on our website.

Healthcare Improvement Scotland is committed to ensuring that our standards are up to date, fit for purpose and informed by quality evidence and best practice. We consistently assess the validity of our standards documents, working with stakeholders across health and social care, the third sector and those with lived experience. We encourage you to contact the standards and indicators team at his.standardsandindicators@nhs.scot to notify us of any updates that the sexual health standards project team may need to consider.
Introduction

This document is an abridged version of the full draft sexual health standards. It contains:

- an overview of the key principles
- information on the consultation process
- the high level standard statements, and
- what the standards mean for individuals, staff and organisations.

For the full sexual health standards, please visit the Healthcare Improvement Scotland website:


Key principles

The overall aim of the standards is to improve access to sexual health care and to improve the quality of care, information, treatment and support for people accessing services. These standards will help services to identify areas for improvement and outline the benchmark for what constitutes good sexual health care. They are founded on human rights and seek to provide better outcomes for everyone. These sexual health standards aim to ensure that:

- harm is reduced through early intervention and improved access
- people are treated with compassion and respect, with their rights upheld, and
- people experience a service that is free from stigma.

Scope of the standards

The standards apply to:

- any person with concerns about their sexual health
- any person accessing contraception or abortion care
- services and organisations responsible for sexual health, including:
  - contraception
  - genitourinary medicine
  - sexually transmitted infections (STI)
  - abortion care
  - sexually-transmitted blood borne viruses
  - psychosexual medicine, and
  - public health and health promotion.
The standards cover the following areas:

- leadership and governance
- information and supported decision making
- education and training
- access to sexual health care
- sexual well-being
- prevention, detection and management of sexually transmitted infections
- services for young people
- services for gay and bisexual men and other men who have sex with men
- preventing unintended pregnancy, and
- abortion care.

**Terminology**

These standards, wherever possible, use generic terminology that can be applied across all sexual health care providers. The term *organisation* refers to anywhere providing any level of sexual health care, including health improvement and prevention services. It is not restricted to specialist sexual health services.

- **Person** or **people** refers to the individual receiving care or support.
- **Carer** refers to a parent, guardian or person providing care and support.
- For Standard 9 and 10, **women** refers to women and people who are able to become pregnant, reflecting the terminology used in the NICE Abortion Care Guideline.
- **Young person** refers to anyone under the age of 26 in line with established practice for specialist young people’s services.
How to participate in the consultation process

We welcome feedback on the draft standards and will review every comment received. We are using different methods of consultation including:

- wide circulation of the draft standards to relevant professional groups, healthcare service staff, social care staff, voluntary sector organisations
- an online survey
- tailored engagement with:
  - the public
  - young people and adults who have experienced services
  - staff and volunteers working within sexual health service, and
  - voluntary organisations representing the views of excluded groups.

For more information, please contact:

Allan Barr
Project Officer
his.standardsandindicators@nhs.scot

Submitting your comments

Responses to the draft standards should be submitted through our online survey (www.smartsurvey.co.uk/s/SexualHealthStandardsSurvey/). The consultation closes on 18 June 2021. If you would like to submit your comments using a different format, please contact the project team using the email address provided above.

Consultation feedback

At the end of the consultation period, all comments will be collated and the sexual health standards development group will respond to each comment received. The response will explain how the comments were taken into account in producing the final standards. Where the development group did not support a suggested amendment or inclusion, a detailed explanation will be provided in the report.

A summary of the responses to the consultation will be made available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org.

The sexual health standards will be published in October 2021.
Standards summary

Standard 1: Leadership and governance
Each organisation demonstrates effective leadership, governance and partnership working in the management and delivery of sexual health services.

Standard 2: Information and supported decision making
All individuals receive accessible information to facilitate informed choice and support decision making.

Standard 3: Education and training
Each organisation demonstrates commitment to the education and training of all staff involved in sexual health care, appropriate to roles and workplace setting.

Standard 4: Access to sexual health care
All individuals have equitable and consistent access to sexual health care.

Standard 5: Sexual well-being
All individuals are empowered to maintain positive sexual health, well-being and function.

Standard 6: Prevention, detection and management of sexually transmitted infections
All individuals can access safe, high-quality and person-centred services for the prevention and treatment of sexually transmitted infections.

Standard 7: Services for young people
Young people can access safe, high-quality and person-centred sexual health care which upholds their rights.

Standard 8: Services for gay, bisexual and other men who have sex with men
Gay, bisexual and other men who have sex with men have access to safe, high-quality and person-centred sexual health care.

Standard 9: Preventing unintended pregnancy
Women receive a holistic assessment of their needs and have access to a full range of contraception methods.

Standard 10: Abortion care
Women can access safe, timely and person-centred abortion care services.
Standard 1: Leadership and governance

Standard statement
Each organisation demonstrates effective leadership, governance and partnership working in the management and delivery of sexual health services.

What does the standard mean for the individual receiving sexual health care?
You can be confident that:
- you will receive a safe, equitable and high-quality service that meets your needs
- services have effective leadership and governance, and are committed to quality improvement
- you will be given meaningful opportunities to influence how services are shaped, and
- information about you and your care will be shared with your consent and in line with national guidance.

What does the standard mean for a member of staff?
Staff:
- understand and can access care pathways, standards, and guidance relevant to their role
- actively participate in the multidisciplinary team and are supported by their organisations to understand their role
- are supported to attend training and continuing professional development (CPD) opportunities
- are aware of how to report and escalate adverse events
- are proactive in raising and responding to identified concerns which may impact on patient safety, care or community sexual health, and
- are encouraged and supported to work collaboratively with allied services.
## What does the standard mean for the organisation?

The organisation:

- has governance arrangements in place to determine roles, responsibilities and lines of accountability, including adverse event management
- supports a culture where concerns can be raised and appropriately acted upon
- ensures co-ordinated person-centred pathways for access and delivery of sexual health care are developed and implemented
- performs regular routine monitoring of sexual health outcomes to inform public health interventions and improve service delivery
- monitors and responds to outbreaks and areas of concern
- engages with staff and communities to identify areas for improvement
- records and monitors data
- undertakes quality improvement and assurance activities to ensure performance against standards
- has planned preventative maintenance, quality assurance checks and a rolling replacement schedule in place for all equipment and peripherals, and
- encourages research and clinical excellence where research is undertaken.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Documentation describing lines of accountability, roles and responsibilities and escalation of adverse event reporting.
- Documentation outlining local strategies for treatment, care and prevention or local implementation of national strategies.
- Documentation describing monitoring and reporting systems for local strategic aims and objectives, quality improvement and service delivery objectives.
- Care pathways and local and national standard operating procedures demonstrating multidisciplinary working.
- Collaboration through multidisciplinary community primary care clusters.
- Adoption of initiatives such as Pharmacy First.
- Improvement work, including action plans, data collection and review of data, such as feedback from service users, staff members, national benchmarking and evidence of timeliness of processes.
- Documentation describing preventative maintenance, quality assurance checks and rolling replacement schedules for equipment and peripherals.
- A management system for reporting, reviewing and learning from all types of adverse events.
- Evidence of research activity.
- Evaluation of clinical effectiveness against national or local outcomes.
- Evidence of codesigned service plans, innovative engagement with the local community and good communication with service users.
## Standard 2: Information and supported decision making

### Standard statement

All individuals receive accessible information to facilitate informed choice and support decision making.

### What does the standard mean for the individual receiving sexual health care?

**You will:**
- be listened to and fully involved in all decisions about your sexual health
- receive information to support shared and informed decision making in a language and format that is right for you
- be given information on your results or diagnosis
- have your data treated with confidentiality and shared where appropriate to improve quality of care
- offered support and time to discuss the options available to you, and
- be given an opportunity to discuss any aspect of sexual health care, raise questions or concerns and discuss how any results will be communicated to you.

### What does the standard mean for staff?

**Staff:**
- offer a responsive, person-centred and trauma-informed service
- are impartial, without judgement, and can demonstrate good communication
- can readily access information to support those accessing sexual health care
- offer evidence-based information in a range of formats and languages appropriate to the needs of the individual
- can support individuals to reach informed decisions, and
- have a clear understanding of any outcomes or test results which can be communicated to individuals.

### What does the standard mean for organisations?

Organisations have systems and process in place to ensure:
- the availability of appropriate, easily accessible and timely information, and
- access to consistent support resources.
### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of information provided in alternative formats and languages, taking account of the needs of people who may be digitally excluded.
- Clinical audit of sexual health consultations with documentation of signposting or written information being provided.
- Cluster quality improvement projects to improve provision of sexual health information within general practice.
- Evidence of patient involvement in decision making, tools for shared decision making, and effective communication.
- Specific and tailored information for young people, trans people, people with complex social needs and gay, bisexual men and other men who have sex with men.
## Standard 3: Education and training

### Standard statement

Each organisation demonstrates commitment to the education and training of all staff involved in sexual health care, appropriate to roles and workplace setting.

### What does the standard mean for the individual receiving sexual health care?

You can be confident that:
- staff providing your care and support are trained, skilled, knowledgeable and competent, and
- you will be treated with respect and compassion, listened to and fully supported to make informed choices.

### What does the standard mean for staff?

Staff:
- can demonstrate knowledge, skills and competencies relevant to their roles and responsibilities
- provide safe, effective and person-centred care to people with specific needs
- attend and participate in relevant training, and achieve and maintain the required competencies and qualifications for their roles and responsibilities
- are confident in their role within multidisciplinary and multiagency teams and can fulfil their responsibilities
- are clear what their contribution is to ensuring that people have a positive experience of care and support
- receive accurate and evidence-based information to enable them to support people
- treat individuals with dignity and compassion
- will be supported by their organisation if they have experienced vicarious trauma
- are supported to attend and complete training, and
- receive training and support in triage roles, where appropriate.

### What does the standard mean for the organisation?

Organisations provide staff with:
- ongoing support for training and skills development that is recognised across NHS boards and IJBs
- ongoing personal and peer support opportunities, and
- appropriate support and opportunities to participate in training and CPD.
<table>
<thead>
<tr>
<th>Practical examples of evidence of achievement (NOTE: this list is not exhaustive)</th>
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<tbody>
<tr>
<td>• Evidence of provision and uptake of staff training to continuously improve the support, care and treatment they provide.</td>
</tr>
<tr>
<td>• Evidence of promotion and implementation of the Health and Social Care Standards.(^\text{13})</td>
</tr>
<tr>
<td>• Consistent staff appraisal and use of professional development frameworks.</td>
</tr>
<tr>
<td>• Evaluation of training needs and training programmes.</td>
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<tr>
<td>• Information and support mechanisms for staff.</td>
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</table>
Standard 4: Access to sexual health care

**Standard statement**

All individuals have equitable and consistent access to sexual health care.

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<tr>
<th>What does the standard mean for the individual receiving sexual health care?</th>
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| You can be confident that:  
  - you will be able to see the right person in the right place at the right time  
  - you will receive testing and treatment in a timely way  
  - you can access contraception when you need it, and  
  - you are able to be assessed again, go to a different service, or try different treatments or options. |

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<thead>
<tr>
<th>What does the standard mean for staff?</th>
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</table>
| Staff:  
  - promote and deliver a personal outcomes approach for people  
  - are compassionate, responsive, non-judgemental and understanding  
  - support people to access health, social care and third sector support  
  - connect and refer people, where appropriate, to local and national resources  
  - have access to clear guidance on their roles and responsibilities in supporting people receiving sexual health care, and  
  - have awareness of their local populations that face barriers to accessing sexual health services and work to address these issues. |

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<thead>
<tr>
<th>What does the standard mean for the organisation?</th>
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| Organisations:  
  - recognise different needs for different groups and plan to meet these needs  
  - have systems and processes in place to ensure equitable and timely access to sexual health care in their local area or network  
  - have action plans and strategies in place to address barriers  
  - engage meaningfully with seldom-heard groups  
  - have well-co-ordinated care and referral pathways and protocols  
  - provide information in formats that are accessible,  
  - ensure services are appropriately advertised and promoted, and  
  - support people to receive prompt access to testing and treatment. |
<table>
<thead>
<tr>
<th>Practical examples of evidence of achievement (NOTE: this list is not exhaustive)</th>
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<tbody>
<tr>
<td>• Tools and processes to support people with lived experience to participate meaningfully in shaping service design.</td>
</tr>
<tr>
<td>• Effective engagement, codesign or outreach across communities, including excluded communities.</td>
</tr>
<tr>
<td>• Specialist clinics or outreach services which meet the needs of trans people.</td>
</tr>
<tr>
<td>• Improvement programmes, based on data from service user feedback, on reducing barriers to accessing services.</td>
</tr>
<tr>
<td>• Evidence of access to sexual health care in general practice to the standards described within Sexually Transmitted Infections in Primary Care 2013 or current equivalent guidance.</td>
</tr>
<tr>
<td>• Pathways of support for issues including chemsex and problematic alcohol and recreational drug use.</td>
</tr>
<tr>
<td>• Evidence of preferential access to care and interventions by individuals or groups at higher risk of poor sexual health outcomes.</td>
</tr>
<tr>
<td>• Evidence of signposting and supporting people to access further sexual health care.</td>
</tr>
<tr>
<td>• Demonstration of re-entry and rereferral pathways to reflect an individual’s changing needs.</td>
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<tr>
<td>• Community testing and outreach aimed at high-risk groups.</td>
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<tr>
<td>• Use of local assets such as community pharmacies to delivery services close to home.</td>
</tr>
<tr>
<td>• Data on uptake of home testing, postal prescriptions, online repeat prescription services, and video or telephone consultations.</td>
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<tr>
<td>• Piloting, evaluation and shared learning of innovative approaches to improving access.</td>
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</tbody>
</table>
# Standard 5: Sexual well-being

## Standard statement

All individuals are empowered to maintain positive sexual health, well-being and function.

## What does the standard mean for the individual receiving sexual health care?

You can be confident that:
- services understand that your well-being is important for healthy, enjoyable sex
- your concerns will be listen to and acted upon
- your life, experiences and circumstances will be considered, and
- you will have access to support and treatment when you need it.

## What does the standard mean for staff?

Staff:
- promote and deliver a personal outcomes approach for individuals
- connect and refer individuals, where appropriate, to wider community resources
- are supported to identify safeguarding concerns, and
- take a proactive approach to reviewing issues that may affect sexual well-being.

## What does the standard mean for the organisation?

Organisations have systems and process in place to ensure that:
- good sexual health and well-being is promoted to all communities
- well co-ordinated care, referral pathways and protocols are in place, and
- information on services that they deliver or refer to is both accurate and current.

## Practical examples of evidence of achievement (NOTE: this list is not exhaustive)

- Positive health promotion activity and community engagement.
- Pathways of referral to services.
- Staff training in domestic abuse and gender-based violence, including disclosure training.
- Nationally-developed screening tools for identifying people at risk of harm.
- Multiagency referral pathways for specific harm-reducing interventions.
- Audits reviewing assessments for domestic abuse, sexual dysfunction and harm.
- Waiting times for psychosexual clinics.
## Standard 6: Prevention, detection and management of sexually transmitted infections

### Standard statement

All individuals can access safe, high-quality and person-centred services for the prevention and treatment of sexually transmitted infections.

### What does the standard mean for the individual receiving sexual health care?

You can be confident that:
- staff and organisations will work together to ensure that you can access the right care and support at the right time
- you will be supported and empowered to make choices
- you will experience consistency and continuity in care
- you will have access to high-quality testing and early treatment if needed, and
- you will receive information about relevant third sector organisations, support groups and local services that might benefit you.

### What does the standard mean for staff?

Staff:
- have consistent access to testing services, testing venues and treatments to manage STIs
- work in a sensitive and compassionate manner
- can deliver person-centred care and support, which is responsive and appropriate to the individual’s needs
- support individuals to make an informed choice about the care they wish to access, and
- can confidently refer and signpost people to appropriate health, social care and third sector support services.

### What does the standard mean for the organisation?

The organisation has systems and processes in place to ensure that:
- people can access safe and person-centred testing and treatment
- laboratories are safe and effective and comply with recognised professional standards
- there are prevention strategies in place which reduces overall demand
- people are supported to access testing and treatment
- there is equity of access, and
- there are referral pathways to ensure consistent access to specialist sexual health services across all areas.
Practical examples of evidence of achievement (NOTE: this list is not exhaustive)

- Testing rates within and outwith specialist services.
- Impact data on preventative strategies.
- Audit and data collection to identify and monitor:
  - rate of vaccination uptake and completion
  - rate of uptake and access to PEP and PrEP among high-risk groups, including women and trans people, and
  - rate of partner notification and successful contacts made.
- Evidence of onward referral for people’s sexual care needs.
- Evidence of signposting and support to access appropriate third sector and specialist organisations.
Standard 7: Services for young people

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<tr>
<th>Standard statement</th>
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<tbody>
<tr>
<td>Young people can access safe, high-quality and person-centred sexual health care which upholds their rights.</td>
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<tr>
<th>What does the standard mean for the individual receiving sexual health care?</th>
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<tbody>
<tr>
<td>You can be confident that:</td>
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<tr>
<td>• your rights are upheld and your best interests are always taken account of during discussions with people you talk to</td>
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<tr>
<td>• you will have access to the right contraception and testing for you in ways that work best for you</td>
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<tr>
<td>• you will be listened to and taken seriously</td>
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<tr>
<td>• people will support you to be safe and healthy, and</td>
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<tr>
<td>• your appointments and information about you will be confidential and only ever shared without your consent legally when there are concerns about your safety.</td>
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<tr>
<th>What does the standard mean for staff?</th>
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<tr>
<td>Staff:</td>
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<tr>
<td>• put the best interest of young people at the centre of their work</td>
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<tr>
<td>• involve young people in decision making and support them to make choices</td>
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<tr>
<td>• can demonstrate knowledge, skills and competencies relevant to their roles and responsibilities with regard to young people</td>
</tr>
<tr>
<td>• are proactive in identifying and responding to concerns such as abuse, exploitation, substance misuse, mental health or safeguarding, and</td>
</tr>
<tr>
<td>• can, at all times, refer to a paediatrician with child protection experience and skills (of at least Level 3 safeguarding competencies) to provide immediate advice and subsequent assessment, if necessary, for young people.</td>
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<tr>
<th>What does the standard mean for the organisation?</th>
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<tbody>
<tr>
<td>Organisations have systems and processes in place to ensure that:</td>
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<tr>
<td>• there is a dedicated service for young people</td>
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<tr>
<td>• there is targeted promotion and advertising of sexual health and abortion care services for young people linked to sexual and reproductive education</td>
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<tr>
<td>• they promote collaborative working across all agencies who come into contact with young people</td>
</tr>
<tr>
<td>• they react to concerns about a young person and follow child protection procedures where necessary, and</td>
</tr>
<tr>
<td>• they provide effective interventions for young people where concerns have been identified.</td>
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</table>
## Practical examples of evidence of achievement (NOTE: this list is not exhaustive)

- Effective multiagency working and referral to specialist programmes such as the Family Nurse Partnership.\(^{50}\)
- Multiagency service-level agreements, regular multiagency meetings or governance arrangements with young people’s services, including education, youth work and social work.
- Availability of information for people, their family and carers, including leaflets and appropriate websites, for example NHS Inform\(^{51}\) and ALISS.\(^{52}\)
- Audit of uptake and attendance of services among young people.
- Referral pathways for child protection concerns.
- Needs assessment for a dedicated young person’s service.
- Use of multidisciplinary teams to review child protection concerns.
- Codesigned participation and engagement strategies with a particular focus on involving care-experienced young people.
- Outreach services for lesbian, gay and bisexual young people.
- Outreach services for trans young people with links to specialist gender identity clinics and peer support groups.\(^{35}\)
Standard 8: Services for gay, bisexual and other men who have sex with men

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<tr>
<th>Standard statement</th>
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<tbody>
<tr>
<td>Gay, bisexual and other men who have sex with men have access to safe, high-quality and person-centred sexual health care.</td>
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<tr>
<th>What does the standard mean for the individual receiving sexual health care?</th>
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<tr>
<td>You can be confident that:</td>
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<tr>
<td>• your specific needs will be addressed by people who are sensitive, non-judgemental, understanding, and who listen to you</td>
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<tr>
<td>• you have access to PEP, PreP and other treatments as required, and</td>
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<tr>
<td>• you can access counselling and support if you need it.</td>
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<tr>
<td>Staff:</td>
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<tr>
<td>• have access to relevant training, information and support to be aware of and understand the sexual health needs of GBMSM</td>
</tr>
<tr>
<td>• are compassionate, informed and non-judgemental</td>
</tr>
<tr>
<td>• are proactive in assessing GBMSM for sexual health concerns and offer support or referrals where needed, and</td>
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<tr>
<td>• put people’s rights to non-discrimination at the centre of their work.</td>
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<th>What does the standard mean for the organisation?</th>
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<tr>
<td>Organisations have systems and processes in place to ensure:</td>
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<tr>
<td>• GBMSM can access timeous care for STI testing, treatment, preventative care and PEP and PrEP when required</td>
</tr>
<tr>
<td>• GBMSM have access to counselling where appropriate</td>
</tr>
<tr>
<td>• GBMSM are able to access timeous care for more urgent sexual health needs</td>
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<tr>
<td>• there are referral pathways in place to ensure equitable access of care</td>
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<tr>
<td>• services are appropriately advertised and promoted, and</td>
</tr>
<tr>
<td>• support services are available to GBMSM experiencing specific issues.</td>
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</table>
Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Audit and data collection to assess uptake and vaccination rates for hepatitis B among GBMSM.
- Audit and data collection to identify and monitor:
  - STI testing rates
  - STI testing rates in community or primary care settings, and
  - offer and uptake of PrEP among GBMSM.
- Pathways of referrals including behaviour-change interventions.
- Engagement and health promotion activity for excluded GBMSM.
- Local and regional sexual health promotion activity for GBMSM.
**Standard 9: Preventing unintended pregnancy**

<table>
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<tr>
<th>Standard statement</th>
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<tr>
<td>Women receive a holistic assessment of their needs and have access to a full range of contraception methods.</td>
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<tr>
<th>What does the standard mean for the individual receiving sexual health care?</th>
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<tr>
<td>You can be confident that:</td>
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<tr>
<td>• you have choice and control in your method of contraception, if any</td>
</tr>
<tr>
<td>• you are listened to when you have concerns</td>
</tr>
<tr>
<td>• you are fully informed about different contraception methods, including any side effects or benefits</td>
</tr>
<tr>
<td>• you are supported to continue with your chosen method of contraception, if safe to do so</td>
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<tr>
<td>• you are able to access support easily if you have issues with your chosen contraceptive methods</td>
</tr>
<tr>
<td>• you are supported to plan your contraception for a longer period, such as 12 months, and</td>
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<tr>
<td>• you can access information about relevant third sector organisations, support groups and local services.</td>
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<th>What does the standard mean for staff?</th>
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<tr>
<td>Staff will:</td>
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<tr>
<td>• adopt proactive and responsive measures to support individuals to have full choice and control over their contraception</td>
</tr>
<tr>
<td>• provide support, advice and guidance on all aspects of contraception, including side effects</td>
</tr>
<tr>
<td>• make the appropriate referrals in line with relevant guidance</td>
</tr>
<tr>
<td>• be trained to national standards, relevant to their role, in discussing and providing contraception, and</td>
</tr>
<tr>
<td>• promote good sexual health and encourage regular STI testing.</td>
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</table>
What does the standard mean for the organisation?

Organisations have systems and processes in place to ensure that:
- barriers are minimised and people are supported to access contraception
- there are well-coordinated care and referral pathways and protocols
- they provide a consistent range of venues where all contraceptive methods can be accessed
- co-ordination between organisations is well supported
- there is consistent access to LARC
- there are referral pathways for people with complex contraceptive needs, and
- systems and pathways relating to a 12-month contraception plan with adequate follow up are in place.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Pathways for complex contraception or sterilisation referrals.
- Audit and data collection to identify and monitor:
  - local and community provision of contraception
  - abortion rate
  - rate of women becoming pregnant within one year of last pregnancy
  - contraception provision in maternity services
  - LARC rates within and outwith specialist settings, and continuation rates with LARC.
- Documentation describing examples of integrated care or multidisciplinary involvement in patient care.
- Prescribing data evidencing contraceptive use within GP practices and across clusters.
Standard 10: Abortion care

**Standard statement**

Women can access safe, timely and person-centred abortion care services.

**What does the standard mean for the individual receiving sexual health care?**

You can be confident that:
- you can access legal abortion close to home wherever possible. If the service cannot be provided locally, you will be able to receive an abortion out of your area and this will be planned for you
- you will be supported without judgement throughout the process
- decisions you take will be informed and taken in partnership with clinical experts
- you will be informed prior to assessment about how long your consultation should take and what investigations you may need, and
- you can access counselling services at any time in the process.

**What does the standard mean for staff?**

Staff:
- listen to and support people to make informed choices
- act with compassion and without judgement
- conduct sensitive enquiries to identify gender-based violence
- conduct sensitive enquiries to identify sexual coercion
- promote good sexual health
- have specialist training in abortion provision, and
- can deliver care and support in a format appropriate to the individual’s needs, to allow individuals to make an informed choice about the care they wish to access.

**What does the standard mean for the organisation?**

The organisation ensures that:
- abortion care is delivered free from stigma as part of routine sexual and reproductive health services, and
- there are pathways in place for referral to other NHS boards and IJBs to ensure equity of care regardless of geographical area.
**Practical examples of evidence of achievement** *(NOTE: this list is not exhaustive)*

- Documentation relating to shared decision making and informed choices for abortion care.
- Documentation of STI risk assessment.
- Information and data on waiting times for access.
- Percentage of abortions performed under 10 weeks gestation.
- Onward referrals and use of screening tools to identify gender based-violence.
- Partnership working with Violence Against Women partnerships.
- Engagement and participation with people who use services.