

Strategy for Sexual Health and Blood Borne Viruses

Background

1. In August 2011 the Scottish Government launched a joint Sexual Health and Blood Borne Virus Framework. This brought four policy areas together for the first time. Funding for delivery of the outcomes in 2011/12 came as a bundle in “Effective Preventions” giving Boards the flexibility to use funding across the budgets within the bundle. Sexual Health and Blood Borne Virus (BBV) care includes the care of patients in the following areas:
 - Contraception and Reproductive Health care
 - Sexually Transmitted Infections (STIs)
 - Unintended Pregnancy and Abortion
 - Teenage Sexual Health and Teenage Pregnancy prevention
 - Human Immunodeficiency Virus (HIV)
 - Hepatitis C (HCV)
 - Hepatitis B (HBV)
2. The care and support of people with these conditions is delivered in multiple settings, by a range of health professionals and others, including a variety of public and third sector organisations.

Where are we now?

3. Sexually transmitted infections (STI's) and ill health remains a significant public health problem. In Grampian generally, STI diagnosis continues to increase among heterosexual men and women particularly in young people aged less than 25 years. STIs disproportionately affect those from low socio-economic background¹.
4. Majority of unintended pregnancies are associated with an increased risk of morbidity for women of all ages particularly teenagers. It is estimated that nearly all pregnancies ending in abortion are unintended thus; abortion rates are used as a proxy to measure the rate of unintended pregnancy. In past 20 years the rate of abortion in Grampian has tended to increase and consistently remains above the Scottish Average.
5. Over the last 10 years, teenage pregnancy rate in Grampian has remained stable with a slight decrease in recent years. Within Grampian there are differences between the rates in council areas, with Aberdeen City having the highest rates, and Aberdeenshire the lowest rates.
6. BBV infection is an important Public Health issue. This is due to its preventable nature, the long-term and lasting health consequences it potentially brings to those affected and the costly burden to individuals, the NHS and society.

¹ National services Scotland 2010- Scotland's Sexual Health information

7. 491 cases of HIV have ever been known to Grampian laboratories² with 73% of them being male. In Grampian the most prevalent risk factor for HIV has been heterosexual intercourse, mainly in individuals who have been exposed abroad. The majority of HIV positive individuals in Grampian have not acquired the infection here (63% overall; 69% in the past 5 years) limiting the scope from preventative initiatives locally. For Grampian residents acquiring HIV locally the predominant risk factor is men having sex with men. Effective antiviral therapy is available which enables people infected with HIV to live a long and healthy life.
8. By far the main risk factor for HCV infection in Grampian is sharing of injecting equipment in the misuse of illicit drugs. As of November 2011, over 2280 cases have been diagnosed with chronic hepatitis C in Grampian, of the 3345 individuals who are known to have been exposed to the virus. According to Health Protection Scotland estimates, a further 2000 individuals may yet be undiagnosed in Grampian and emphasis on increasing access to testing for these individuals must continue. Effective HCV treatment is available which clears the virus in 50-80% of cases resulting in a "cure".
9. The knowledge base of the extent of HBV infection on the Grampian population requires further work. The numbers of acute cases each year are few (4 in 2010). In the last 10 years, the number of newly apparent chronic hepatitis B cases (54 in 2010) has significantly increased and most individuals affected originate from countries where hepatitis B prevalence is higher than locally. Most of these individuals will have been infected at birth or early childhood. Emphasis should remain on vaccinations, especially in injecting drug using population, and early testing and treatment for those who are at high risk.
10. The Sexual Health Managed Care Network has undertaken significant work to better understand the demand for Sexual Health Services, the pathway of care taken by our patients and how we deliver care along these pathways. This work has also been undertaken by the Hepatitis C Managed Care Network (now Interim Blood Borne Virus Network) for the Specialist Liver Service and is underway for HIV Services. This work is required for Hepatitis B Services.
11. Many of the challenges facing the provision of care to this group of patients are common to our services in general: fewer resources will be available in the future to meet an increasing demand. In addition to the economic case for continuing to address the effects of BBVs and improve sexual health and wellbeing there is existing and emerging evidence of the need for and value of joined-up working in these areas to support an integrated and strategic approach.

² It is important to note that HIV epidemiological information is obtained from HPS data which assigns cases to the Board area of current or last residence.

12. For people to make positive choices about their sexual health and BBV risk taking public health messages are communicated to them through targeted national and local campaigns. The public also have the opportunity co-producers of services around sexual health and blood borne viruses through a programme of patient involvement throughout the year.
13. To support people to make positive choices about their sexual health and BBV risk taking a confident competent workforce is essential. The Sexual Health MCN has developed guidance of training for a range of roles from signposting to sexual health services through to Consultant training programmes and have a targeted training programme to upskill the workforce in areas of greatest need. The Hepatitis C MCN has undertaken a comprehensive training programme within General Practice to raise awareness of BBVs, challenge stigma and educate professionals as to who is at risk therefore should be tested. This programme is now being implemented in the acute sector.

Where do we want to be?

14. In their role as monitor and adviser of sexual health and blood borne virus care across a whole pathway, the Sexual Health MCN and Viral Hepatitis MCN's future vision incorporates the following:
 - A key priority is to apply the principle of prioritization. We have good links with health intelligence in order to identify areas of greatest need geographically and across the patient pathway that need prioritized or where there are gaps in data that need addressed.
 - We want to continue to reduce STI infection rates through increasing consistent and careful condom use. Interventions aimed at increasing condom use include educational interventions, as part of the national Sexual Health and Relationship Education (SHARE) programme, public awareness campaigns and through a targeted free condom distribution scheme.
 - To prevent unintended pregnancies the already high demand for Long Acting Reversible Contraception (LARC) should be encouraged with Primary Care providing the majority of this service, supported by the Sexual Health Service. The national public awareness campaign around LARC should be continued to be supported locally. In addition to this Emergency Contraception is available from most Grampian pharmacies, this service should be promoted.
 - Early interventions are key to preventing or delaying teenage pregnancies. The national SHARE programme will continue to be implemented across Grampian. Sexual Health training will be targeted to staff working with young people in areas of high teenage pregnancy to ensure we have a confident competent workforce. Low threshold health hubs will be developed in schools. The sexual health element

of these hubs will be enhanced in areas of high teenage pregnancy to include sexual health interventions, and aspire to contraceptive provision, condom provision and pregnancy testing.

- Prevention of new BBV infections through injecting drug use should be achieved through continuation of the robust programme of Injecting Equipment Provision across Grampian. Sexual transmission of BBVs should be tackled through increased condom use, as covered above.
- Targeted case finding for BBVs will ensure that accurate early diagnosis leads to optimal condition management. The focus will be on target populations where we know incident rates of BBVs are higher. New technologies will be used to facilitate testing in wider settings than current venous sampling allows.
- A common HIV treatment, care and support pathway is under development for all HIV patients treated in GUM and Infectious Diseases. The resulting pathway should ensure optimal outcomes for patients with HIV.
- The HCV treatment, care and support pathway will be reviewed with emphasis on working more closely with the Substance Misuse Service and the Prison. The overall aim is to ensure patients remain within the specialist service.
- We will continue to develop plans for working with our patient group using assistive technology to reduce the number of patients who are offered an appointment at outpatient clinics but fail to attend. Phone calls and text messages are two methods we will continue to test and develop as methods of efficiently increasing attendance at clinic
- Further work is required to understand the impact of HBV infection within NHS Grampian. Better understanding is required around prescribing antiviral therapies. HBV immunization will continue to be offered to those at risk of infection. The treatment, care and support pathway will be developed.
- A joint sexual health and blood borne virus network education group will be established. This group will focus on investigating alternative methods, from face to face session, of sexual health and BBV training to maximize reach.
- The programme of Public Awareness Campaigns will be reviewed in line with recent evidence and population need to direct work in this area. Patient focused public involvement will continue with emphasis on engagement around the developing care pathways and access to services.
- To deliver the above the managed care network support staffing and meeting structure will be reviewed. Meetings will be structured around

the work streams to maximize efficiency. The team will be co-ordinated by the managed care network manager as the central point across all work strands.

Key Actions

15. The Health and Care Framework strategy paper 'Improving Health and Wellbeing' highlights the importance of the prevention of ill-health and of directing effort toward those experiencing health inequalities. Within this model of care there are a number of key actions that support this direction. They are:

- We will prioritise our greatest resource allocation to achieve measurable improvements where they are needed most. We will do this by developing health intelligence around disease models and by use of the Resource Allocation and Decision Making Tool to highlight best value in our pathways.
- Early intervention work must continue through education programmes, including SHARE. Low threshold hubs should be rolled out in Aberdeenshire and Moray in areas of greatest need and developed within Aberdeen City schools to support the Grampian population to make positive choices about their sexual health and blood borne virus risk taking.
- A programme of public awareness activities should be planned for 2012-15 based on evidence of effectiveness in target populations. Where evidence of lacking research should be undertaken to direct future work.
- Injecting equipment use should continue to be monitored and public awareness and education campaigns aimed at decreasing the sharing of injecting equipment should continue.
- Immunisation against HBV should continue to be offered to those at risk of infection including men who have sex with men and contacts of people who are infected.
- Condom Distribution is being reviewed in Grampian to ensure those at risk of STI and BBV infection have access to free condoms.
- Increased case finding, in populations who are at high risk of STI and BBV infection and who would benefit most from treatment will be achieved through specific programmes of work identifying patients through the laboratory system who have already been tested and providing targeted testing in populations at high risk.
- Patient pathways will be designed to ensure appropriate health and social care support is available to assist patients in remaining engaged with specialist services. These patient groups often have chaotic

lifestyles therefore services should be flexible and supportive to maximize engagement.

- Close working in reviewing and developing these care pathways with partner agencies including social work, substance misuse teams, prisons and third sector organizations is essential to support the recovery agenda and to have a comprehensive care pathway.
- Patients will be empowered to make positive choices about their health and manage their conditions through self care where appropriate and relevant.

16. The Health and Care Framework also highlights the need for a fully integrated service across the whole system in Grampian with individuals able to access the appropriate levels of skilled care at the right time and in the right place. In addition to this it also describes how professionals in primary care and in the hospital setting could work more closely together, with better integration and alignment of resources. Within this model of care there are a number of key actions that support this direction. They are:

- A network approach to sexual health and BBV care is delivered across Grampian with specialist services being delivered in specialist centers, in out reach clinics in areas of identified need, and by more generalist professionals where appropriate, for example LARC provision in primary care.
- The Sexual Health Service, HIV Services, and Specialist Liver Service all rely on NHS Grampian laboratory service and pharmacy service to ensure efficient and effective patient care.

17. Communities are assets in health and should be supported and leveraged as such. Within this model of care there are some key action that support this direction. They are:

- We will be focused on prioritizing activity and resource in communities where they will have the greatest health impact
- We will encourage a self management approach which features signposting to existing support groups and supportive individuals as assets in the community.

18. The Managed Care Network's (Sexual Health and Blood Borne Virus) support will be reviewed, as will the meeting structures, and both will be aligned against the workplan to maximize efficacy and efficiency.

19. For updates on this strategy and its implementation, or contact details for the team, please see the respective Managed Care Network websites:

www.nhsgrampian.org/sexualhealthnetwork,
www.nhsgrampian.org/hepcmcn