Grampian Sexual Health and Wellbeing and Blood Borne Virus Strategy

2012-2015

NOVEMBER 2012
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Executive Summary

Introduction
The Grampian Sexual Health and Blood Borne Virus sets out the local Managed Care Network’s agenda in relation to sexual health, HIV, Hepatitis C and Hepatitis B for the next three years. The strategy outcomes are:

1. Fewer newly acquired blood borne viruses and sexually transmitted infections; fewer unintended pregnancies;
2. A reduction in the health inequalities gap in sexual health and blood borne viruses;
3. People affected by blood borne viruses lead longer, healthier lives;
4. Sexual relationships are free from coercion and harm;
5. A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

Where are we now?
Sexual Health - Sexually transmitted infections (STIs) and ill health remain a significant public health problem. In Scotland generally, STI diagnoses continue to increase among heterosexual men and women, particularly in young people aged less than 25 years. In Grampian, the STI picture mirrors Scottish trends, with the added context of a large student population of mainly young people attending the local institutes of further education. The oil industry within Grampian area also attracts a young workforce who travel globally. The most common STIs in Grampian are Chlamydia and genital warts.

NHS Grampian’s Sexual and Reproductive Health Service and Genitourinary Medicine Department have come together as an integrated service which continues to offer high quality care under this umbrella. We have also developed and are implementing an improvement plan for our services.

HIV - The risk factor profile for HIV is different in Grampian compared to Scotland as a whole, where MSM has always been the most prevalent group. In Grampian, the most common risk factor for HIV has been heterosexual intercourse, mainly in individuals who have been exposed to infection abroad (63%), either in their country of origin or through foreign work or leisure contacts. This has been facilitated by strong international links with the oil industry and a traditionally international university student body. Since the majority of HIV positive individuals in Grampian have not acquired the infection here, scope for preventing transmission through local initiatives is limited. Further emphasis, however, should be placed on raising awareness to encourage testing and early diagnosis.

Hepatitis C - Access to specialist management and treatment of HCV has been reinforced in recent years, supported by evidence that cost-effective anti-viral
therapy, usually lasting up to a year, can eradicate disease in 40-60% of cases. The local clinical Liver Service has undergone expansion and is on course to nearly treble the number of patients started on such treatment each year, from 2006 to 2012. A large unmet need still remains however, as there are more than 1000 individuals known to have chronic HCV infection who have not yet accessed specialist treatment.

Hepatitis B - Whilst it can be fairly safely assumed that Hepatitis B is less prevalent here than elsewhere in the world, there is much hidden disease that often only comes to light many years after infection. It is unclear how Grampian compares to Scotland as a whole, since Scottish figures have not been published past 2006.

Where do we want to be?
In order to progress towards the five outcomes identified in the NHSG strategy, we will target our activity over the coming 3 years. In doing this, we plan to:

- Improve the quality, range, consistency, accessibility and cohesion of sexual health services
- Support everyone, regardless of faith, ethnicity, gender, age or disability, to acquire and maintain the knowledge, skills and values necessary for good sexual wellbeing and to avoid sexually transmitted infections and unintended pregnancy
- Positively influence cultural and social factors that impact on sexual health
- Reduce new transmissions of HIV
- Reduce undiagnosed HIV through increasing testing and early diagnosis
- Ensure universal access to high quality HIV treatment and care
- Support those living with, and affected by, HIV in Grampian.
- Prevent the spread of Hepatitis C, particularly among people who inject drugs
- Diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment
- Ensure that those infected with Hepatitis C receive optimal treatment, care and support
- Establish an understanding of the epidemiology and burden of Hepatitis B related disease in Grampian
- Ensure optimal prevention, treatment, care and support for those living with, or at risk of, Hepatitis B within Grampian
1.0 Introduction

The Grampian Sexual Health and Blood Borne Virus Strategy sets out the local Managed Care Network’s agenda in relation to sexual health, HIV, Hepatitis C and Hepatitis B for the next three years. It reflects an ambitious vision for the management of sexual health and blood borne virus infections in Grampian. It adopts an outcomes based approach, anchored by effective shared ownership and joint working, with a strong focus on challenging inequalities.

NHS Grampian, Community Planning Partners, Alcohol and Drug Partnerships, the Scottish Prison Service, Local Authorities of Aberdeen City, Aberdeenshire and Moray and Third Sector organisations all have essential roles to play in progressing the strategy outcomes, both individually and in partnership, and all organisations have been consulted in the development of this strategy.

There is existing and emerging evidence of the need for and value of joined-up working in these areas. Specifically:

- The impact of inequalities on society and individuals’ well-being
- The importance of the Early Years agenda across the sexual health and blood borne virus policy areas
- Similar prevention, testing and treatment issues
- The importance of providing a person centred service, addressing all of an individual’s health and wellbeing needs
- Management of patients infected with more than one Blood Borne Virus (BBV) or Sexually Transmitted Infection (STI).

The outcomes in the Scottish Government’s Sexual Health and Blood Borne Virus Framework 2011-2015 will be used to steer the direction of the strategy and the national indicators will be used to monitor progress. The strategy outcomes therefore are:

1. Fewer newly acquired blood borne viruses and sexually transmitted infections; fewer unintended pregnancies;
2. A reduction in the health inequalities gap in sexual health and blood borne viruses;
3. People affected by blood borne viruses lead longer, healthier lives;
4. Sexual relationships are free from coercion and harm;
5. A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive

To steer the implementation of this strategy, both national and local data and a peer-reviewed evidence base will be used. Where these are not available, best practice guidance will be applied. Evaluation will be embedded into implementation plans for all work streams to ensure outcomes are met and...
adaptations made to plans where needed. Further development and innovation will be supported where relevant. Detailed epidemiological information is not provided within this strategy, but can be obtained by contacting the MCN Support Team on (01224) 558521.

This strategy has many varied and complex links with other government, national, and local policies. Appendix 3 in the National Framework provides an overview of the key policy areas where there is overlap and signposts to where further information can be found. The national framework supports the ambitions of Scottish Government’s Healthcare Quality Strategy for NHS Scotland (“the Quality Strategy”), and will be taken forward through our local strategy.

This document is structured similarly to the National Framework with a section for each topic area: sexual health, HIV, Hepatitis C and Hepatitis B. This is followed by an additional section for common areas of work across the four topic areas. Again, similar to the National Framework, there is a section on performance management outlining how delivery will be supported and what the governance arrangements are.

- Throughout the document, recommended actions and approaches are highlighted by indented bold text with a square bullet-point

The strategy was developed by a small group including the Executive Lead for Sexual Health and Blood Borne Viruses, Clinical Leads for Sexual Health and Viral Hepatitis, Consultants in Public Health Medicine for Sexual Health and Blood Borne Viruses, Managed Care Network Management, Health Intelligence and Health Improvement who all work closely with partners around the Sexual Health and Blood Borne Virus agenda. The resultant draft was circulated for wide consultation over a six week period through local and national multiagency networks and advertised on key websites including the NHS Grampian website and Hi-Net. An open meeting was held for all involved in Sexual Health and Blood Borne Viruses to have the opportunity to shape the final strategy. Following the open consultation, the small group reconvened to consider all feedback and to finalise the strategy.
2.0 Sexual Health and Wellbeing

Where we are now

Sexually transmitted infections (STIs) and ill health remain a significant public health problem. In Scotland generally, STI diagnoses continue to increase among heterosexual men and women, particularly in young people aged less than 25 years. In Grampian, the STI picture mirrors Scottish trends, with the added context of a large student population of mainly young people attending the local institutes of further education. The oil industry within Grampian area also attracts a young workforce who travel globally. The most common STIs in Grampian are Chlamydia and genital warts.

In the past 20 years, the rate of abortion in Grampian has followed a slowly increasing trend. In recent years, however, there has been a consistent fall in the number and rate of abortions with 1,382 in 2010, compared to 1,556 in 2007, representing rates of 12.9 per 1000 women aged 15-44 years in 2010 and 14.6 in 2007. Over this period, the rate in Grampian has remained almost consistently just above the Scottish average.

Over the last 10 years, the rate of teenage pregnancy (under 20s) in Grampian has remained stable with a slight decrease in more recent years. The Grampian rates have been consistently less than the Scottish rate over the 10 year period. Within Grampian, there are differences between the rates in local authority areas, with Aberdeen City having the highest rates and Aberdeenshire the lowest. The teenage pregnancy rate is strongly associated with deprivation level. Generally, teenage pregnancy rates are higher in the most deprived areas compared with the least deprived areas and this trend has not varied much in the last 10 years.

Much has been achieved through local implementation of Respect and Responsibility (Scottish Executive, 2005) and the National Outcomes (Scottish Executive, 2008). NHS Grampian’s Sexual and Reproductive Health Service and Genitourinary Medicine Department have come together as an integrated service which continues to offer high quality care under this umbrella. NHS Quality Improvement Standards (QIS) for Sexual Health Services have been developed and NHS Grampian has been assessed against them. Through this process in 2011, it was found that the Sexual Health Services in Grampian are of high quality. Since then, we have developed and are implementing an improvement plan for our services. Service provision varies across Primary Care, with different models implemented to suit the needs of each locality.

Excellent work has progressed on the provision of drop-in services, offering health advice, pregnancy testing and condoms in or within walking distance of schools. Delivery of alcohol brief interventions has been embedded into the Sexual Health Service. Further work is required to share learning and roll out across the region, starting with areas of greatest need.
Leadership has been provided through the Executive Lead for Sexual Health and the Sexual Health MCN and subgroups have provided co-ordination. Buy-in and support from multiagency partners has been good, with key pieces of work being taken forward through this support structure.

Where we want to be

We want to build on and strengthen the work of Respect and Responsibility and deliver on the five high level framework outcomes as listed in the Introduction (section 1.0). The key aims are to:

- Improve the quality, range, consistency, accessibility and cohesion of sexual health services
- Support everyone, regardless of faith, ethnicity, gender, age or disability, to acquire and maintain the knowledge, skills and values necessary for good sexual wellbeing and to avoid sexually transmitted infections and unintended pregnancy
- Positively influence cultural and social factors that impact on sexual health

2.1 Unintended Pregnancy

The primary prevention of unplanned pregnancy at any age lies with effective and consistent contraceptive use. The emphasis is placed on the use of effective hormonal contraception, such as LARC (alternatively a copper Intrauterine Device for those wishing to avoid hormones or where hormonal contraception is contraindicated) alongside the use of condoms for safer sex practice. Condoms are frequently used at the start of a relationship and, while recommended for safer sex and infection prevention, their lower efficacy caused by user error makes them less suitable for effective contraception than other methods. It is critical that young men, as well as young women, are engaged with developing knowledge of and responsibility for contraceptive use. Specific work on teenage pregnancy will continue to target young men and women under 18 years of age. This will include the wider approach to improve mental health and self-esteem to increase the ability to make informed choices. Teenage pregnancy has been a key driver for wider work and engagement with Maternity Services, to improve the sexual health and wellbeing of women during pregnancy and in the year after delivery.

- Continued promotion of LARC through local implementation of national campaign
- Review current service provision for LARC and undertake pilots of alternative models as indicated
- Review condom distribution scheme across Grampian
2.2 Pregnancy in Teenagers and Vulnerable Groups

Whilst pregnancy and parenthood are positive choices for some young people, for others they are associated with negative social and psychological consequences. The national Sexual Health and Blood Borne Virus Framework states clearly that Local Authorities are best placed to assume the leadership role in reducing teenage pregnancies, as they lead on national strategies which address disadvantage in Scotland. Within each Community Health Partnership (CHP), efforts should be targeted to areas where teenage pregnancy rates are higher than the CHP average. This should be achieved in partnership with NHS Grampian, the Third Sector and other local partners. Learning Teaching Scotland have developed Reducing Teenage Pregnancy – Guidance and self-assessment tool (LTS 2010), which should be implemented with partners.

Sexual Health Services are provided within the Substance Misuse Service at the Kessock Clinic and the Timmermarket to enable a more holistic approach to patient care in these settings. This facilitates patients’ sexual health and wellbeing needs, including contraception.

Long Acting Reversible Contraception (LARC) will be both promoted and provided as part of the Sexual Health MCN to support positive reproductive health. The majority of provision will be through Primary Care, with the specialist service focusing on the targeted special needs and vulnerable groups which are more challenging to engage for prevention and care. Models of LARC provision are in place across each of the three CHPs within NHS Grampian and will continue to evolve to meet patient need and population coverage.

- Local Authorities should take a leadership role in addressing teenage pregnancy and should play a key role in implementing the “Reducing teenage pregnancy” self assessment tool (LTS, 2010)
- Provision of Long Acting Reversible Contraception (LARC) to vulnerable women most at risk of unintended pregnancy, where appropriate, including through termination and maternity services, prior to discharge.

2.3 Targeted Groups

It is more effective and cost effective to focus efforts on those known to be most at risk; this is supported by Healthcare Improvement Scotland Sexual Health Standard Criteria 3.6

In Grampian, high risk groups for sexual well-being include young people with disabilities, looked after children and men who have sex with men (MSM). In line with national needs assessments within these groups, higher-risk populations

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1 Targeted interventions are demonstrated for young people at greater risk of teenage pregnancy and poor sexual health, including looked after children. (NHS Quality Improvement Scotland, 2008)
include young people not in school, young offenders and those who are looked after or accommodated. School nurses and teachers require to continue to work and develop as a team to co-ordinate shared delivery of age-appropriate education and health information, linked with access to low-threshold services in schools for health advice and interventions when needed. The development of low-threshold hubs needs to be considered within each CHP Sexual Health Implementation group to achieve maximum reach and impact. Focusing on areas of deprivation and on school populations where teenage conception rates are higher, as well as those schools with lower achievement and higher exclusion rates, is likely to be most beneficial. Inclusion of youth workers around educational and service initiatives is critical in addressing the issues of a negative youth culture.

Human papillomavirus (HPV) vaccination for school-aged girls has been Government policy since 2007. Although for some groups uptake is suboptimal, general uptake is good. Its roll-out should be promoted through all services school girls come into contact with as an effective preventative tool for HPV infection and its potential for cancerous consequences.

Those with alcohol and/or drugs problems are also at risk of poor sexual health outcomes.

Other high risk groups include those who have unintended pregnancies, particularly those who have had a previous termination, young women who have had repeat pregnancies in adolescence and some women in areas of deprivation, within the gynaecology ward and short stay surgical unit.

- To support a targeted approach, multiagency partners should work together to ensure:
  - Drop in services for young people in, or close to, schools, particularly in areas of greatest need, which provide both general and sexual health advice, pregnancy testing and condoms
  - Abortion services continue to improve access and develop care, with the majority of services being delivered in community clinics, with direct abortion care provision remaining hospital based
  - Women attending for termination services are made aware of local sexual health services, where appropriate
  - Targeted provision of sexual health and HIV prevention services to support MSM. This work should be delivered in partnership through both the statutory and Third Sector
2.4 Sexual Health Services

The provision of Sexual Health Services should be a multi-agency and multidisciplinary responsibility. The Lead Clinicians for Sexual Health have been integral in driving forward the agenda on sexual health locally and nationally. Locally this has involved progressing work through multiagency sexual health groups.

- Sexual Health consultations, undertaken in primary or secondary care, should begin with a risk assessment, with testing, treatment and care tailored to individual needs.
- High quality, integrated Sexual Health Services should be available throughout Grampian.

2.5 Accessibility of Sexual Health Services

Within the NHS Quality Improvement Scotland Sexual Health Standards criteria 1.4\(^2\) and Standard 5\(^3\) the requirement for targeted services for communities or individuals with specific needs is set out. Services should be set up to ensure that everyone living with, or at risk of, blood borne viruses has access to sexual health care, including contraceptive advice and provision where relevant. This should include specific target groups, for example sex workers, as they are vulnerable to STIs and poor sexual and reproductive health, and HIV positive people (as required by NHS Quality Improvement Scotland Standard 5). Services should be provided in areas where they are needed most or where the client group may have difficulty accessing mainstream services.

- High quality sexual health and support services should be accessible to all, including those affected by blood borne viruses, through both NHS and Third Sector services.
- Specialist Sexual Health Clinics should continue to be provided in settings where the client group may not access mainstream services, for example provision of Sexual Health Clinics within the Substance Misuse Service.

2.6 Promoting Communication

When it comes to sex, being able to talk easily and listen enables people to get what they want, respond to what others want, and work through important and tricky issues. There are things we all really should talk about - like using

\(^{2}\) There are targeted services for communities or individuals with specific needs. (NHS Quality Improvement Scotland, 2008)

\(^{3}\) 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 infection to others. (NHS Quality Improvement Scotland, 2008)
protection or getting tested, however some people feel uncomfortable talking about sex, even with their partner, therefore skills development and support in this area is important. General communication skills such as active listening, thinking ahead and planning when and where to have conversations are very important for this to be successful, as well as accepting the possibility of compromise.

All services and professionals should be comfortable promoting good communication as integral to better sexual health and wellbeing and better relationships. Good communication should be encouraged for better sex and better relationships, including same sex relationships.

- Scottish Government Talking Sex Campaign should continue to be promoted locally in Grampian as this aims to:
  - encourage communication and confidence both before and during sexual relationships
  - provide support to ensure that no one feels coerced into an unwanted sexual encounter (whether through force, abuse of alcohol or drugs or through pressure from the peers and/or the media.

2.7 Gender Based Violence

Intimate partner violence threads through all sexual health and BBV work. Both now have an evidence base showing clear links with adverse physical health, mental health, sexual health and general poor self-esteem and emotional wellbeing. The prevention and recognition of this is integral to this strategy and is embedded within service planning and the training and development programme for the Sexual Health MCN. Sexual Health is a priority setting for the Routine Enquiry of Gender Based Violence and Routine Enquiry for Intimate Partner Violence for both sexes, introduced in January 2012 and recorded within the National Sexual Health (NaSH) system. Links to poor contraceptive uptake, compliance and repeat abortion are well recognised.

Sexual Health Service provision for those who have suffered sexual assault has been reviewed to identify how this can be improved or strengthened. This has led to the review of the care pathway for sexual assault with resultant improvements and strengthened links between NHS services and the police. The Sexual Assault Forensics Unit has moved to be co-located with (but separated from) the GUM service, and will move to the Aberdeen Health and Care Village, a purpose built facility, with Sexual Health Services in 2013.

Many women who are, or have been, held in custody within the prison service are victims of coercive, harmful or abusive relationships. Many of these women may also have drug or alcohol problems, therefore supporting their recovery will be an important factor.
Scottish Prison Service and NHS Grampian should work in partnership to provide advice, education, and support to women in prison who are, or who may be, subject to coercive and harmful relationships
3.0 HIV

Where are we now

HIV is a major public health challenge for Scotland. In recognition of this, in November 2009, the Scottish Government published the HIV Action Plan (Scottish Government, 2009). HIV was first diagnosed in Grampian in 1986 and up to March 2012, just over 500 individuals living with HIV have ever been known to Grampian services.

The male proportion of all HIV cases is similar across Grampian and Scotland at 73% and 72% respectively. Age profile at diagnosis has been slightly older in Grampian than Scotland.

The risk factor profile for HIV is different in Grampian compared to Scotland as a whole, where MSM has always been the most prevalent group. In Grampian the most common risk factor for HIV has been heterosexual intercourse, mainly in individuals who have been exposed to infection abroad (63%), either in their country of origin or through foreign work or leisure contacts. This has been facilitated by strong international links with the oil industry and a traditionally international university student body. Since the majority of HIV positive individuals in Grampian have not acquired the infection here, scope for preventing transmission through local initiatives is limited. Further emphasis, however, should be placed on raising awareness to encourage testing and early diagnosis.

For Grampian residents acquiring HIV locally, the predominant risk factor is men having sex with men, although whether this has been acquired in other areas of Scotland cannot be ascertained. In Scotland, very few individuals now acquire HIV through injecting drug use and effective harm reduction is credited with this.

Currently 294 of 508 (58%) diagnosed individuals are known to be still living with HIV in Grampian, almost all of whom (95%) are attending specialist services for follow-up. 87% of HIV patients currently known to be living in Grampian are on antiretroviral therapy, the same proportion for Scotland as a whole.

If left untreated or diagnosed late, HIV will progress to the Acquired Immunodeficiency Syndrome (AIDS). Since the advent of effective life-long treatment in the mid-1990s, however, fewer cases progress to this stage as treatment slows disease progression often for many years after initial diagnosis. Mortality has also sharply decreased, meaning that more people are living with HIV infection as a chronic disease, necessitating additional treatment and elements of support at different stages. Fewer than five individuals with HIV infection die each year in Grampian.

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4 HIV epidemiological information is obtained from HPS data which assigns cases to the Board area of current or final residence.
Where we want to be

The key aims of the HIV Action Plan are taken forward in the National Sexual Health and Blood Borne Virus Framework, being mirrored in Grampian. The key aims are to:

- Reduce new transmissions
- Reduce undiagnosed HIV through increasing testing and early diagnosis
- Ensure universal access to high quality HIV treatment and care
- Support those living with, and affected by, HIV in Grampian.

3.1 Reduce New Transmissions of HIV

Efforts to reduce new transmissions of HIV in Grampian should focus on where they have the potential to have the highest impact, which is amongst MSM, the largest group acquiring HIV infection locally. Promotion of the safer sex message with HIV positive individuals, those particularly at risk of infection and the general public must be part of preventative efforts. Continued strengthening of needle exchange provision and antenatal HIV screening will also contribute. Raising awareness of HIV is important for the prevention of infection at all ages, including those who may not consider themselves at risk.

- Promotion of safer sex messages in the general population and targeted to at risk populations should continue to be undertaken
- Provision of needle exchange should continue and be reviewed regularly across Grampian
- Continuation of antenatal HIV screening

3.2 Care Pathway

Early diagnosis of HIV is key to enabling good quality care for patients and can contribute to preventing further infections. Whether seen through the community service in Genitourinary Medicine or through the Infection Unit in the acute sector, patients diagnosed and living with HIV will be treated through a common care pathway and in line with HIV standards. Quality improvement is being pursued through improved support for partner notification, regular updating of sexual health risk history and appropriate sexual health screening. For women, additional attention needs to be paid to their reproductive health needs, with links to the specialist SRH and maternity services. HIV post exposure prophylaxis will continue to be provided for exposure through sexual health risk or occupational risk. This is known as PEPSE and PEP.

Living a longer healthier life with HIV requires a holistic approach to health and wellbeing. An integrated care pathway covering specialist clinical care (HIV services, Primary Care, sexual health, maternity, children’s, mental health,
addictions, men’s health and older people’s services), psychological, social and peer support is under development in Grampian.

- Develop and implement an integrated care pathway for HIV from prevention and early diagnosis to end of life for all involved in providing care to people with, or at risk of, HIV
- Ensure all those who require specialist treatment, care and support are able to receive it
- Ensure that people living with HIV have access to specialist sexual healthcare and preconception advice/assessment
- Ensure that support services for those living with HIV are available throughout Grampian, including for those living remotely and rurally.
- HIV needs assessment, including patient focussed and public involvement, will be undertaken to inform planning of services
- Improvement Plan will be developed and implemented for Healthcare Improvement Scotland Standards for HIV Services
- Improvement Plan will be developed and implemented for taking forward recommendations within NHS Health Scotland HIV Prevention Guidance, when published
4.0 Hepatitis C

Where we are now

Hepatitis C testing first became available locally in 1991. Most detailed epidemiology of HCV describes the population exposed to the virus (antibody positivity), rather than those affected with ongoing chronic infection (PCR positive). As of March 2012, of the 3421 individuals who are known to have been exposed, over 2300 cases have been diagnosed with chronic HCV in Grampian. According to Health Protection Scotland estimates, a further 1500 individuals may still be undiagnosed in Grampian so emphasis on increasing access to testing for these individuals must continue. Further work is required to clarify the local epidemiology.

Data from Health Protection Scotland reveals that 67% of individuals exposed to the Hepatitis C virus are male. Individuals are now older at diagnosis than when testing first started. This could be due to a number of factors such as an aging cohort of drug users with few new recruits, improved access to testing for those with years of addiction and specific targeting of people who have been at risk of HCV for many years.

Not surprisingly, most infections with HCV have been acquired from sharing non-sterile equipment during current or past injecting drug use. Grampian (64%) and Scottish (57%) rates are similar for this mode of transmission, although due to significant under-reporting of risk factors, the proportion may actually be closer to 90%.

Access to specialist management and treatment of HCV has been reinforced in recent years, supported by evidence that cost-effective anti-viral therapy, usually lasting up to a year, can eradicate disease in 40-60% of cases. The local clinical Liver Service has undergone expansion and is on course to nearly treble the number of patients started on such treatment each year, from 2006 to 2012. A large unmet need remains as there are more than 1000 individuals known to have chronic HCV infection who have not yet accessed specialist treatment.

Where we want to be

In 2004, the Scottish Government recognised that “Hepatitis C is one of the most serious and significant public health risks of our generation” (Chisholm, 2004). As a result of this, the Scottish Government launched the Hepatitis C Action Plan, which ran in two phases from September 2006 to March 2011. We want to continue progression of its key aims:

- To prevent the spread of Hepatitis C, particularly among people who inject drugs
To diagnose Hepatitis C infected persons, particularly those who would most benefit from treatment
To ensure that those infected receive optimal treatment, care and support

4.1 Managed Care Network

Drug injecting remains the main transmission route for Hepatitis C in Grampian and alcohol is a significant co-morbidity factor, accelerating the rate of liver disease in infected individuals. Although a significant proportion of those infected have recovered from their drug and/or alcohol misuse, many are at different stages in their recovery.

- Co-ordinated efforts need to be reinforced to support HCV diagnosis and referral into specialist services
- For effective Hepatitis C treatment to be completed, care pathways should be strengthened to address patients’ complex social care, medical and support needs
- The MCN should successfully undergo the local accreditation process
- An Improvement Plan should be developed and implemented for the Healthcare Improvement Scotland Indicators for Hepatitis C

4.2 Substance Misuse and Harm Reduction

Needle exchange programmes are one of the main harm reduction measures that aim to curb the spread of blood borne viruses such as HIV and Hepatitis C among injecting drug users (IDUs). Harm reduction programmes aim to reduce the negative consequences of drug use by reducing self-inflicted harm through unsafe practices and the harm inflicted upon society.

Reducing transmission of Hepatitis C amongst people who inject drugs remains the major focus of prevention activity in Grampian. Establishment of needle exchanges was instrumental in curtailing the transmission of HIV in the injecting drug user population and contributes to reduction in Hepatitis C infection. Over recent years, the policy drive from the Hepatitis C Action Plan for Scotland has ensured that free injecting equipment includes needles, syringes, wipes and sharps bins, with the addition of filters, spoons and citric acid in 2009. These are now available across Grampian’s 30 IEP access points in community pharmacies, Third Sector agencies and one NHS service, where the semi-rural geography has provided challenges in ensuring access to such services for those at risk. The drive to increase IEP provision in Aberdeenshire and Moray, where drug injecting is less prevalent than in urban Aberdeen, has proved successful, with 10 new venues (nine community pharmacies and one agency) opening in the last five years. Considerable work remains to be done in this area to ensure that provision of equipment is in line with the number of injecting events per person per day.
Injecting equipment providers (IEPs) working on the ‘Break the Cycle’ initiative involve current injectors (estimated at 3,000) in recognising that their injecting habits and way of life can serve as negative examples to individuals considering drug experimentation. This initiative is provided in all agency and NHS IEPs. Injectors are trained not to inject or speak about their injecting in the company of those not yet involved in injecting, thereby reducing the opportunities for non-injectors to try this potentially very damaging activity.

For individuals further on the road to recovery, access to support and opiate substitution therapy reduces and can eliminate injecting behaviour, significantly reducing risk of Hepatitis C.

- Initiatives should be continued and improved to ensure optimal uptake of sterile injecting equipment and safer injecting practices for those who currently inject
- Educational initiatives should be targeted at people who inject drugs, promoting safer injection using sterile equipment on each occasion
- Delivery of peer to peer educational interventions to reduce initiation into injecting drug use and to highlight how onward transmission of the virus can be prevented
- Access to optimal opiate substitution therapy must continue, as part of a range of interventions available to help people recover from problem drug and/or alcohol use

4.3 Care Pathway

Hepatitis C is the most common blood borne virus, resulting in more deaths as a result of the infection than HIV or Hepatitis B. Unlike the other blood borne viruses, Hepatitis C infection is curable in the majority of cases. However, infections that have not cleared spontaneously can only be cured if infected individuals are tested. Along the pathway, a new positive result must be communicated to the patient, a referral made, assessment at specialist services must be facilitated and a course of successful antiviral therapy undertaken. If treated at an early stage, viral eradication will prevent development of significant liver disease as a result of Hepatitis C. There are significant secondary prevention messages aimed at slowing the development of liver disease - good weight management, abstinence from alcohol consumption, efforts to curb the effects of tobacco and cannabis on disease progression.

The following process must be available for patients with ongoing infection to support them to clear it:

- Identify those at risk
  - Current / previous IDU (especially IDU in prison)
  - Immigration from high prevalence countries
• Increased testing services for those at risk  
  o Different sites, GPs, Injecting Equipment Providers, Substance Misuse Service, Prison  
  o Different methods, e.g. Dried Blood Spot, Near Patient Testing 
• Increased referral to, and assessment by, specialist services 
• Appropriate configuration and integration of specialist services involved in treatment of patients who are in contact with services for their Hepatitis C 
• Increased numbers of patients receiving antiviral therapy  
  o Most efficacious treatment  
  o Complete prescribed course 

Provision of specialist clinical, mental health, drug and alcohol addiction support, social care, welfare and peer support services are essential components of integrated care pathways. Much work has been achieved around this in Grampian, however, improvements can still be made. The Action Plan required that 10% of those initiated onto antiviral therapy should be prisoners, however, due to local operational challenges and prisoner demographics, services in Grampian are far from achieving this. Further work is required to ensure this can be achieved before the HMP Grampian is opened in 2013/14.

- Work should be undertaken to further develop and locally accredit the Managed Care Network and care pathways for people living with Hepatitis C. This includes provision of a continuum of treatment, care and support for those infected and living in the community and prisons 
- Treatment provision should be reviewed and refined, taking cognisance of new Hepatitis C medicines 

Patients with Hepatitis C and Hepatitis B, who have associated liver disease, are at risk of developing the complications of cirrhosis namely the components of End Stage Liver Disease and Hepatocellular cancer (HCC). The risk may be decreased in some with the judicious use of antiviral therapy, but in others this requires ongoing follow-up specialist services with:

• 6 monthly abdominal ultrasound and clinic review to detect and treat early hepatic decompensation or HCC 
• Screening for oesophageal varices 
• Appropriate specialist dietetic advice 
• Interventional surgical and radiological techniques where appropriate 
• Liver transplantation 
• Liver cancer management 

- Clinical follow-up should be included on integrated care pathway to minimise complications as a result of disease progression
5.0 Hepatitis B

Where we are now

Historically, Scotland has been a country with low prevalence of Hepatitis B. In recent years, however, it has become evident that the number of people living in Scotland with chronic Hepatitis B infection has risen considerably as a result of inward migration of people from countries where Hepatitis B prevalence is high. Unlike HIV and Hepatitis C, there has not been such a focus on this BBV, so the knowledge base of the extent of Hepatitis B infection on the Grampian population requires further work.

Whilst it can be fairly safely assumed that Hepatitis B is less prevalent here than elsewhere in the world, there is much hidden disease that often only comes to light many years after infection. It is unclear how Grampian compares to Scotland as a whole, since Scottish figures have not been published past 2006.

Incident (new) cases are monitored in Grampian through the statutory notification system of infectious diseases. The numbers of acute cases each year are few (four in 2011) and indeed have returned to the very low numbers prior to the late 1990s, when there was a large outbreak of Hepatitis B centred around the drug injecting population in Aberdeen. During the period 1997-2002, nearly 300 new acute HBV cases were diagnosed before the outbreak resolved. Increased safer injecting practice, needle exchange provision and targeted vaccination contributed to resolving this outbreak.

In the last 10 years, the number of newly diagnosed chronic Hepatitis B cases (71 in 2011) has significantly increased, with local work showing that most individuals affected originate from countries where Hepatitis B prevalence is higher than in the UK. Most of these individuals will have been infected at birth or in early childhood, which suggests there has been little opportunity to avoid infection locally.

The two main aims around Hepatitis B work in Grampian are:

- Establish an understanding of the epidemiology and burden of Hepatitis B related disease in Grampian
- Ensure optimal prevention, treatment, care and support for those living with, or at risk of, Hepatitis B within Grampian

5.1 Vaccination

A vaccine against Hepatitis B has been available since 1992 and many countries offer universal vaccination against Hepatitis B. In Scotland and the rest of the UK, selective vaccination is in place as per the UK policy guidance, “Immunisation Against Infectious Disease” also known as the “Green Book”. The decline in new
transmissions, particularly amongst injecting drug users, coincided with concerted efforts to vaccinate injecting drug users against Hepatitis B. This also commenced routinely for prison inmates in 1999.

- Vaccination plans should be updated regularly in respect of local needs, population, epidemiology and national guidance to ensure optimal uptake of Hepatitis B vaccination by those most at risk of infection
- The proportion of babies born to Hepatitis B infected mothers, or to mothers who are otherwise identified as being at risk of infection, receiving a full course of vaccination should increase
- Hepatitis B vaccination should be incorporated into care plans for those in harm reduction, drug treatment and rehabilitation services progressing through “recovery orientated systems of care”

5.2 Treatment and Care Services

Although Hepatitis B cannot be cured, there is very effective antiviral therapy available, which results in decreased disease progression and development of cirrhosis. Only a proportion of patients, perhaps 20% of those infected, will be in a stage of the disease where antiviral therapy would be recommended. There are different disease stages, and perhaps a total of 40% may progress to a stage of Hepatitis B related disease requiring antiviral therapy. At present, the advice is for life-long therapy in the majority and there is therefore a significant resource required to ensure patients are appropriately assessed and monitored. In recent years, the number of patients with a new diagnosis of chronic Hepatitis B infection has doubled and is now running at around 60 additional cases per year. The target group is mainly those born in or immigrating to Grampian, from countries with rates of Hepatitis B where up to 12% of the population may be infected. These are generally the same countries with a high rate of HIV infection so there is a commonality between the two groups.

- Care pathways for Hepatitis B should be developed and implemented to ensure that those diagnosed are effectively signposted to services and referred to specialist care for assessment, even where treatment is not immediately necessary
- Follow-up should be included on integrated care pathway to minimise complications as a result of disease progression
6.0 Common Areas

It is acknowledged throughout the Sexual Health and Blood Borne Virus Framework that there are commonalities across Sexual Health, HIV, Hepatitis C and Hepatitis B. This strategy therefore has an additional section to the national framework, pulling together these common areas.

6.1 Multiagency Approach

A multiagency, collaborative approach is essential if we are to tackle sexual health and wellbeing and BBVs, with NHS Grampian, Local Authorities (education, community services, social work, housing), other statutory organisations and the Third Sector having a role in, and contribution towards this. This will be taken forward through the Managed Care Network model of working, with the proposed structure outlined in section 7.1, Figure 1. This highlights the strong links between Managed Care Networks, Implementation Groups, Alcohol and Drug Partnerships and Community Health Partnerships, which in turn will feed into the Community Planning Process. All partners have a role in influencing behaviours, lifestyles and risk factors and addressing inequalities.

The multiagency approach must also include engagement with Primary Care, as a well-informed, responsive and supportive Primary Care sector can fulfil the essential sexual healthcare and blood borne virus needs of the majority of the local population, enabling specialist Sexual Health, HIV and Liver Services to focus on the provision of specialist care. Local Authorities have responsibility for key policy areas which can impact on sexual health and blood borne virus outcomes, in particular in education and social work. Local ADP strategies also overlap with this sexual health and BBV strategy.

If we are to achieve our ambitious vision, all partners need to play a relevant role and work together to take an aspirational approach in this area of work. As such, partners should implement evidence-based prevention initiatives whenever possible, support testing, strengthen early engagement with treatment services and provide support services for those living with blood borne viruses.

- Where relevant, partners should contribute towards the local strategy facilitating a multi-agency approach to maximise the potential of the programme of work in Grampian
- Primary Care is engaged and supported in the development and implementation of local sexual health strategies, including the development of cost-effective models of care
- Meeting Structure to support strategy to be developed with relevant, proactive membership at a sufficiently senior level to ensure appropriate and timely decision making. Roles and responsibilities should be clear and explicit
• Strong links to be established with Alcohol and Drug Partnerships and Community Health Partnerships which, in turn, will feed into the Community Planning process

It is recognised that being under the influence of alcohol and drugs can affect an individual’s judgement and make them vulnerable to engaging in risk-taking behaviour, such as unprotected sex or sharing of injecting equipment, resulting in an increased risk of BBV transmission. This includes individuals who drink socially, through the whole spectrum of alcohol and drug use and misuse, to those with a drug or alcohol addiction. Work to encourage and support people to make responsible decisions around alcohol and drugs will therefore contribute to fewer poor sexual health and BBV outcomes, such as unintended pregnancies, STIs and BBV infections.

• There should be strong operational links between the sexual health and drug and alcohol services, with sexual health issues addressed as part of the assessment process, including advice on contraception for both men and women and, where appropriate, the provision of LARC
• Annual Hepatitis C testing should be incorporated into the recovery plans of people attending drug services, normalising testing as part of recovery
• Early diagnosis of BBVs should be facilitated through better integration of tasks in all partner services.

6.2 Training and Education

Regular training, education and continuing professional development is vital to ensure the confidence and competence of the workforce. The MCN has developed a guide to the appropriate training course depending on a practitioner’s role, and a training plan to support delivery of this level of training to key staff groups. This training guide covers issues including signposting to services, challenging stigma and increasing knowledge base around sexual health and BBVs. All training provided to support the implementation of this strategy should be fed through the MCN as part of the annual training plan.

• Local training plan should be implemented, targeting key staff groups in areas of greatest need, in partnership within communities.
• Ensure accessible and appropriate training is provided with consistent key messages
• Staff should be provided with the resources they require in order to feel confident in discussing issues of sexual health and BBVs
• Provide accredited training where possible and implement evaluation of this training
• Ensure accurate local and regional signposting and up to date information is available
6.3 Health Promotion

The World Health Organisation (WHO) describes the process of health promotion as not only involving political change and interagency collaboration, but also enabling people to take more control over their own health and equipping them with the means for well-being. Health promotion therefore includes increasing individual knowledge about the function of the body and ways of preventing illness, raising competence in using the healthcare system, and raising awareness and strengthening community action about the political and environmental factors that influence health.

NHS Grampian is currently developing a framework to promote health and reduce inequalities. This development has served as a reminder to address the wider determinants of health e.g. rurality, poverty and social isolation, and to utilise an asset based approach to the improvement of health, which aims to empower individuals and communities to build upon their existing capacity. NHS Grampian Board has approved the mainstreaming of this approach across Grampian.

Sexual health promotion/BBV prevention then is a broad ‘umbrella’ concept and interweaves throughout much if not all of our sexual health and BBV Managed Care Network (MCN) activity, such as health needs assessment, service development and provision, partnership working, condom provision, education and training, access to services, Chlamydia testing etc., and aligns to the self care agenda.

Targeted groups, at higher risk than the general population, require specific interventions for effective prevention messages to reach them reliably. Some examples of these include:

- Sex workers (estimated at 150 across Grampian), whether working the streets or in indoor environments, can benefit from information and easy access to harm reduction opportunities, such as accessing condoms, clean injecting equipment, Hepatitis B vaccination and easy access to sexual health services.
- Prisoners are another very particular group for targeted educational messages, mainly concerning their risk of acquiring BBV infection while in custody, through tattooing, drug injecting or sexual intercourse in prison.
- People who travel abroad may need to consider the risk of BBV and STI as well as other travel related risks. Targeted messages relevant to work or leisure trips abroad must continue to contain advice on protection against BBV transmission and sexual risks, through Hepatitis B immunisation and safer sex practice.
- Residents of non-British/Irish heritage may be at increased BBV risk due to increased opportunities of contact with positive individuals originating from or travelling to countries of high prevalence. Provision of information
to this risk group must consider language and cultural needs. Vertical transmission from mother to child should be tackled through effective antenatal screening for hepatitis B and HIV.

Awareness-raising to promote knowledge and understanding on sexual health and wellbeing is necessary in communicating the “safer sex” message effectively. Positive and life enhancing aspects of sexual wellbeing and sexual relationships should be promoted locally, using local and National Campaign resources to promote discussions about sex and the use of long acting reversible contraception.

The sexual health area on NHS Grampian’s website has been developed over the last couple of years. It provides information on services and other relevant sexual health information for the Grampian region and also signposts to other key websites, for example the Sexual Health Scotland website (http://www.sexualhealthscotland.co.uk). National social marketing campaigns have been taken forward locally including Sex: It’s Healthy to Talk About It (promoting communication); Giving You More Choice (raising awareness of Longer Acting Reversible Contraception (LARC)); and HIV Wake Up (raising awareness of HIV testing, aimed at men who have sex with men). Additional local work included the campaign Affection or Infection (promoting local services), promotion of relocation of Sexual Health Service, development of a Sexual Health Facebook page, activities around World AIDS Day, and facilitating the filming of the HIV testing video, as a development of the HIV Wake Up campaign. A review of condom provision across Grampian has also been completed recently.

Many people have outdated or very limited knowledge about HIV and Hepatitis B and C, how they are transmitted, the associated life expectancy and quality of life issues. It is acknowledged that BBV-related stigma and discrimination can be a barrier to testing. Those at risk of, or living with, these infections may be wary of accessing services or being open about their condition or risk behaviours because of (real or perceived) discriminatory attitudes.

Behaviour change through public awareness campaigns continues to be promoted, for example encouraging people who have been at risk of BBVs or STIs to consider their own risk and have the confidence to come forward, and indeed have physical and psychological access to testing services. In 2011, a public awareness campaign was developed in which people who may have been at risk of Hepatitis C infection in the past through injecting drug use are encouraged to think about past behaviours and go for testing. Aply named ‘It’s all in the past…or is it?’ posters and information leaflets were and continue to be widely distributed across the community. In addition, ‘HIV Wake Up’ was implemented in Grampian, and our local GUM department facilitated the filming of a Health Scotland HIV testing DVD. As with all campaign activity, our local
networks are used to promote key health improvement messages.

NHS Grampian’s Health Information Service continues to provide a range of sexual and BBV health leaflets, booklets, and training resources, in addition to condoms. All resources developed in-house are designed for and with the target populations and communities in order to be palatable and accessible. General prevention information is also available on the public NHS Grampian website, at Healthpoints, via the Healthline, from the Sexual Health MCN and Viral Hepatitis MCN websites and the Sexual Health Facebook page.

- Annual programme of public awareness activity around sexual health and blood borne viruses should be planned, implemented and evaluated
- Activity should include the continued implementation of HIV Wake Up amongst other local social marketing activities

The media by which such campaigns are communicated include mail outs of posters and information packs, press releases, press features, radio coverage, toilet door advertising, and via pubs, clubs, buses, and Aberdeen Airport. In addition, we have recently launched a Facebook page (www.facebook.com/NHSG.SHS), winning a national Wellbeing in Sexual Health (WISH) award.

The outcome of the Chief Medical Officer for Scotland’s Expert Advisory Group, set up to review the evidence base underpinning opportunistic Chlamydia testing, is pending. The outcome will be fed into the NHS in Scotland to augment SIGN Guideline 109 (SIGN, 2009) on the management of genital Chlamydia trachomatis infection. Any change in practice deriving from this will be disseminated to professionals and the public, using the appropriate communication tools.

- Professional and Public Awareness campaign to be planned to communicate findings of the Expert Advisory Group reviewing the evidence base around Chlamydia screening

A recent review of the condom distribution service and subsequent service plan has involved undertaking a mapping of teenage pregnancy against rurality, remoteness, and deprivation. This has allowed gaps to be identified and addressed in order to support access to free condoms in a range of settings for individuals most in need.

- Address recommendations from Condom Distribution Report through implementation of the Condom Distribution Service Plan.
6.4 Information for young people and other vulnerable groups

Self-esteem and aspiration are incredibly important factors in ensuring that sexual experiences are not coerced or regretted, but take place in a safe, respectful and mutually supportive environment. Programmes to build confidence, self-esteem and aspiration should be available to young people, particularly young women and young MSM. Parents, family members and carers have an important role in this area and their involvement should be facilitated where appropriate to address issues such as how to recognise, support and respond to abuse, legal issues and signposting.

NHS Grampian is contributing to the national review of Sexual Health and Relationship Education (SHARE) training and planning is underway to roll out enhanced SHARE training for those working with people with learning disabilities. The Reducing Teenage Pregnancy Guidance and self-assessment tool (LTS, 2010) has been implemented in Aberdeen City and learning from this is being shared across Aberdeenshire and Moray.

People with learning disabilities can be vulnerable to coercion and harm, including sexual abuse. A tailored sexual health training package has been successfully piloted and will now be rolled out to those working with people with learning disabilities to provide them with tailored sexual health and relationship education. Family carers and support workers also need information to address issues such as how to recognise, support and respond to abuse, legal issues and where to go for further information and help.

- Local Authorities should work with partners to ensure that all young people, parents and carers, have access to high quality and consistent information on sexual health and wellbeing
- Tailored Sexual Health and Relationship Education should be provided to those working with people with learning disabilities to ensure they have the appropriate information to provide support

6.5 Patient and Public Involvement

Patient and Public Involvement has been embedded into NHS Grampian’s core work and is supported by our Corporate Communications Team. This work includes issues of equality and diversity, patient, public and carer information, advocacy and patient experience.

This strategy has undergone an equality impact assessment and was found to meet, and exceed, the required criteria due to the level of epidemiological information that was used to direct the work. We are committed to improving the patient experience and to continuous service improvement in the delivery of patient services through evaluation of services.
Patients and members of the public have various opportunities to influence sexual health and blood borne virus services in Grampian. This includes a variety of methods from use of NHS Grampian’s feedback service, to participation in annual user satisfaction surveys or attendance at open meetings seeking views on these services. This important work should continue throughout the course of the strategy.

The Sexual Health Service and Liver Service regularly undertake satisfaction surveys with their patients and improvement plans are developed and implemented based on this feedback. In addition to this, all services commissioned to provide services supporting sexual health and BBVs are required to undertake an annual satisfaction survey with their clients. Any areas for improvement are identified and discussed at annual review meetings with plans put in place to address them.

- Proactively gather patient experience information and develop and implement actions to make improvements

6.6 Early Years

Core values and beliefs are formed in the early years of life and have enormous influence on an individual’s development, self motivation, resilience building and lifetime aspirations. These positively determine the making of good choices for pursuing healthy lifestyle and maintaining good health. In turn there is a further positive influence on informed uptake of available health testing and screening and better compliance with treatment for both acute and long term chronic disease management. All these factors are reflected in health outcomes and are no less relevant to sexual health and BBV. The Early Years’ Strategy is therefore critical in determining a range of public health outcomes, including those relating to sexual health and BBV, recognising the links with key wider public health concerns and in particular the risk taking behaviours associated with recreational drug and alcohol use.

Getting it Right for Every Child (Scottish Government, 2006) provides the methodology for delivering the Early Years’ Framework (Scottish Government and COSLA, 2008a, b). As a result of this, strong partnership working is evident across all agencies locally, improving outcomes for all children and young people. This work should take an early interventions approach and deliver streamlined and co-ordinated help that is appropriate, proportionate and timely.

- Integrate improvement of sexual health and wellbeing and decreasing BBV risk-taking behaviour into wider partner work streams through Early Years at local level with the specific aim of addressing health and social inequalities.
6.7 Curriculum for Excellence

Local Authorities are responsible for the delivery of Relationships, Sexual Health and Parenthood (RSHP) Education in schools. Within the Health and Wellbeing component of Curriculum for Excellence (CfE), this training allows for linkages to other risk-taking behaviours, such as alcohol and drug misuse and smoking. Learning about HIV (and Hepatitis) should be built into CfE experiences and outcomes, including RSHP.

Local Authorities, in partnership with NHS Grampian, must continue to play a key role in supporting and facilitating parents and carers to discuss relationships and sexual health with children and young people.

- Relationships, Sexual Health and Parenthood education should be provided to all young people, including those not in school, with delivery in line with equality and diversity legal obligations

6.8 Diagnosis

Recommended testing guidance for patients at risk of infection with blood borne viruses has been distributed to clinicians across Grampian this year. It is hoped this will facilitate targeted testing. The diagnostic tests are currently generally performed on venous blood samples (blood taken directly from veins) however dried blood spot (finger prick test) provision is being expanded and near patient testing modalities may become available for appropriate cases in the future. This will expand access to diagnostic services, including by non-health service staff, and should minimise any current delays in reporting results back to the patient.

It is critical that people living with BBVs are diagnosed at the earliest opportunity since undiagnosed infection risks further transmission and can lead to poorer health outcomes. Normalisation of attitudes towards BBV testing amongst the public and professionals can also help to increase testing rates, by ensuring that testing is offered opportunistically across a wide range of settings.

- All partners should work towards early testing and diagnosis in order to reduce the number of people being diagnosed with advanced infection
- Dried Blood Spot testing for Blood Borne Viruses should be rolled out in key sites across Grampian
- Everyone diagnosed with a Blood Borne Virus should be considered for referral into specialist care for specialist assessment
- Case finding initiatives should be planned and implemented in conjunction with laboratories, GPs and specialist services for
Hepatitis C, to identify individuals who should be offered a test, or referred to specialist service, if previously diagnosed but not referred

- Consideration should be given to the most effective model for offering BBV testing to individuals of diverse ethnicity, particularly if they originate from areas with high prevalence of Blood Borne Viruses

Contact tracing of people diagnosed with BBVs and STIs (also known as partner notification, when specific to sexual risk) aims to prevent infections in those closest to them in family, social and work settings. In addition to the promotion of condom use and Hepatitis B immunisation in sexual and household contacts, education on safe infection control in the household (such as not sharing razors or toothbrushes and disposal of articles with contaminated bodily fluids), aims to prevent transmission opportunities in more personal, relationship-based settings.

- Contact tracing should continue to be carried out for people diagnosed with HIV and Hepatitis B. It is also currently carried out for people diagnosed with Chlamydia, however Chlamydia testing is under national review therefore this practice may change

6.9 Reduction in Health Inequalities

The inequalities gap seen in HIV manifests in relation to race and sexual identity, more so than socio-economic status. People living with HIV may also face financial hardship, sometimes for reasons that are not related to their health status, which can have an impact on an individual’s ability to live well with HIV. People diagnosed before the advent of effective drug therapy may not have prepared for older age and may require support in this area. Third Sector organisations have a key role to play in supporting such vulnerable populations.

- Multi-agency initiatives should be put in place to prevent new transmissions of HIV
- Support should be provided to those living with HIV in order to facilitate a reduction in the inequitable impact of HIV in Grampian

In Grampian, Hepatitis C infection is associated with deprivation and health inequality as a consequence of drug injecting. A reduction of new transmissions amongst people who inject drugs and improved access to antiviral therapy to clear the virus will help to reduce the pool of infection within the injecting drug user population. Care pathways that address lifestyle and environmental barriers (e.g. Prison, homelessness) will be required to ensure equality of access to services. Professional stigma may also need to be addressed, as it can sometimes present as a barrier to referral.

- Hepatitis C care pathways should be closely aligned to harm reduction, drug treatment and rehabilitation services to support
people to access and complete antiviral therapy for Hepatitis C as part of their recovery from drug misuse

- Hepatitis C services should be provided in a range of community and prison settings to optimise uptake, access and retention by people recovering from drug addiction

Health inequality associated with Hepatitis B infection is currently not evident, but there is potential for this to manifest in relation to affected migrant populations.

- Multi-agency partners should work together to ensure that prevention, treatment and care pathways for Hepatitis B consider the language, literacy and/or cultural challenges of populations at risk accessing these services in Grampian, to optimise their uptake

6.10 Prison Service

Some of those most vulnerable to poor sexual health and wellbeing are those who are, or have been, in prison or young offenders institutions. Support should be given to these vulnerable populations, both during their time in prison and following release. The majority of people entering prison have drug and alcohol problems so the link to drug and alcohol services is important to consider prior to and following release. Hepatitis C is particularly prevalent among this population and prison has the potential to provide diagnostic and treatment opportunities for this condition as well as information about risks when illicit drug injecting occurs or tattooing activities with inadequate infection control take place.

Until April 2012, HMP Peterhead was a long term stay prison for sex offenders, but recent transitional changes present challenges to the provision of health promotion and specialist healthcare. HMP Aberdeen remains a remand prison with planned transfer of all prisoners to the new HMP Grampian in 2014. Sexual Health and Liver Service Clinics have been running in both prisons. The offer of hepatitis B vaccination to all prisoners is national policy and screening for BBVs and STIs is also available, however implementation of these healthcare initiatives has been difficult to monitor. In addition, due to the logistic challenges of providing specialist health care in the prison setting, the Specialist Liver Service has recently been unable to initiate prisoners on Hepatitis C treatment during incarceration.

Prison service provision and support available will be reviewed over the coming months and years until the prison population is stabilised in the new Grampian Prison (2013/14) and a number of opportunities will present themselves to the provision of services.
- NHS Services aim to ensure the prison populations' needs are met and will work with the prison to regularly assess what services are required.
- Sexual Health and Wellbeing needs of prisoners should be addressed, including the provision of LARC where appropriate.
- Sexual Health and Relationship Education should be prioritised to young offenders and women.
- Hepatitis B vaccination and BBV screening will be promoted through the prison healthcare teams.
- Effective assessment and treatment of BBV infections will be maximised.

6.11 Co-infection

Evidence has shown a strong association between STIs and increased risk of HIV acquisition. Co-infection of HIV and other STIs is recognised, particularly amongst MSM. It is also known that co-infection of Hepatitis C and HIV accelerates the development of advanced liver disease and can create complications for those living with blood borne viruses. Transmission routes for all three BBVs are similar and testing of all three is indicated when any one of them is diagnosed.

Holistic care and support to these populations is provided by care pathways, where there are close links between the Infection Unit, the Genitourinary Medicine Service and the Liver Service, especially for those co-infected with STIs, or Hepatitis C and Hepatitis B.

- Sexual Health and Blood Borne Virus services are alert to issues of co-infection and this should be evidenced on integrated care pathways to ensure patients’ holistic care needs are met.

6.12 Psychological support

Medical staff, nursing staff and health advisors frequently provide support around sexual and reproductive health issues and blood borne viruses. This can consist of short term support while dealing with an unplanned pregnancy, or new diagnoses of an STI or BBV. Patients may also access such support through their General Practice, particularly if they are struggling emotionally in the longer term or where there are coexisting mental health problems. The Sexual Health Service also has a small number of hours of support from a clinical psychologist, to whom internal referrals may be made. Care pathways are in place for referring in to the Mental Health Service from all BBV and Sexual Health Services. It is important to maintain and develop psychological support as part of the specialist service and MCN framework.
Sex-related problems are not infrequent and can be a source of significant distress to those affected and their partners. While erectile dysfunction is mainly managed by Urology and Primary Care services, the majority of psychosexual problems are not amenable to medication. Patients with sexual dysfunction, considered suitable for and open to brief therapy working, can be referred to the specialist Psychosexual Medicine Service. This will continue to be a significant part of delivering the full spectrum of Sexual Health Services in support of the strategy and population of NHS Grampian.

6.13 Pharmacy

Pharmacies have an important role in delivering the outcomes of this strategy both within the community and the acute sector.

They remain the first line providers of emergency contraception, where contraception has not been used effectively or at all.

Emergency contraception will continue to be available across the majority of pharmacies within NHS Grampian, in line with national policy and within the arrangements of the current pharmacy contract. Care pathways are in place and women are sign-posted to pharmacies in the first instance, with GPs and specialist services underpinning provision for complex situations. Emergency contraception will continue as an opportunity for all providers to offer support and advice for use of effective longer term hormonal contraception or copper IUD for women wishing to avoid hormonal contraception. The pilot work with pharmacies for oral contraceptive provision will continue and be developed in accordance with national policy guidance and pharmacy contracts.

At present there are different issues around the provision of BBV medication depending on where patients access specialist care. Specialist pharmacists in secondary care support HIV and Viral Hepatitis patients. Hepatitis C treatment is time limited with the requirement for intensive monitoring due to the risk of adverse events as a result of treatment. The current model of delivery with treatment being dispensed at the time of clinic visits is sustainable.

Treatment for Hepatitis B and HIV are life-long maintenance therapies with patients attending specialist services every 3 to 6 months. The model for delivery of HIV medicine is being re-assessed. The current shared care protocol for Hepatitis B treatment with the majority of prescriptions signed by GPs and dispensed from community pharmacies continues, although a review of this is due and adequate supplies of antiviral drugs as a result of single supplier quotas applied to community pharmacies is an issue.

- Establish a cost-effective, sustainable model for the supply of antiviral and other supportive therapies for all patients with infection with BBVs
Community pharmacies have an important role in delivering many public health interventions including needle exchange, as described in section 4.2, provision of free condoms as part of the condom distribution scheme, and provision of health education guidance to the public through initiatives like the national public health poster campaigns.

6.14 Laboratories

The laboratory service in Grampian and the reference laboratory in Greater Glasgow and Clyde provide essential functions to the Sexual Health, HIV and Liver Services for both diagnosis and disease monitoring of patients both on and off therapy. This is reliant on the use of the specialist diagnostic technology along with traditional and more innovative methods, e.g. Dried Blood Spot Testing.

- **Individuals at risk have rapid access to comprehensive testing for blood borne viruses with a minimum of delay in the reporting of the results back to the patient**
- **The sustainability of such specialist services is essential for good quality care and needs to be regularly reviewed.**

For all three of the Blood Borne Viruses, the decision to institute, modify or stop antiviral therapy requires the combination of virological and other laboratory technology such as haematology, blood transfusion (for HIV CD4 count) and clinical biochemistry.
7.0 Structure and Governance

The work required to deliver this Sexual Health and Blood Borne Virus Strategy will be taken forward through the Managed Care Network for Sexual Health and Blood Borne Viruses. Figure 1 on the following page outlines how the MCN structure will take this work forward. As shown in Figure 1, NHS Grampian will play an active role in learning from other areas in Scotland and sharing good practice with others.

A detailed work plan is under development to support delivery of the work streams outlined in this strategy. Exception reporting will be used to focus discussions and efforts where improvements are required.

Progress against the Sexual Health and Blood Borne Virus Strategy (and the National Framework), and other relevant standards and indicators (see section 7.2 for further details) will be undertaken.

7.1 Accountability Structure within NHS Grampian

Accountability within NHS Grampian is shown in Figure 2 on page 40. The Sexual Health and Blood Borne Virus MCN will report into the Public Health Steering Group annually to present and seek endorsements for their objectives and provide a report on the previous year’s activity. The MCN can also be asked to attend this group throughout the year as required and it serves as a link to community planning through the CHP General Managers. Any strategic issues requiring escalation will go through the Strategic Management Team (SMT) and onwards to the Service Strategy and Redesign Committee before reaching the Board.

The MCN will report operational and clinical governance issues through the Public Health Executive Team for escalation to the PH Governance Committee, Clinical Governance before reaching the Board for Clinical Governance or escalation to the Operational Management team (OMT), Cross System Performance Review, Performance Governance before reaching the Board.

Important links are through a multitude of other partner groups, both within and outwith NHS Grampian, with other Health Boards and nationally.
Sexual Health and BBV
MCN- Incorporating the Core Group

Sub groups will progress with a named lead that will coordinate the work of the sub group as required.

Sub groups will include:
- Training and Education
- Public awareness and engagement
- Resources
- Labs- Reporting and Requirements
- Needle Exchange Sub- Group
- Audit/Evaluation/performance management

Multiagency Groups (City, Shire, Moray)

Work Streams for the year defined within annual works plan for locality

Examples include:
- Dried blood spot testing
- Prisons
- Chlamydia
- Teenage Pregnancy
- Health Improvement
- Care Pathways

Other relevant national/local meetings

National
- BBV Prevention Leads (non Sexual)
- SH Clinical Leads
- SH Promotion Specialists
- HIV Clinical Leads
- Viral Hepatitis Leads
- Third Sector Leads
- BBV Coordination (MCN managers)

Local
- SH Consultant meeting
- HIV Treatment/ Monitoring Group

Figure 1: MCN Structure
Figure 2: Reporting structure of MCN to NHS Grampian Board
7.2 Outcomes

The Scottish Government will make annual visits to Health Boards to review progress against the Sexual Health and Blood Borne Virus Framework.

Following the NHS Quality Improvement Scotland visit in February 2011, NHS Grampian was found to have high quality sexual health services. All Boards are required to give six monthly reports to Healthcare Improvement Scotland (previously NHS Quality Improvement Scotland) against progress with the Standards for Sexual Health Service\(^5\). Within NHS Grampian for the Sexual Health Standards this is carried out through the Business Manager for the Sexual Health Service coordinating feedback and reporting biannually via NHS Grampian’s Clinical Governance Department.

In July 2011 Healthcare Improvement Scotland published Standards for Human Immunodeficiency Virus (HIV) Services\(^6\). Again, the services were found to be of high quality and development and implementation of an improvement plan is updated in biannual reports via Clinical Governance to continue to improve these services.

Through 2011, NHS Grampian took part in the field testing of Healthcare Improvement Scotland draft Quality Performance Indicators for Hepatitis C\(^7\) to assist in preparation for their implementation in 2012. Work is underway to support NHS Grampian to meet these performance requirements.

In addition, the nationally required reporting against “Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health” highlighted the need to monitor sexual health service development both nationally and at NHS Board level. A set of key clinical indicators has been developed for this purpose and can be accessed through ISD\(^8\):

- **Termination of Pregnancy KCI** - 08 June 2011
- **Long acting reversible contraception (LARC) KCI** - 26 July 2011/ Revised 09 November 2011
- **Sterilisation KCI** - 27 September 2011
- **Chlamydia KCI** - 27 September 2011
- **HIV Therapy** - 27 September 2011

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\(^5\) [http://www.healthcareimprovementscotland.org/previous_resources/standards/sexual_health_services_final_s.aspx](http://www.healthcareimprovementscotland.org/previous_resources/standards/sexual_health_services_final_s.aspx)


\(^7\) [http://www.healthcareimprovementscotland.org/programmes/long_term_conditions/hepatitis_c/quality_indicators_for_hep_c.aspx](http://www.healthcareimprovementscotland.org/programmes/long_term_conditions/hepatitis_c/quality_indicators_for_hep_c.aspx)

\(^8\) [http://www.isdscotland.org/Health-Topics/Sexual-Health/Key-Clinical-Indicators/](http://www.isdscotland.org/Health-Topics/Sexual-Health/Key-Clinical-Indicators/)
The Scottish Intercollegiate Guidelines Network (SIGN) develops evidence-based clinical practice guidelines. SIGN 109 refers to Management of Genital Chlamydia Trachomatis Infection\(^9\) and SIGN 92 refers to the Management of Hepatitis C\(^{10}\). Both sets of guidelines are used within NHS Grampian. For HIV treatment, the European AIDS Clinicians Society (EACS) produces the European Guidelines for treatment of HIV infected adults in Europe\(^{11}\). As these were updated in October 2011, they are considered to be the most up to date and have been adopted by clinicians in NHS Grampian.

### 7.3 Data

There are various data sources for both qualitative and quantitative data around the Sexual Health and Blood Borne Virus outcomes as outlined above. Health Intelligence is working closely with the MCN Team, Sexual Health Service, and Liver Service to develop at-a-glance score cards to aid in performance management. This will support performance management around the Sexual Health and Blood Borne Virus Strategy, standards and indicators described in 7.2 and local management information that may be required.

NaSH is a National Sexual Health patient management system that was introduced through 2011 and usage is now harmonised across Sexual and Reproductive Health Care and GUM. It is used as both an electronic patient record and for booking appointments. A minimum dataset has been agreed by the Sexual Health Service to comply with national reporting requirements.

Further work is required around Hepatitis C data in planning the implementation of the Quality Performance Indicators. NHS Grampian is working closely with Healthcare Improvement Scotland on this.

### 7.4 Funding

The current economic position of the public sector, and funding cycles of the Scottish Government, means there is significant uncertainty in funding over the lifetime of this strategy. For funding allocation in 2013-15 the Sexual Health Strategy, BBV Prevention and Hepatitis C Action Plan funding streams have been “bundled” as Effective Prevention monies with Child Healthy Weight, Smoking Prevention Action Plan and Smoking Cessation. The Scottish Government has taken this approach to enhance Boards’ flexibility and autonomy to manage the delivery of outcomes, within an agreed framework, recognising local needs. This will allow NHS Grampian to ensure that funding is prioritised and used effectively to have the strongest chance of achieving this strategy’s high level impacts.

\(^9\) [http://www.sign.ac.uk/guidelines/fulltext/109/index.html](http://www.sign.ac.uk/guidelines/fulltext/109/index.html)
\(^{10}\) [http://www.sign.ac.uk/guidelines/fulltext/92/index.html](http://www.sign.ac.uk/guidelines/fulltext/92/index.html)
In order to ensure maximum impact, those working in the areas of Sexual Health and Blood Borne Viruses will:

- Align funding to achieve outcomes
- Prioritise services in areas and target populations that will make the biggest impact or where need is identified
- Work closely with their multiagency partners to make strategic decisions
- Ensure value for money through performance management of all services commissioned and delivered
- Develop a performance management system to monitor progress against outcomes

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