Welcome to the Sexual Health and Blood Borne Virus Managed Care Network (MCN) Annual Report for 2017/18. Each year, we produce a brief paper outlining our main achievements and progress against the National outcomes outlined in the Scottish Government Framework for Sexual Health and Blood Borne Viruses. If you require any further information on the content of this report, please contact us at nhsg.mcn-shbbv@nhs.net

Sexual Health and Blood Borne Virus (BBV) Managed Care Network (MCN) Annual Report (2017/18)

Outcome 4
Sexual relationships are free from coercion and harm.

Reviewing local policies and training concerning sexual coercion and harm has been a crucial piece of work; as has working with partners in working towards having a local self-referral sexual assault centre. New standards for Healthcare and Forensic Medical Services were published late 2017; it is our intention as a MCN to support the implementation of these standards, where possible making self-referral to healthcare easy for people who have experienced rape or sexual assault.

Further work will be undertaken in 2018/19 to strengthen the links between specialist services and our partner agencies to improve care for the most vulnerable individuals.

Outcome 5
A society where the attitudes of individuals, the public and professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

In Grampian we have a very high proportion (98%) of people who are attending for HIV treatment. However, the public, professionals and the media are relatively unaware of the U=U campaign: Undetectable equals Untransmittable. U=U has now been embedded into all our training and education with a focus for next year to make this known across the whole of organisation and really champion this, tackling the stigma still felt by those living with HIV.

Making sure our workforce is knowledgeable and non-stigmatising. Each year we deliver more and more training on both sexual health and BBVs. Key messages on what it means to have a happy and healthy sex life, reducing the risk of unintended pregnancy and encouraging people to get tested and treated are all pivotal in changing attitudes.

We are preparing the future generation to tackle stigma with confidence: We are working with colleagues in our Universities to ensure that anti-stigma messages are a core part of the undergraduate curriculums (medical, nursing and pharmacy) in relation to HIV and in 2018/19 we will also aim to expand this to include abortion care.

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Outcome 1
Fewer newly acquired blood borne virus sexually transmitted infections; fewer unintended pregnancies.

Testing for BBVs is being embedded into routine care for individuals with Substance Misuse issues: Testing is already routinely offered to individuals with substance misuse issues in all of our third sector partner agencies; this year has seen us deliver training to community psychiatric nurses (CPN) to be able to have a conversation about BBV risk and offer testing to clients whilst they attend CPN sessions. Work is also underway creating a pilot project which will see holistic health checks within primary care introduced for individuals with substance misuse issues, this will include regular review of BBV risk and sexual health risk, in addition to creating the conditions for harm reduction and/or recovery.

We are supporting women with contraceptive choices post-partum: A study has started looking at women and health professionals views of post natal contraception with a view to allowing women to choose a suitable method of contraception prior to discharge, including Long-Acting Reversible Method of Contraception (LARC). We are working closely with our midwifery colleagues to ensure a skilled and adaptable workforce; training to fit implants has already been completed with midwives who have a substance misuse remit. We will complement this with a post natal contraception clip which will add to our growing suite of videos available for staff and patients via the No Delays platform or accessible via theinsandout website.

We are working hard to ensure that our abortion service is easily accessible: Self-referral for abortion is now available for those residing in Aberdeen City and Aberdeenshire, approximately 50% of women in Aberdeen City and Aberdeenshire will self-refer and have no contact with primary care. We hope that working alongside colleagues, self-referral will become available during 18/19 for those residing in Moray. Across Grampian we continue to exceed national targets: 70.9% of women are seen at less than 9 weeks gestation and 79.2% are seen at less than 10 weeks. We now provide care for women from Northern Ireland and provision of home abortion is to be improved in 2018/19 with access to home misoprostol.

Outcome 2
A reduction in the health inequalities gap in sexual health and blood borne viruses.

We are bringing services closer to people in their own communities: We continue to support a community based sexual health service in partnership with Aberdeen Alcohol and Drugs Action; the clinic has been a real success in reaching men who have sex with men who do not engage with services.

Patient centred care is at the heart of our liver specialist services: We are aware that some of the most vulnerable people are living with hepatitis C, often experiencing adverse health and social care issues which impact on their decision to initiate treatment. The specialist liver team have recently re-engaged 68 people into treatment who had previously been referred but not started treatment, by actively working with individuals and taking into account the competing priorities that many of our patients face daily. Treatment is offered in settings that works well for them, offering clinics across Aberdeen City, Aberdeenshire and Moray; community pharmacy, substance misuse services and prison are all examples of settings where treatment is offered out with an acute setting.

Delivery of specialist sexual health services in community settings: We have seen increased attendance in our peripheral clinics in Peterhead, Banff and Fraserburgh; we continue to provide specialist care to prisoners in HMP Grampian. Further plans are being developed for more specialist community based services in 2018/19.

We are skilling up our workforce: Sexual Health Services and the Liver Service jointly deliver training to both clinical and non-clinical staff across Grampian to develop a workforce that are able to provide specialist care to individuals with substance misuse issues and prison are helping us to shape local services suited to the needs of those newly diagnosed or living with HIV. Through the MCN, NHS Grampian will benchmark themselves against the National Involvement Standards in 2018/19, hopefully achieving an award from HIV Scotland on completion.

Outcome 3
People affected by blood borne viruses lead longer, healthier lives with a good quality of life.

We are continuing to treat our minimum target numbers for viral hepatitis C: We initiated 172 people into treatment in 17/18. New direct acting antiretroviral drugs mean that treatment is much more tolerable and quicker; cure can be as quick as 8 weeks following treatment. There has never been a better time to increase the opportunities for testing and active case finding, ensuring that people no longer need to suffer the consequences of having viral hepatitis in addition to preventing new infections.

Our Positive Voice Grampian: Is an HIV support group established in 2016, whose members are supporting each other and training to become peer mentors; they are also helping to shape local services suited to the needs of those newly diagnosed or living with HIV. Through the MCN, NHS Grampian will benchmark themselves against the National Involvement Standards in 2018/19, hopefully achieving an award from HIV Scotland on completion.