What is a Managed Care Network (MCN)?

A Managed Care Network (MCN) refers to a way of working, whereby relevant and interested stakeholders come together to ensure that there is equitable provision of high quality health and social care and services. Working in an MCN allows improvements by working outside the traditional boundaries of health, involving partners from a wide range of organisations. ‘Care’ networks are generally distinct from ‘clinical’ networks because they focus on prevention to end of life care from a health and social care perspective, rather than only focusing on improvements in clinical health care.

Introduction from the Executive Lead

On behalf of the Managed Care Network for Sexual Health and Blood Borne Viruses (BBVs) as the Executive Lead I am delighted to set the context for NHS Grampian’s Managed Care Network strategy.

As we work on delivering the National Framework for Sexual Health and Blood Borne Viruses 2015-2020, it is important that we communicate our continued commitment to delivering the five high level outcomes in Grampian; but equally it is important that we now begin to plan for a future beyond 2020. The National Framework challenged to deliver:

- Fewer newly acquired BBVs and Sexually Transmitted Infections (STIs); fewer unintended pregnancies
- A reduction in the health inequalities gap in sexual health and BBVs
- People affected by BBVs lead longer, healthier lives, with a good quality of life
- Sexual relationships are free from coercion and harm
- A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and BBVs are positive, non-stigmatising and supportive

We know that improvement so far has seen pregnancies in young people decline, increasing numbers of people receiving therapy for viral hepatitis C and people living longer and in better health with Human Immunodeficiency Virus (HIV), however, the job is far from done. If we are brave and capitalise on the momentum already established, we have the potential to make further improvements that will benefit our population now and longer term.

For example: sustaining the delivery of direct-acting antivirals for the eradication of hepatitis C by 2030; ensuring equitable access to and increased uptake of long-acting reversible contraception in preventing unintended pregnancy and abortion and reducing new infections of sexually transmitted infections through effective prevention strategies including the availability of pre-exposure prophylaxis (PrEP) for HIV to name but a few.

This strategy has been produced to consider where we are now and where we should go next. We have purposely described high level objectives in relation to testing, treatment, care and support across sexual health, viral hepatitis and HIV; each of our working groups will be tasked with prioritising these actions and year-on-year developing specific action plans to show how they intend to progress, achieve and measure success in fulfilling these high level objectives. We aim to ensure that we are making the most of the opportunities that are in front of us, working with our partners who have similar ambitions. As an MCN, we want to make sure that we channel our efforts where we think we can make the greatest impact; organising ourselves to encompass and utilise the expertise created by being part of an MCN which is multi-disciplinary and multiorganisational. We will use the strategy and subsequent action plans to gauge our progress, keep us focused and, more importantly, accountable to our MCN members and our population.

For more information contact us at: nhsg.mcn-shbbv@nhs.net
Who are we?

Our network is made up of individuals representing partner organisations and other stakeholders who want to work together to achieve improvements both in Sexual Health and for those who may be at risk of, or affected by Blood Borne Viruses. Our MCN has lots of different partners - health, social care, voluntary, specialist and non-specialist colleagues all of whom work together to deliver local action in line with national priorities. The network is hosted by NHS Grampian, a team of NHS staff help to co-ordinate and support both strategic and operational activity. We each have a distinct role in the team; many of us also represent the interests of Grampian at a national level.

The local MCN team comprises:

- **Dr Emmanuel Okpo**
  Executive Lead,
  Consultant in Public Health Medicine,
  Public Health

- **Lisa Allerton**
  MCN Manager,
  Public Health

- **Dr Daniela Brawley**
  Clinical Lead for HIV,
  Consultant in Sexual Health and HIV

- **Dr Susan Brechin**
  Clinical Lead for Sexual Health,
  Consultant in Sexual and Reproductive Health

- **Dr Lindsay McLeman**
  Clinical Lead for Viral Hepatitis,
  Consultant in Gastroenterology and Hepatology

- **Fiona Raeburn**
  Prevention Lead, Non-Sexual,
  Specialist Pharmacist in Substance Misuse

- **Fiona Aitken**
  BBV Nurse Specialist,
  Public Health

- **Jacqueline Bell**
  Public Health Researcher,
  Public Health

- **Penny Gillies**
  Public Health Practitioner – Advanced

- **Senga Smith**
  MCN Administrator,
  Public Health

- **Margo Urquhart**
  MCN Project Manager,
  Public Health

- **Jackie Williams**
  Public Health Trainer
Our structures

How we organise ourselves is important. The scope of our work is vast and it is important that our local structures support both delivery of the national framework and our local ambition. Our MCN is structured into three tiers.

The **MCN Coordinating Group** meet twice yearly to provide guidance to the MCN with regards to the National high level outcomes and how best to achieve these. They are the group who will be tasked with performance reviewing the actions in this strategy. This group also have a duty to monitor any risks to programme delivery and provide guidance to the MCN in mitigating these risks. They also review financial spend associated with overall programme delivery.

The **MCN** is the main multidisciplinary group which meets on a quarterly basis. Not all MCN members are involved in the working groups (which are operational groups), therefore the MCN meetings are an opportunity for mutual benefits to be shared and realised in an informal way. This group receives updates from the working groups, reviews actions and provides a space for ‘networking’, making sure that we make the most of our members and their expertise. The MCN therefore acts in an advisory capacity to the working groups; with membership of the working groups remaining fluid throughout the year to allow us to draw in various MCN members dependent on the project/action being taken forward.

There are **four working groups**. Each of the groups has an individual work plan which is based around the actions outlined in this document.
What influences our local actions?

Our local priorities are focused around two things:

1. The national Framework for Sexual Health and BBVs (2015-2020) outcomes (see above)

2. The needs of our population

To best meet the needs of our population we rely on evidence collated at international, national and local levels, and strive to use this in our planning. Routine sources of data and evidence include, but are not restricted to: NHS Grampian Health Protection Team, Health Protection Scotland; Information Services Division Scotland; National Education for Scotland; Scottish Government.

Complementary evidence is also collated from a number of agencies such as The British Liver Trust, Hepatitis C Trust, HIV Scotland, UNAIDS, UNICEF and the World Health Organization (WHO). We also routinely review the existing evidence base, clinical and good practice guidance from the Faculty of Sexual and Reproductive Health Care, British Association for Sexual Health and HIV, British HIV Association, Scottish HIV and AIDS Group, European Association for Study of the Liver and the National Institute for Health and Care Excellence. Locally, we have data from our clinical and community services. We use this information for two different purposes:

1. To identify the current issues and gaps where we need to make plans or improvements

2. To performance manage our network and its achievements

While we have our own priorities, we recognise that to be successful, we need to also be aware of and work in line with our partner’s priorities such as alcohol and drugs partnerships, health and social care partnerships, family nurse partnerships, children’s services, community planning partnerships, school nursing, NHS Grampian and voluntary services.
1. What are our achievements so far?

In this document we have chosen to outline some of the fundamental changes that have occurred in the last few years. Until 2013 we had two separate MCNs, one for Viral Hepatitis and the other Sexual Health. We have worked hard to ensure that the work we do encapsulates both of these previous MCNs, yet keeps a sense of distinction between the specialist areas, reflected in working group structures. We have clear terms of reference and we report on progress at NHS Board Level and Nationally through the Scottish Health Protection Network, Health Protection Scotland.

Ensuring, quality, safe and clinically effective services:

We have put our patients and clients at the heart of care and shape clinical services to be in the right place at the right time, trying to make access easier for people.

In Aberdeen, The Peter Brunt Centre, The Infection Unit in the Matthew Hay Building (Aberdeen Royal Infirmary) and Sexual Health Services in the Community Health and Care Village are all purpose built facilities providing specialist clinical care. Peripheral clinics are delivered in Fraserburgh, Peterhead, Banff, Elgin and Aboyne. Other clinical care is delivered in alternative settings based on need, for example drug or alcohol services, homeless services, Her Majesty’s Prison (HMP) and Youth Offender Institute (YOI) Grampian.

Recognising the strength of working in a Managed Care Network:

Our membership shows the variety of individuals and organisations who attend our groups and who are involved in our network, which is testament to the emphasis we place on working in partnership. We also have a number of stakeholders who come together on an annual basis, sharing good practice, reflecting on achievements and looking for further opportunities for improvement. This is pivotal in making sure that we are all working on actions that positively impact on the sexual health and BBV status of the population.

I was involved in the beginning of our MCN when Sexual Health and Hepatitis first came together. Expanding to bring together this multiagency group of individuals with many common goals has been a hugely positive experience. Working across our boundaries and between acute and community care with significant input from Third Sector agencies has increased the speed of transformational change. We have been able to have more influence in providing safe and effective care for the population across Grampian.
Making a stronger case for prevention:

Having the MCN situated within Public Health means that we have made a strong case for the role of prevention. Progress has been made at increasing the availability of clean and safe equipment and paraphernalia for injecting drug use; we now have over 25 injecting equipment providers, in a variety of settings across Aberdeen City, Aberdeenshire and Moray. Of these, three are third sector organisations offering specialist services which also provide all aspects of substance misuse reduction and recovery. Of note, the introduction of foil as a harm reduction measure to advocate smoking instead of injecting, and the introduction of Naloxone to reduce severe morbidity or death in circumstances of opiate overdose have also been important preventative measures rolled out in the last few years.

An important part of the work of the MCN involves making people aware of any historic risks such as previous injecting drug use, having a tattoo, piercing, unprotected sex, or receiving healthcare where infection control procedures may not have been adequate.

Appreciating the number of individuals who may work and live in Grampian where English isn’t their first language, we have ensured that our information about BBVs is accessible to all. We now produce written information in a variety of languages and have developed video packages which are part of NHS Grampian’s ‘No Delays’ online platform that aims to overcome literacy issues. This also helps us to continue to provide factual information which challenges some of the existing myths and misconceptions that surround BBVs and sexual health.

“Parts of our communities have as many as 1 in 3 people from an ethnic minority background. For many of these people English is not their first language and there can be many other issues relating to culture and experiences (of services and attitudes) in other countries.

Working in partnership has allowed us to explore many of these issues and develop solutions to how we can make services more accessible and inclusive. It has also been a very positive experience in terms of being able to offer people testing at community events, combining this with elements of research. There has been an openness to listen to the feedback from community engagement and to implement recommendations.”

General Manager, Grampian Regional Equality Council
Having factual data and information available locally is an important aspect of our prevention work. Following local research, we found that young women in particular were unable to make fully informed choices concerning contraception, including whether or not to choose Long Acting Reversible Contraception (LARC). The introduction of the Ins and Outs Website has meant that there was a dedicated local website which enabled young people to make informed decisions about their healthcare, prior to seeing a professional for further advice and support. Our website also acts as an important portal into the National Sexual Health Scotland Website.

We continue to have open access to free condoms. Correct and consistent condom use is one of the most important preventative measures in reducing STIs, unintended pregnancy and HIV. We have over 100 distributors, all reviewed annually to ensure that we are meeting the continued needs of our population, removing as many barriers as we can to accessing condoms, especially for those at increased risk. A further significant development in the prevention of HIV has been in the successful introduction and use of Pre-Exposure Prophylaxis for HIV.

Changing behaviour to help people lead healthier lives is an area that some people require additional support with. Our services are now able to offer behaviour change conversations and brief interventions, such as alcohol brief interventions, but we can also offer further intensive support through health psychology. This has been particularly useful to those who are newly diagnosed with Viral Hepatitis and starting treatment and those who have an increased risk of HIV or are newly diagnosed.

"Our health psychology service delivers evidence-based psychological interventions to help people live as well as they can with their condition, engage with their treatments so as to maximise the chances of success, and to help them change any risky behaviours that may lead to reinfection. Anxiety and depression are common in people diagnosed with Hepatitis. These and other issues can mean a diagnosis feels overwhelming. We focus on promoting emotional wellbeing and helping people live the kinds of life they want, often in the face of substantial adversity. Service users have commented that we are friendly, informative, understanding and a much needed service."

Health Psychologist, NHS Grampian working in Viral Hepatology
**Increasing testing:**

Dry Blood Spot Testing (DBST) has revolutionised testing. It is simpler and easier than traditional methods of testing, which makes testing more acceptable and easier to deliver in clinical and non-clinical settings.

The real benefit of DBST is that it is a quick test that does not need to be taken by someone trained in venepuncture (blood sampling). This means that the test can be taken by any individual who sees someone who is at risk such as early intervention workers, pharmacists or third sector workers. We have been rolling out DBST in a range of settings which include: fixed and community injecting equipment services, Police Scotland custody suits and open community events. More recently, we have been working with Community Psychiatric Nurses and GPs to ensure DBST is available to them in consultations where individuals are unlikely to return for routine venepuncture testing or are particularly difficult to take blood samples from. Offering DBST alongside TB screening for new international students continues. This is a project which is the first of its kind in Scotland, developed by one of our Health Protection Nurses.

Furthermore, we have increased testing opportunities with the sexual health service offering rapid testing for patients at high risk and opportunistic testing in community settings. Local guidance for BBV testing has been developed in line with the existing evidence base. This has been widely disseminated to primary, secondary and partner colleagues to maximise the number of people who are offered a BBV test, particularly in those with clinical indicators that may be suggestive of past or current risk factors or those who have notable continuing risk(s). We have continued to deliver a number of training sessions on BBVs for both clinical and non-clinical audiences. We remain focused on challenging any associated stigma, aiming to normalise having a BBV test and highlighting the benefits of doing so.

**Making treatment easier:**

Viral Hepatitis B, C and HIV are treatable conditions. Our clinical teams work hard to ensure that we support ‘Realistic Medicine’ where patients are informed partners in choosing appropriate care and treatment that suits them. Recent changes in medications for Viral Hepatitis C have meant the majority of people will be cured of their virus in as little as 8-12 weeks. As an MCN, we have worked with individuals, pharmacy, finance and clinical colleagues to make the pathways into treatment as easy as possible. We have increased the number of people we treat every year, helping to work toward the World Health Organization’s goal of eradicating the virus by 2030. HIV treatment has also significantly improved, with most patients now taking only one tablet once a day with few side effects. Of those diagnosed HIV positive in Grampian, over 95% are on treatment, surpassing the UNAIDS treatment target of 90%. The MCN helped facilitate the HIV specialist pharmacist post which supports patients with interactions and side effects. Expanding our clinical settings, based on the geographical spread of individuals across Grampian (approximately 590,000 people living across 8,700km² outside of the main hospital site in Aberdeen City, has meant people living with HIV and those who are infected with viral Hepatitis have a choice of where to be seen for treatment and review meetings.

Following a needs assessment, there have been changes to our abortion care. Women in Aberdeen City and Aberdeenshire are now able to self-refer for abortion without the need to see a GP; occurring in 60% of new referrals. Not only does this reduce the delay in seeking advice and support for unintended pregnancy, it also cuts back on significant unnecessary travel; something that is vital for those living in remote or rural areas of Grampian. Care has also been improved for abortion by increasing the number of women who are eligible for immediate discharge following medical abortion in those who are under 8 weeks gestation, allowing women to return home, which is often preferable. Full clinical support is provided by the pregnancy advisory team. At the moment this is the case for around 50% of medical abortions under 8 weeks gestation.
Our patients have been empowered by the choice of type and location of medication delivery which can be tailored to suit their lifestyle and communities, relieved of travel burden, reduced clinic attendance and it has been a forward step in normalising HIV care in line with all chronic conditions.

"Developing support, care and transformation:
The ethos of a Health Promoting Health Service (HPHS) is being embedded into routine care. We have worked hard over the last few years to make sure that people are able to access further support as quickly as possible; more recently, our MCN has worked with colleagues to introduce ‘Making Every Opportunity Count’ in our services, ensuring that people have their health and wellbeing needs addressed – this includes talking about sexual health, healthy eating/weight, keeping active, oral health, smoking and mental health issues. An integrated care pathway (ICP) that was introduced for HIV also ensures that individuals who are newly diagnosed have their specific health and wellbeing needs addressed in a timely way, for example facilitating quick referral to other specialist services such as dermatology, hepatology, endocrinology and mental health. In addition, an annual review document has also been developed and is in use in the service, ensuring holistic care and management throughout the care journey. These documents are currently being reviewed with input from Our Positive Voice Grampian."
Building capacity and wider workforce:

We sincerely value the relationships that are fostered through our MCN. A couple of examples of working in partnership are provided here to give a flavour of what working collaboratively can achieve:

HIV Scotland have recently developed National Involvement Standards which set out a framework for more meaningful client involvement in HIV care, ensuring the services and policy decisions are built around their needs and experience. The standards are designed to enable the voices and opinions of those living with HIV, which is why we are grateful locally to HIV Scotland and pleased to have worked with them in developing Our Positive Voice Grampian, a local forum for HIV positive individuals living in the area.

We also recognised that some people can find using ‘mainstream’ sexual health services challenging. Some of our work has focused on making sure that people feel supported to come forward for advice, information and testing in a way that allows people to control how and when they seek help. We are beginning to transform our services, and to pilot the use of resources situated within communities to offer people this type of person-centred care. An example of this is offering a Sexual Health clinic in partnership with Aberdeen Alcohol and Drugs Action. Located centrally in Aberdeen, the drop-in clinic is predominately for Men Who have Sex with Men (MSM) open one evening per week. It provides free confidential sexual health information, testing for STIs/BBVs, free condoms and signposting to other services. The clinic has been advertised widely in the media (radio, newspapers and social media), around universities, pubs, libraries and community centres but we also actively advertise the clinic on geosocial networking apps that are aimed at men looking to meet other men. What we have found is that a proportion (24%) of clinic attendees have never visited our ‘mainstream’ sexual health service before; suggesting that moving the clinic to a more accessible space in the community appears to be acceptable and engaging.

A group of HIV positive people have started a new support forum which we have called Our Positive Voice (Grampian). We were founded only a few months ago and the members consist of people diagnosed recently to people diagnosed over 20 years ago.

The group are discussing how the forum will work, what training we require and what information we need to be able to support people living with HIV in all aspects of their own care, including family and carers. We now have a strategy in place that we are working through to be able to provide support in a safe environment while ensuring we respect people’s right to anonymity, privacy and confidentiality.

We are building the forum to provide a service so that we can provide the kind of help and support I had myself when I was diagnosed. We already can see that the forum, ran by and for positive people, will be welcome and well needed here in Grampian.
The partnership clinic with Alcohol and Drugs Action (ADA) and NHS Grampian’s Sexual Health Clinic has far exceeded everyone’s expectations. From the very beginning there’s been a sense from the clients that this IS a service for them – that their needs have been put first: Location, absolutely but more importantly our opening times. Most of our clients work 9-5 and can’t get time off of work to go to a day-time clinic and have expressed huge relief to have found a place that they can come to with least impact on their daily work-lives. Some clients live 30-40 miles out of town but work in the city and can’t access a clinic or GP at a convenient time back home. Some have never been tested before. Some don’t even realise that they are a priority for HBV vaccination.

"Clinic worker, ADA, Aberdeen City"

We aim to put clients who may have to wait at ease by having a more relaxed, friendly encouraging environment. We play background music that is maybe more fitting for our clientele! (Yes – some stereotypes are based in truth!) We also base our twitter and Facebook notifications around events that our clients may be interested in – local or national LGBT Pride events; latest articles around Pre-exposure prophylaxis (PrEP) or articles connected to Lesbian, Gay, Bi-Sexual and Transgender (LGBT) Alcohol & Drug use. This has added to our client’s sense that we are more connected to the community than just getting health board facts and figures across. And the fact that the clinic is getting an increasing amount of return visits is further testament to this partnership work actually being a success.

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2. Where are we now?

Poor sexual health and BBVs can affect us all and the MCN aims to improve outcomes across the Grampian population. However there is evidence to suggest that some sub-populations are more at risk of poor sexual health and BBVs, and many are also disproportionately affected by health inequalities - being defined as differences in health status or in the distribution of health determinants between different population groups. It is here we need to focus more effort over the next few years and beyond.

**Hepatitis C**

There are around 35,000 people living with chronic HCV infection in Scotland, half have been diagnosed; around 4,000 in Grampian.

Each year we aim to initiate more people into therapy for HCV; treatment is now easily tolerated and often completed in 8-12 weeks. Past or present injecting drug use continues to be the most prominent risk factor for HCV infection nationally and locally. Hepatitis C is curable. The best way to reduce the risk of developing liver cancer as a result of viral hepatitis is to get tested and know your status.

**HIV**

Around 19% of people in Scotland are diagnosed late with HIV. Those diagnosed late with HIV have an eight-fold higher risk of dying within one year of diagnosis.

In Grampian, heterosexual transmission accounts for the largest proportion of new HIV cases. Men who have Sex with Men (MSM) remain the group most at risk of HIV in Scotland.

HIV treatment and care in Grampian is excellent: Although MSM remain the group at most risk of HIV in Scotland, in Grampian, heterosexual transmission accounts for the largest proportion of new HIV cases. Our HIV care in Grampian is excellent with 93% of people diagnosed attending specialist services regularly with 96% receiving antiviral therapy (2017 data).

**Hepatitis B**

Most cases of chronic HBV originate in countries of high prevalence. Around 9,000 people in Scotland are living with chronic HBV infection.

Vaccination for Hepatitis B has helped to decrease the numbers of new HBV infections in those who are at increased risk i.e. prisoners and people who inject drugs.

**Sexual Health**

For some areas in Grampian there is a six-fold increase in pregnancies in young people living in the most deprived areas compared to the least deprived areas.

Pregnancies in young people continue to decline. However, it still remains that young people living in a deprived area are more likely to get pregnant; for some areas in Grampian a six-fold increase is noted between the most deprived and least deprived.

Condom provision and use is the only method of reducing both pregnancy and STIs. The most common STI, Chlamydia, remains a concern locally as does the numbers of increases gonorrhoea infections.
3. Opportunities and Key Objectives:

This section of the document will focus on the opportunities we have to make a difference and will outline our key objectives. They are designed to be high level to allow flexibility in planning and discussions concerning the best way to collectively achieve these; a task that many of our MCN members contribute to within our working groups. Action plans will be made available via the MCN. Please contact: nhsg.mcn-shbbv@nhs.net

*Develop our network

One of the key opportunities is to widen our network to more partners or organisations that have similar priorities. Although our membership is growing, we still lack representation from some key partner organisations and equally we should be able to capitalise on making links with other existing groups. In a recent survey with primary care colleagues, only 23% of those who responded said that they were aware of our MCN. Telling people about our network and inviting people to be involved will only add strength to achieving future actions.

It is not only important to engage our professional partners, but also to engage with our communities and the individuals who live in those communities. We want people to feel that there are opportunities to be involved in our network and work with us to shape services to meet their needs.

Key Objectives

- Raise the profile of the MCN through increased communication and professional awareness: developing an MCN website and specific training and education sessions for partners.

- Actively seek, strengthen and engage additional partners who have similar priorities, increasing not only the membership of the MCN but also being clear about having MCN representation in other existing groups as appropriate.

- Support opportunities for further Public Involvement and Engagement in our MCN, including opportunities to take part in planning service improvements.

- In support of the Community Empowerment (Scotland) Act 2015, work with NHS Grampian Public Involvement Team to consider any participation requests in our MCN.

- Work with HIV Scotland to become one of the first NHS Boards in Scotland to receive a National Involvement Standards Award.
Public protection and prevention

The MCN is hosted in Public Health in NHS Grampian which has a remit to look at prevention in the widest sense; primary, secondary and tertiary prevention at population, sub-population and individual levels. We know that the population of Grampian is changing; it is estimated that by 2025 our total population will have increased by 8%. We have an ageing population, which means prevention and early diagnosis of disease (which can be treated to prevent further serious disease or co-infection) is imperative if we want people to live full and healthy lives. National and local clinical strategies recognise and state with clarity that we are facing times where demand exceeds the ability to provide health and social care as we would wish. Sexual Health and BBVs is one area of protecting the public’s health where prevention activities can have significant impact. However, preventative efforts need to be sensitive and appropriate. People may have perceptions of risk behaviours that differ from what is seen as socially or culturally acceptable; but equally they may also be at increased risk of poorer health and/or social outcomes as a result. It is our responsibility as an MCN to be mindful of individual choice and to provide an environment for change that supports people to make choices they are comfortable with but also have the maximum benefit, in terms of supporting health and wellbeing at both individual and population level.

Key Objectives

We will create a clear, evidence based, action plan of targeted and general public awareness initiatives that address prevention at both a population and sub-population level. This will reflect The National Framework’s identified groups which include: prisoners, those involved in the criminal justice system, men who have sex with men, LGBT+ people who inject drugs, vulnerable children and adults, those involved in commercial sexual exploitation, sexual coercion or harm, homeless or those at significant economic or social disadvantage, ethnic minority or migrant groups.

Condoms are the only method of preventing unintended pregnancies as well as STIs and sexual transmission of BBVs including HIV. We will continue to provide Free Condoms across Grampian and evaluate our ‘Free Condom’ Service annually to ensure we are meeting the needs of our population.

National Guidelines for Injecting Equipment Provision are being revised. We will continue to commission specialist Injecting Equipment Providers, in partnership with our Local Alcohol and Drug Partnerships. We will remain committed to ensuring that people who inject drugs can access clean and safe equipment for every injecting episode. This includes those who inject performance and image enhancing drugs, new psychoactive substances or opioids.

We will continue to integrate behaviour change interventions into routine sexual health and BBV testing, treatment, care and support.
*Sexual health*

We recognise that much has already been achieved in reducing the numbers of pregnancies in young people over the last ten years; however, evidence suggests that there is still much more to be done in reducing the rates in deprived areas and closing the inequalities gap between the least and most deprived communities, ensuring that pregnancy at a young age is reduced or planned to allow all young people to achieve their full potential. The Scottish Government Pregnancy and Parenthood in Young People Strategy 2016-2026 brings a new focus to the work we do as an MCN, not only in preventing or delaying pregnancy, but also in supporting young people who do become parents at an early age, complementing some of the work already started as part of the Sexual Health and BBV Framework.

The normalisation of good sexual health and wellbeing and reducing stigma, will be the overarching priority for the MCN. To achieve this, Sexual Health Services should not work in isolation. Genitourinary medicine, infectious diseases, mental health, hepatology, maternity, gynaecology, school/community nursing, community pharmacy, primary care, health visiting, alcohol and drug partnerships, public health, local authority, community planning partnerships, family nurse partnership and the third sector agencies are all important stakeholders in achieving the following actions:

1. **Key Objectives (continued)**

   Working alongside Community Planning Partnerships, who are expected to take an overall leadership role in implementing the Pregnancy and Parenthood in Young People Strategy (2016-2026), we will assume a co-ordination role for ensuring that the NHS Board actions are fulfilled locally.

   We will continue to provide accurate and up-to-date data and information on sexual health and contraceptive choices, especially to all young people, including LARC. Information will be made available in a variety of formats, including online, complementing the existing national Sexual Health Scotland website. This will be done in consultation with young people, to suit the needs of our local population.

   Timely access to information and counselling on contraception as well as contraceptive services, including within primary care will be a focus. A consultation appointment for contraception, particularly for LARC, should be available within 5 days; innovative approaches to ensure we meet this criterion will be considered and implemented.

   In addition, we will facilitate an increase in LARC uptake across Grampian in line with Health Improvement Scotland Standards, working specifically in areas or communities where uptake or provision is low and unplanned pregnancy rates are disproportionately high.

   We aim to engage key partners, who come into contact with individuals who are at risk of rapid repeat pregnancy to prioritise and pilot innovative solutions to improve access to services without delay. For example, in substance misuse services, maternity, abortion services, prison, community pharmacy, primary care and third sector partner organisations.
Key Objectives

The Sexual Health training and education programme is undergoing review. We seek to further support the health professionals and other professionals in providing sexual health interventions both in generic and specialist settings. A proportion of our training will be dedicated to creating new links with partners who have direct contact with some of the most vulnerable groups in respect to poor sexual health, such as looked after and accommodated children, MSM, homeless individuals, ethnic minority or migrant groups and those who are affected by sexual coercion or harm.

Demonstration of partnership working to disseminate Relationships, Sexual Health and Parenthood Education (RSHE) guidance locally will continue.

For women seeking abortion, a Grampian care pathway will ensure all women across Grampian will be able to self-refer to abortion providers. This will support choice and continue to ensure that at least 70% of abortions are completed before 9 weeks gestation.

A consistent approach to late abortion (20 weeks and over) for women across Grampian will be included in the Grampian abortion care pathway.

We ensure that the public and partners are aware of options in sexual health emergencies. This will include provision of emergency contraception, post-exposure prophylaxis for HIV, symptomatic testing for sexually transmitted infections, unplanned pregnancy and sexual assault.

Making it easy for people to address risk taking behaviours, promoting positive sexual health and wellbeing and having a clear local understanding of sexual coercion and the evidence based interventions to address associated harm, will be required to normalise good sexual health. This is likely to be achieved across some of our other actions such as providing accurate and up-to-date information, training and education, piloting changes to accessing services and partnership working.

We will work with our multiagency partners to facilitate a self-referral process for reporting and documenting sexual assault.
Viral Hepatitis

The evidence is clear that undiagnosed Viral Hepatitis remains a public health concern both internationally, nationally and locally. With the availability of highly effective direct acting antiviral therapies, which can prevent liver disease progression even in those who have advanced disease, there is real opportunity to see dramatic reductions in morbidity and mortality caused by viral hepatitis. The Scottish Government remains committed to eradicating Viral Hepatitis; it is anticipated that each Board area will be expected to continue to achieve minimum treatment initiations for Viral Hepatitis C therapy, taking a stepped approach to increasing the minimum treatment initiations year on year. Our actions to achieve this are:

Key Objectives (continued)

- Diagnosing people at the earliest opportunity. Not only is this to ensure better outcomes for individuals but also to help reduce further infection. We will develop a clear, evidence based, testing strategy, which will deliver opportunities that normalise BBV testing, facilitate early testing and reduce missed opportunities for the Grampian population.

As part of our testing strategy:

- There will be specific approaches outlined to target testing among those who are considered high-risk groups for contracting Viral Hepatitis C and Hepatitis B (and HIV) including people who have a history of or continue to inject drugs, MSM and individuals who come from areas of high prevalence such as Asia, Sub-Saharan Africa and Eastern Europe.

- There will be a continued focus on ‘opt-out’ testing for all prisoners in HMP Grampian in line with current recommendations.

- We will ensure that all clinical colleagues are aware of, and have access to, local BBV testing guidance and patient resources that can be used to facilitate discussions around testing and if appropriate, referral for treatment. This will include existing written and online resources such as ‘No Delays’ and a new local BBV website providing up to date information on testing and treatment.

- We will work with partners to identify opportunities for increased testing in community settings, including but not restricted to, community pharmacy, police custody, injecting equipment providers, primary care (as part of substance misuse care) and other community based settings as dictated by local epidemiology.

- Consideration will be given to piloting new ways of increasing testing, in places or areas where traditional methods of testing (venous testing) are a clear barrier. This is likely to result in increasing the use of Dry Blood Spot Testing.
Active case-finding in Grampian will be a priority, following up those who are already known to public health (as part of routine notification processes) or to specialist services but have failed to engage or stay engaged. This is a retrospective follow-up study. Prospectively, we already have a process of annual follow-up for patients who have not been referred to specialists which will continue.

New approaches to re-diagnosis or re-engagement will be considered in line with local feasibility.

Clear and transparent referral pathways will be developed to ensure there are no unnecessary delays in individuals being able to access treatment for Viral Hepatitis C following a positive diagnosis.

For those individuals living with Viral Hepatitis C, who have significant fibrosis or cirrhosis of the liver (F2 and above) treatment will be prioritised. However, recognition should also be given to treatment as prevention, in terms of reducing opportunities for further infection and reducing future liver cancer. We will continue to optimise the number initiated into treatment; as a minimum working to achieve Grampian’s proportionate target for treatment initiations in Scotland.

Delivering treatment in services where people are already engaged, such as Substance Misuse Services, or closer to home, is an important step in people taking an active role in their own treatment, facilitating supported self management.

We will encourage people to think about their overall live health and the health behaviours that can affect liver function. We will develop and provide the tools to support professionals, partners and individuals to ‘Love Your Liver’ and to make changes that will help reduce the risk of liver disease, including minimising the risks of contracting viral hepatitis.

Working with partners, the complex social needs of our population require our attention and action. For example we need to understand and aim to reduce the barriers faced by those living in deprivation and how this affects people’s ability to attend specialist appointments or prioritise their healthcare.
The majority of people who are living with HIV in Grampian are already engaged with specialist services, managing their chronic condition with effective therapies. However, as with Viral Hepatitis, early diagnosis can significantly improve outcomes for individuals and, following initiation into treatment, suppress viral loads to undetectable levels reducing the overall prevalence of active virus in the community. The UNAIDS ambitious 90-90-90 treatment target is something that we will continue to have rooted behind our work here in Grampian. We will do this by:

- Normalising testing and expanding the provision of testing is key in diagnosing new cases of HIV as it is in Viral Hepatitis (see previous actions). The MCN testing strategy will therefore be developed as a BBV Testing Strategy, again reflecting the normalisation of all three tests (Viral Hepatitis B, C and HIV).

- We have a clear responsibility to not only increase the availability of testing but also to make sure that missed opportunities for diagnosis are minimised. Therefore, a reduction in the number of missed diagnoses for our population will remain a priority of the MCN. We will continue to review all missed opportunities for diagnosis and ensure that we have a clear and consistent approach to learning from these adverse events. Any identifiable patterns in missed opportunities for diagnosis will be fed into our BBV Testing Strategy. We will also look at ways of working closely with individual testers or services to develop confidence in offering BBV testing and diagnosing HIV.

- All our training and education will aim to reduce any perceived stigma around BBV testing. Certain clinical indicator illnesses may be indicative of underlying HIV. Testing when these indicator illnesses are apparent, to improve health and wellbeing, is good practice. This message needs to be articulated in a clear and consistent manner in all training and education but particularly where training is being delivered in primary and secondary care settings.

- Training and education should reflect how to embed routine questions on BBV risk based on the individual and their perception of risk, in a non-judgmental way. Evidence from the National HIV needs assessment for MSM suggests that the benefits of testing, re-testing and knowing your status is important for the promotion of good sexual health and decision making.

- Prevention should remain at the forefront of tackling HIV. The provision of PrEP, for eligible individuals will be made available by our sexual health service; open access to free condoms will also continue (see above).
Post exposure prophylaxis (PeP) as a means of reducing the potential to develop HIV following known or unknown HIV exposure, under certain circumstances, will continue in a variety of settings across Grampian. Guidance in regards to PeP will be updated and circulated as appropriate.

We will continue to monitor use of and access to services. Opportunities for pilot transformational change should be considered in line with current recommendations and based on local preferences, particularly for groups who are less likely to engage in traditional services such as MSM and women; younger men; minority ethnic groups.

Our services will be responsive to the needs of the population in the delivery of HIV treatment. This will mean providing equitable care across both of our current HIV services and in our peripheral clinics as well as the option of telemedicine. We will also give thought to future-proofing our services in light of a changing HIV population and needs.

Integrated Care Pathways in line with Health Improvement Scotland Standards will be evaluated to ensure that we facilitate access to further specialist or non-specialist care, including support services, in a time appropriate way.

We will think about how we can support people to live well into older age with HIV, which will include working with professionals who will provide care for people as they age, such as residential and domiciliary services in local authority. Tackling stigma will again be a common theme carried in our work.

We will continually monitor the support needs of our population, using a variety of engagement methods to help us establish what those needs are; working with our partners to do so.
4. Quality and governance

The Sexual Health and BBV MCN is accountable to the NHS Grampian Board, reporting by exception via the Executive Lead and to the Scottish Government through the National NHS Executive Leads Group who are part of the Health Protection Network for Scotland, NHS National Services Scotland. Some of our clinical leads and our MCN Manager also sit on National Groups, all of which report into the National NHS Executive Leads Group.

The network’s progress is reviewed against the National Sexual Health and BBV Framework 2015-2020, with quality in our service benchmarked against the Healthcare Improvement Scotland Sexual Health Standards, HIV Standards, and Hepatitis C Quality Indicators. We also report to NHS Grampian Clinical Governance Committee, sharing both risks to programme delivery and examples of good clinical practice.

MCN structures: Shows the reporting mechanisms for the MCN and the direction of communication.
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This publication is also available in other formats and language on request. Please call NHS Grampian Corporate Communications on 01224 551116 or 01224 552245 or email grampian@nhs.net