

SEXUAL HEALTH AND BLOOD BORNE VIRUS PLANNING FRAMEWORK 2013-16

1. NATIONAL CONTEXT

- 1.1 In August 2011 the Scottish Government issued the new Sexual Health and Blood Borne Virus Framework 2011-1015. The new national framework places emphasis on blood borne virus prevention and treatment and the inter-relationship between sexual health, BBV and addictions issues.

The strategic objectives of the national plans and policies continue to be to: promote positive sexual wellbeing; to reduce adverse consequences of sexual activity; to prevent new STIs and blood-borne virus infections and to ensure effective service delivery.

- 1.2 The National Framework outcomes are;

- Fewer newly acquired blood borne virus and sexually transmitted infections: fewer unintended pregnancies
- A reduction in the health inequalities gap in sexual health and blood borne viruses
- People affected by blood borne viruses lead longer, healthier lives
- 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 blood borne viruses are positive, non-stigmatising and supportive.

- 1.3 The Framework also takes account of national documents in relation to HIV and BBV:

1. Healthcare Improvement Scotland published a set of standards for HIV Services in July 2011. These standards aim to improve the quality and co-ordination of HIV Care for HIV infected individuals and those at high risk of acquiring infection.
2. The Quality Indicators for Hepatitis C Services (Healthcare Improvement Scotland, April 2012) specify a minimum set of high-level measures for hepatitis C services in Scotland. These indicators cover aspects of prevention, testing and assessment, treatment and support, and service organisation.
3. CEL 29 (2012) entitled Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy which reiterated the Government's commitment to the role of MCN's
4. NICE Guidelines on Management of Chronic Hepatitis B Infection (currently in draft and expected to be issued in April 2013)

2. NHSGGC PLANNING CONTEXT

- 2.1 The local context for the development sexual health and BBV services includes:

- A review of terminations to support equitable access across NHSGG&C
- Developing primary care responses to achieve a shift in the balance of routine sexual health care from Sandyford specialist services to primary care
- Carrying out and implementing a comprehensive review of Sandyford services
- Responding locally to the focus in the national framework on
 - The linkages between sexual health and parenting programmes
 - The role of addictions services in promoting better sexual health and addressing BBVs
 - The need for sensitive enquiry and work to address gender based violence

- 2.2 The responsibility for achieving the objectives set out in this framework is shared across the NHS system. This framework therefore includes activity where
- Sandyford specialist health services have prime responsibility (Sandyford Central and Hubs)
 - Acute hospital services have direct responsibility or a key role in supporting sexual health, BBV services
 - CHPs/CHCPs have direct responsibility (through the activity carried out by their staff e.g. health improvement and staff training)
 - CHPs/CHCPs do not have direct control but are expected to exert influence (through working in partnership with primary care, local authorities and other community planning partners)
 - Areas of work that depend on all parts of the system fulfilling their responsibilities.
- 2.3 Prisoners tend to come from populations that are at increased risk of sexual ill-health and blood-borne viruses. The transfer of prison healthcare to NHSGG&C will present a significant challenge for the delivery of sexual health and blood-borne virus services. There should however be opportunities for better coordination of patient care (e.g. transfer of patient data) between prisons and other parts of NHSGG&C system, with better outcomes for prisoners' health
- 2.4 This planning framework takes account of the revised NHSGG&C policy frameworks, particularly in relation to health improvement and tacking inequalities.
- 2.5 The responsibility for reviewing and updating this Planning Framework lies with the Lead Director (Director of Corporate Policy and Planning), supported by a Lead Planner (Head of Planning and Performance, North West Sector) and the Public Health lead for Blood-Borne Viruses (Clinical Director, Public Health Protection Unit), subject to approval by the NHSGG&C Sexual Health Planning and Implementation Group which comprises representatives of key stakeholders.

Early Intervention/Prevention		
Outcomes	Change of development required	Measures
Reduce unintended pregnancy	<p>Ensure that community planning has a focus on coordinated activity to reduce teenage pregnancies</p> <p>Increase provision of LARC in primary care</p> <p>Maternity services provide advice and support to mothers and promote LARC (especially to vulnerable women)</p> <p>Have in place a network of condom distribution centres that are easy to access and in the right geographic locations</p> <p>Termination service review completed and implemented so there are consistent and equitable TOP services across NHSGG&C</p>	<p>Local SOAs/ local teenage pregnancy plan agreed with partners</p> <p>LARC LES uptake</p> <p>Percentage (n.) of all women admitted to maternity and termination services who have contraceptive method recorded</p> <p>Percentage of women offered effective contraceptive methods prior to discharge from maternity and Termination Services.</p> <p>Numbers and locations of condom distribution centres, with particular focus on condom distribution in areas of deprivation/ areas with higher teenage pregnancy rates</p> <p>Proportion of reproductive age women using LARC (sourced from KCIs note: ISD record age 15-49)</p> <p>Reported through The Sexual Health and BBV Framework 2011-2015</p> <p>SH1.3 The rate of terminations of pregnancy</p> <p>SH1.4 The rate of repeat terminations of pregnancy</p>

Outcomes	Change of development required	Measures
Reduce STIs and BBV infection	<p>Increase number of Addictions clients receiving Hep B vaccination</p> <p>Reduce drug injecting episodes that involve sharing or re-use of equipment.</p>	<p>Lab info re HIV testing (<i>national data no longer recorded re HIV testing, so less accurate monitoring data will be available – however still considered important measure for NHSGG&C</i>)</p> <p>Hep B vaccinations</p> <p>Estimates and reports of injecting episodes and equipment-sharing. The number of people diagnosed with HCV whose infection was acquired in the previous six months.</p>
Promote positive sexual health by improving access to and quality of sexual health advice and information for young people	Work with local authority partners to develop effective Sexual Health and Relationship Education, including support to parents	<p>Effective SHRE programme in place</p> <p>TALK2 or equivalent in place / numbers participating? / Numbers of schools supported?</p>

Shifting the Balance of Care		
Outcomes	Change of development required	Measures
Earlier diagnosis of HIV/Hep B and Hep C	Increase HIV testing (in acute services and primary care)	Lab info re HIV testing (<i>national data no longer recorded re HIV testing, so less accurate monitoring data will be available – however still considered important measure for NHS GG&C</i>) Reduction in numbers of late and very late diagnosis
	Implement the BBV testing policy	Numbers of BBV tests
Improving Quality and Efficiency		
Outcomes	Change of development required	Measures
More effective sexual health services with clearer definition of roles of Sandyford, acute, primary care services	Review of Sandyford services Implement the consequences of the review in all parts of NSHGG&C Work with GP practices to ensure that sexual health services are provided in primary care using an inequalities sensitive approach	HIV testing Rates of LARC
More appropriate use of lab diagnostic services	Work with GPs to reduce number of inappropriate high vaginal swabs	Numbers/ rate of HV swabs

Tackling Inequality		
Outcomes	Change of development required	Measures
<p>Increase number of Addictions clients receiving Hep B vaccinations and accessing sexual health services</p> <p>Improve the coordination of health care re sexual health and BBV for prisoners</p> <p>Sustainable support services for women, men and young people who are victims of sexual assault</p>	<p>Addictions Services to take a proactive approach to BBV prevention/vaccination</p> <p>Addictions Services to promote positive sexual health as part of a holistic approach to supporting clients' health</p> <p>Agree a development plan for prison health care which includes better coordination of patient records between prison and other parts of NHS (e.g. Hep B vaccination/BBV testing)</p> <p>Secure the future of Archway and other associated services</p>	<p>Hep B vaccinations Hep B/ Hep C/ HIV testing</p> <p>Condoms distributed via Addictions services</p> <p>Services in place and appropriate referrals</p> <p>Services in place</p>
<p>A culture that promotes positive sexual health and non-stigmatises people living with BBV.</p>	<p>Develop ways of working that treat patients with HIV/Hep B and Hep C as people living with a LTC</p> <p>Provide information and support for carers of people living with HIV, Hep B and Hep C</p>	<p>Increase in Hep B vaccinations</p> <p>Evidence of support provided</p>