

# Respect **and** Responsibility

Sexual Health Strategy Second Annual Report

The graphic consists of two overlapping circles of a muted purple color. The left circle is slightly darker than the right one. The text is centered within the overlapping area.

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# Respect and Responsibility

Sexual Health Strategy Second Annual Report

## Ministerial foreword



I'm pleased to introduce the second annual report on *Respect and Responsibility, Scotland's Strategy and Action Plan for Improving Public Health*.

The strategy itself sets out very clearly the challenges that we face in improving Scotland's sexual health and wellbeing and the action required to make that happen. In the two years since it was published we have taken important steps towards achieving the strategy's aims.

Sexual health can be an awkward subject, but that is no excuse to shy away from it. It's much too important for that. We want to improve the sexual health and wellbeing of everyone in Scotland.

Only by creating an environment where everyone, regardless of their background or where they live, has access to high quality, up-to-date information and advice about sexual health, so that they can make their own, informed choices, will we achieve our goal. And, of course, this needs to be backed up by top-notch, joined up services.

This report shows that we're beginning to see real change.

Looking forward, I'm determined that we'll see even more improvement in the years ahead.

The Scottish Government has made plain its commitment to improving public health and tackling health inequalities. Better sexual health and wellbeing for all is part of our overall health improvement agenda.

This was underlined in summer 2007 when my colleague Nicola Sturgeon, the Cabinet Secretary for Health and Wellbeing, and I travelled across Scotland to chair each NHS Board's annual accountability review. We were pleased to hear for ourselves how the principles and practicalities of the sexual health strategy are being implemented to suit local circumstances. Be assured that we will continue to ask questions about progress in improving sexual health and wellbeing, both in next year's reviews and in our on-going dialogue with NHS boards, clinicians and the public.

While the report highlights many positive developments, it's important not to gloss over the remaining challenges. No strategy is going to transform the sexual health and wellbeing of the nation overnight – it will take time to reverse rising incidence of sexually transmitted infection and current rates of teenage pregnancy, for example.

This report shows that we're making a good start.

I would also like to pay tribute to the hard work and professionalism, both of members of the advisory committee and of the many people who are working together towards implementing the strategy across Scotland. It's not down to one or two agencies or even one Government Directorate. It's up to all of us to continue the good work.

A handwritten signature in dark ink that reads "Shona Robison".

**Shona Robison MSP**  
Minister for Public Health

## Section one: Setting the scene

### INTRODUCTION

Sexual health and wellbeing matters to us all, no matter where we live or what our backgrounds are.

Good sexual health depends not just on effective sex and relationships education and the right health services in the right places, but on a host of other factors involving a number of different agencies across Scotland.

It also depends on people, both as individuals, in communities, as partners and as parents and carers.

*Respect and Responsibility: A Strategy and Action Plan for Improving Sexual Health* was published in January 2005 after extensive consultation and against a background of poor teenage pregnancy rates and rising incidence of sexually transmitted infections (STIs).

Some £15 million of additional funding was allocated over the three financial years from 2005 to 2008 to help implement the strategy, which was based on the principles of respect for self and for others, on strong relationships and on recognising the diversity of needs and lifestyles of people in Scotland.

In last year's progress report on the strategy, we saw that the building blocks for implementation were being put in place. This year's report shows how much further we have come – and sets out the challenges for the future.

### THE FIRST TWO YEARS

By the end of the financial year 2006-2007, some £10 million of additional resources had been distributed to help implement the sexual health strategy across Scotland. NHS Boards and others have made what in some cases are relatively small sums of money go an extremely long way. For example NHS Orkney, as one of the smaller Boards, has received under £20,000 per year under the strategy, yet services have transformed (see case study).

Just as the first year of the strategy saw important preparatory work, such as developing local strategies to suit local circumstances, employing and training members of staff and planning new services, the second year has seen these plans come to fruition. For example, many health boards have made considerable progress towards developing integrated sexual health services, incorporating genito-urinary medicine (GUM) and family planning. Some, such as NHS Borders, have moved into new premises to amalgamate services on a single site. Likewise sexual health and relationships education across Scotland has been boosted, with many more professionals being trained and supported to deliver it appropriately.

There are also good examples of joint working between different parts of the health service, local authorities and with other agencies, including the voluntary sector. In some cases these are building on relationships developed in the first year of the strategy.

Throughout the report there are examples of how the strategy is being implemented and the improvements which are already benefiting patients and the public.

## CASE STUDY

### MAKING GOOD USE OF RESOURCES IN ORKNEY

As a small health board, NHS Orkney's allocation from the money attached to *Respect and Responsibility* comes in at under £20,000 per year. Yet with such a modest sum the board has made considerable progress which is already benefiting patients. 'We've gone from a position where there were virtually no clinical services outwith primary care, with no local clinical leadership or overview in this area to us having an integrated sexual health and wellbeing service providing a broad range of services at a semi-specialised level, appropriate to the needs of our small population,' says lead clinician Dr Anne Nicolson.

'During the last two years the profile of sexual health has been raised considerably locally among both the public and healthcare professionals. Expectations of clinical service availability have also been raised and it is difficult now to imagine a return to solely GP provided services.'

## WHERE WE ARE NOW

Two years is much too short a time to judge the effectiveness of the strategy by looking at statistics. Significant change is a long term process and we are at the very early stages. Statistics do, however, provide a useful benchmark and give an idea of the scale of the challenge. Both Health Protection Scotland and the Information and Statistics Division of the NHS in Scotland have an important role in implementing the strategy (see page 35 for more details of their contribution) and help to give us an up-to-date picture of sexual health in Scotland.

The latest figures, published in November 2007 show a similar picture to the same time last year:

- In 2006, 17,926 laboratory diagnoses of chlamydia were made. This is an increase of 4% from that for 2005 (17,289), and a 45% increase from that for 2002 (12,391). Over 70% of diagnoses were in those aged less than 25.
- In 2006, 900 laboratory diagnoses of gonorrhoea were made. This figure is similar to that for 2005 (904), the highest number of diagnoses recorded during the past 10 years. More than three quarters (80%) of diagnoses were among men, more than half of these were men who have sex with men.
- In 2006, 246 diagnoses of infectious syphilis were recorded at GUM clinics; this is the highest annual total recorded since 1952 and represents a 31% increase on that reported for 2005 (188). Almost nine in ten of these were men who have sex with men.
- In 2006, 345 new cases of HIV were identified in Scotland; this includes 209 who had previously been diagnosed or presumed to have been infected elsewhere in the UK or abroad.

Source: ISD, Sexually Transmitted Infections and Other Sexual Health Information for Scotland, published November 2007.

### TEENAGE PREGNANCY – MAIN POINTS

- The teenage pregnancy rate is counted as the number of deliveries combined with the number of abortions. It does not include miscarriages.
- The teenage pregnancy rate has been fairly steady for the past decade. In 2005 there were 56.7 pregnancies per 1,000 females aged below 20 (denominator is females aged 15-19) and 7.1 pregnancies per 1,000 females aged below 16 (denominator is females aged 13-15).
- There have been some changes in the balance between teenage pregnancies which are aborted and pregnancies which are delivered.

Source: ISD, Sexually Transmitted Infections and Other Sexual Health Information for Scotland, published November 2007.

## Section two: Promoting respect and responsibility

### KEY POINTS

- Parents and carers are key partners in promoting sexual health and wellbeing.
- More teachers are being trained to be confident in delivering sex and relationships education and promoting good sexual health.
- Work is ongoing to engage with all people in Scotland, regardless of race, ethnicity, sexual orientation, age, disability or religion.
- Sexual health can be influenced by economic, social and cultural issues.

Last year we reported that the foundations were being laid to promote the key principles underlying the sexual health strategy, namely respect for self and others as the basis of good relationships and sexual health and wellbeing.

Work has continued across Scotland to try to ensure that everyone has access to good sexual health information and advice on which to base decisions, regardless of where they live and who they are. That means not discriminating against people because of lifestyle or on the basis of race, ethnicity, disability, age, sexual orientation or religion. It also means ensuring that education, information and services take into account that not everyone is the same.

This year we can also report that almost all NHS Boards have drawn up and implemented the findings of equality and diversity impact assessments. Those that have not completed this are in the process of doing so.

### CENTRAL ROLE OF SCHOOLS

Research shows us that schools are a key source of information about sexual health, wellbeing and relationship matters.

Nationally and locally work was stepped up throughout 2006-2007 to support teachers and others in delivering effective sexual health and relationships education.

This included an increase in the number of teachers, school nurses and youth workers undergoing sexual health and relationships education (SHARE) training or local equivalents as well as more people being trained to deliver sex and relationships education in the classroom and other settings.

Sex and relationships education is expected to be boosted in 2007-2008 following an announcement from the Scottish Executive of £630,000 additional funding for this year and next from the education budget. This is expected to fund training for an additional 800 teachers and those who work with them. Local authorities submitted proposals on how they would spend the money at the end of June 2007. The majority of these have been accepted and discussion is ongoing with authorities where clarification is needed.

### CASE STUDY

#### SCHOOLS IN WEST DUNBARTONSHIRE USING FILM-MAKING, DANCE AND MUSIC TO TACKLE SEXUAL BULLYING

Pupils in West Dunbartonshire have helped produce a DVD called *Sexual Bullying, Name It and Shame It* as part of a programme which is to be rolled out to secondary schools across the local authority area.

The programme, which aims to challenge gender stereotyping and sexist and homophobic bullying, used dance, music and film-making to engage young people in the issues.

The DVD explores young people's views on gender stereotyping, behaviour and sexual bullying, based on a list of statements created by young people, describing ways of challenging sexual bullying. These include: 'When you call someone a name, think about how it will affect them. You might think it is harmless but they might not.'

The Reduce Abuse Project, part of the council's Violence Against Women Partnership, which works with children and young people to challenge attitudes around domestic abuse and gender-based violence, developed the initiative along with young people, teaching staff and the Arts in Education Programme.

Teaching staff also took part in a staff training programme on sexuality and young people.

Evaluation has been positive with young people and staff having a greater knowledge of sexual bullying, how they challenge it and where to get advice and support.

### CASE STUDY

#### TRAINING FOR TRAINERS MOVES SHARE IN HIGHLAND UP A GEAR

In 2006-2007, Highland Council significantly increased its work around delivering the SHARE sexual health and relationships education programme. Although SHARE had been delivered in some schools in the area in 2000, this was patchy, mainly because there were too few people trained to do it.

To address this, Highland Council promoted a Training for Trainers course, which was delivered in the region in Autumn 2006.

Twelve people took part, including seven from Highland and one from Argyll and Bute. Participants were from a variety of backgrounds, including health promotion staff, Health Promoting Schools staff, school nurses and youth development officers.

There is now a core of nine staff in the NHS Highland region, including Argyll and Bute, trained to deliver SHARE Training.

Highland Council has also used money from *Respect and Responsibility* funding to ensure that all schools can develop or improve school-nurse led drop-in facilities. Although these provide generic health advice, they have a particular focus on sexual health. Pupils are also given information on how to access services as part of the SHARE programme – a move based on results from previous evaluation of the SHARE programme and on action for all health boards from *Respect and Responsibility*.

## INVOLVING PARENTS AND CARERS

Children and young people value advice and information on sexual health and relationship issues from parents and carers. Work to support parents in this has been taking place both locally and nationally and has particularly involved encouraging schools and parents to work together to complement the information provided by each. For example, parents were closely involved in designing a new resource published by NHS Health Scotland, ensuring that it met their needs (see case study).

### CASE STUDY

#### SCHOOLS AND PARENTS WORKING TOGETHER IN FIFE

Parents, teachers and other school staff in Fife have the opportunity to attend sessions to help them build confidence in discussing issues related to sexual health and to drug misuse.

The Parent Education Initiative is a joint project between the Health Promotion team at NHS Fife and Fife Council Education Service.

The workshops are mainly aimed at parents of children who are in Primary 7 and offer strategies to help them discuss topics relating to sexual health which may arise as the children grow older.

Feedback from the courses has been extremely positive, with comments including: 'Excellent course', 'Helps in talking to my child and to be more open' and 'Helped me look from a different perspective'.

In 2006-2007 the Parent Education Initiative provided 38 sexual health workshops to 306 parents in 32 schools as well as 24 drug and alcohol workshops to 192 parents in 20 schools.

In addition, they contributed to training for teachers, school nurses and youth workers and were involved in parent evenings and health days in primary and secondary schools.

### CASE STUDY

#### HEALTH SCOTLAND INVOLVING PARENTS IN DESIGNING MATERIALS

A group of mums and dads has helped draw up a new resource which aims to help parents and schools work together in sex and relationships education.

The document was published by NHS Health Scotland in summer 2007.

'We decided to take a new approach and involve the people who would be using the resource at a very early stage,' explains Shirley Fraser, sexual health lead with NHS Health Scotland. 'So we got a group of mums and dads together with the designer and, by the end of the day, we had something they were happy with. It's part of our aim not just to consult parents and carers but to involve them directly in the process.'

The document was developed using the 'Writeshop' method, a workshop that brings together the target audience, topic experts, editors and designers to produce a publication in a short time, usually one day.

'Feedback from parents suggests that they all appreciated the opportunity to be involved in developing a resource they will actually use,' adds Shirley Fraser.

*Learning about relationships and sexual health in school and at home: Information for parents*, has been distributed to schools and is available to download at [www.healthscotland.com](http://www.healthscotland.com)

### EQUALITY AND DIVERSITY

NHS Boards, local authorities and other agencies across Scotland are introducing ways of reaching out to and providing better services for minority ethnic groups. This includes looking at better provision for the recent increase in migrant workers from Eastern European countries as a result of EU expansion. For example NHS Grampian has started this process by completing a health needs assessment of migrant workers, relating to termination of pregnancy. A number of NHS boards are translating their information leaflets into languages including Polish and a Polish-speaking clinical support worker is now based at NHS Lothian's sexual and reproductive health service (see case study). In NHS Borders in 2006-2007, a number of outreach programmes were opened, particularly targeting areas with large migrant populations and temporarily homeless accommodation.

Work is also going on at national and local level to address the sexual health needs of people with learning disabilities. This is an area where partnerships, between health, local authority and voluntary organisations is particularly important, and this is reflected in several examples of joint working across the country. For example, Healthy Respect and Caledonia Youth held an event on sexual health and relationships for young people with learning disabilities (see case study).

The needs of LGBT people are also being addressed, again often through partnership working. For example, NHS Grampian is working with the Terrence Higgins Trust to deliver a number of programmes, supporting not just gay men but lesbian, bisexual and transgender people and those affected by HIV regardless of sexuality (see case study). In Borders LGBT Youth has employed a full time Youth and Community Development Worker who will, among other things, undertake joint training sessions with NHS Borders' newly appointed senior health promotion officer for sexual health and blood borne viruses (BBV).

## CASE STUDY

### SEXUAL HEALTH LESSONS TAUGHT THROUGH DRAMA

Young people with learning disabilities used drama to explore issues concerned with sexual health and wellbeing.

The project at Kilpatrick Special Education Needs School in West Dunbartonshire was the result of joint working and has had extremely positive feedback.

The Health Promoting Schools Unit, Community Health Partnership, fpa and the Cultural Co-ordinator Team, worked with teaching staff to develop the school's sexual health and relationships education programme.

They decided to use drama as previous health education projects had shown that it is an effective way to engage young people.

The project, led by the Community Health Partnership and the Family Planning Association, involved a group work programme which explored assertiveness, peer pressure, personal safety and relationships. The young people then worked with a drama worker to create a short performance on the issue.

The performance was shown to pupils and parents, who were encouraged to engage with the topic.

Feedback was very positive with young people saying it had increased their understanding of issues such as personal safety, vulnerability and relationships. Comments included: 'The message we learned was to tell our parents what we are doing and where we are going' and 'We shouldn't go with strangers and the wrong crowd'.

### CASE STUDY

#### HEALTH SCOTLAND WORKING TO IMPROVE THE SEXUAL HEALTH OF MINORITY GROUPS

One of NHS Health Scotland's responsibilities under Respect and Responsibility is to disseminate evidence, commission research and develop resources to support the ongoing implementation of the strategy.

It also has a specific remit to facilitate awareness of the sexual health needs of people with learning disabilities and make recommendations for research-based programmes and materials.

In February 2007, NHS Health Scotland organised a strategic seminar to consider sexual health and wellbeing among young people from black and minority ethnic (BME) groups and those with learning disabilities (LD).

Around 60 delegates representing NHS and local authority planners and commissioners, policy makers and other agencies attended. They heard the latest information on research commissioned by Health Scotland around the sexual health needs of each group. Then the delegates were given the chance to discuss the findings and seek ways forward.

The national strategic seminar has been followed by a series of regional meetings, which have focused on how practitioners see the research findings supporting practice locally.

Shirley Fraser from Health Scotland says: 'Respect and Responsibility wants action to address the sexual health needs of all, but we know there are some groups which do not have the same access to services and information as others. The research we commissioned shows some of the current gaps but also suggests ways forward around improving service access and sex and relationships education as well as different ways on engaging with young people.'

'These are ongoing pieces of work and the seminars play an important part, both in sharing and disseminating research findings but also in helping people to talk to each other and find ways of working together to improve sexual wellbeing of all young people.'

#### NEEDS OF PEOPLE WITH LEARNING DISABILITIES BEING ADDRESSED IN TAYSIDE

The sexual health needs of people with learning disabilities are being addressed by NHS Tayside with an intensive inter-agency training programme for parents, carers and workers in both the statutory and voluntary sectors.

The course provides those taking part with a better understanding of the needs of people with learning disabilities and encourages agencies to work together to create a network of local expertise.

## **PARTNERSHIP WORKING IN FIFE TO MEET NEEDS OF BME COMMUNITIES**

Action is being taken in Fife to try to ensure that people from black and minority ethnic communities have access to sexual health services and that their needs are being monitored and met.

Fairness Race Awareness and Equality (FRAE) Fife, a voluntary agency, is represented on the Fife Sexual Health Strategy Group and, in early 2006, a joint meeting was held between FRAE Fife and the strategy group and BBV Task Group to consider issues faced by BME groups in the kingdom.

As a result, the strategy group agreed that services should monitor use by ethnic group, have processes to arrange translation of written information and to access interpreters where required. The group also agreed that all staff should have received basic equality and diversity training as a minimum and that specific staff training should be provided where client groups had specific needs.

## **PROMOTING CONDOM USE AMONG GAY MEN IN GRAMPIAN**

Gay men in Grampian are being urged to use condoms as part of a campaign run by the Terrence Higgins Trust. The 'Get it On' campaign, aimed at normalising the use of condoms, was launched in May 2007, using the promotional message that '9 out of 10 gay men use condoms'. Resources including condoms, packs, posters, Exposed magazine and other items branded with the 'Get it On' logo have been distributed through various venues including gay bars, LGBT student associations at local universities and via PRIDE Aberdeen.

## **CASE STUDY**

### **POLISH WORKER IN EDINBURGH FAMILY PLANNING SERVICE**

A Polish-speaking clinical support worker has started work at NHS Lothian's Family Planning Service in Dean Terrace, Edinburgh, to help meet the needs of Polish women living in the capital.

Funding from the City of Edinburgh Council to promote social inclusion has been used to pay for the worker, who is on hand at two evening and one day-time clinic per week.

Lead clinician Professor Anna Glasier says the move was much-needed. 'We find that we are seeing a lot of women from Poland, at least 10 a day. Some of them speak very good English, but some of them don't.

'We were never entirely sure that the patients were having their needs met because we couldn't be certain that they understood what was happening.'

Employing an interpreter is expensive and in any case staff couldn't predict when one would be needed. Employing a Polish-speaking clinical support worker, who would be trained in general healthcare assistant tasks, but would be available to translate if required, seemed a good way to meet the needs in an appropriate and efficient way. The role – which will be audited – was planned and developed in 2006-2007 and the member of staff started work in September 2007.

The service is advertised with a sign in Polish at the Dean Terrace reception and it may in future be publicised on Polish websites.



### CASE STUDY

#### WORKING TOGETHER TO PROVIDE BETTER INFORMATION

NHS Health Scotland and the LGBT Centre for Health and Wellbeing worked together to provide two new resources to help meet information gaps.

The first, a leaflet raising awareness of the need for cervical screening among lesbian women, was drawn up in response to feedback from women themselves and with their active involvement in the text and design.

'Many professionals assume that cervical screening is not required,' says Health Scotland's Shirley Fraser. 'But lesbian women may also be at risk of STIs, including HPV, which can lead to cervical cancer.'

The second is a booklet providing information on transgender issues, which has been built from an earlier Lothian-based resource. 'Many young people who choose to undertake gender reassignment, for example, are not aware of the process or support that is necessary to achieve this,' says Ms Fraser.

'It is equally an information gap for their parents and other family members as well as professionals.'

The booklet is available from the LGBT centre and other LGBT agencies and provides information on what it means to be a transgender young person and how professionals and families can support them.

### CASE STUDY

#### REACHING OUT TO MEN INVOLVED IN PROSTITUTION IN GLASGOW

The Open Road project, aimed at men involved in prostitution, has been launched in Glasgow.

Funded with £100,000 of national strategy money over three years and augmented by an allocation from the blood-borne virus prevention budget, the intention is to respond better to the needs of this group.

Men who exchange sex for any form of payment, including money, drugs, consumer goods or even a bed for the night, can access the service, which is based at the Glasgow LGBT Centre in Bell Street.

The service can provide emotional support and advice, access to a wide range of services and fast-track access to STI testing.

Activities include establishing contact with men involved in prostitution through outreach and creating referral pathways with other key services, such as addictions and housing; forming care plans and working with mainstream services to enhance knowledge of male prostitution issues.

## CASE STUDY

### IMPROVED SERVICES FOR PEOPLE WITH ADDICTION PROBLEMS IN LANARKSHIRE

Steps are being taken to help meet the sexual health needs of people with addiction problems in Lanarkshire.

The lead clinician and lead nurse have been working with local drug misuse and harm reduction teams to improve access to services for this hard-to-reach group.

'The needs of contraceptive provision and sexual health screening, including blood-borne virus and HIV testing, for clients with addiction problems are well-recognised,' says lead clinician Dr Anne McLellan.

'But as many of these clients can have chaotic lifestyles, an appointment system isn't the best mode of service provision for them.'

A small business card has been designed, which has the sexual health service logo and a phone number on it. This will be given to clients with addiction problems allowing them to 'drop in' to certain clinics.

'Clients fast-tracked in this way will be seen by an experienced doctor and offered a full range of contraception and STI testing,' says Dr McLellan.

A leaflet with more information has also been written and can be given to the client.

The lead clinician and lead nurse have given a lunchtime presentation to more than 80 staff who work with clients with addiction, which was well-received.

It is expected that similar services will be provided for other vulnerable groups, such as homeless people, looked after children and those with learning disabilities.

### Wider influences on sexual health

#### CHANGING CULTURES: MEDIA AND COMMUNICATION

Across Scotland, NHS organisations, local authorities and others have been making use of new – and old – technology as part of the long-term process of culture change. Some have employed websites to raise awareness of sexual health services and issues (see case studies) while some have been proactive in seeking media coverage of their plans.

#### CASE STUDY

##### PUBLIC INVOLVEMENT IN NEW WEBSITE IN TAYSIDE

Patients and the public had a strong say on the content of a new sexual health and wellbeing website launched in Tayside in February 2007.

The website, [www.sexualhealthtayside.org](http://www.sexualhealthtayside.org), was developed by the multi-agency Sexual Health Strategy Group and is designed to cater for people of all ages.

It was set up to respond to requests from local people for up-to-date information and advice about sexual health and relationships.

The website provides online information about access to services and guidance on how to talk openly and honestly about safer sex. It also has a section devoted to the needs of parents and carers.

Members of the public had direct input into development of the site, which was tested by focus groups and survey questionnaires before it was launched.

The website tries to tackle equality and diversity, with, for example, links to translation services in a number of languages including Chinese, Hindi, Arabic and Urdu and a section specifically on sexual health and disability.

There is also a link to a directory of sexual health services offered in Tayside.

## CASE STUDY

### CONSULTATION PROCESS IS RAISING AWARENESS IN THE WESTERN ISLES

The Western Isles Sexual Health Committee, a multi-agency group including representation from the NHS Board, local authority, voluntary organisations and parents, has published its own local strategy following extensive consultation.

The strategy is based on the recommendations of the national document, Respect and Responsibility, and has been formally accepted by Western Isles NHS Board, Western Isles Community Planning Partnership and Comhairle nan Eilean Siar.

It was generally well-received during a wide consultation process.

'One of our priorities has been to ensure that the strategy is well-publicised and that people know about it,' says Isabel Steele.

'The consultation process itself, which included presentations to community groups, raised public awareness and a launch of the final strategy with media coverage also helped.'

## Moving forward with new technology

## CASE STUDY

### LANARKSHIRE TO PILOT NATIONAL IT SYSTEM

NHS Lanarkshire will be the first NHS Board to adopt a national IT system for sexual health. Considerable progress was made in the last year as it prepared to be a pilot site.

At the start of 2006, there were no computers in use in any clinical sites in family planning or GUM. By the end of 2006-2007 there were computers and printers in every site and internet access for BASHH (British Association for Sexual Health and HIV) guidelines was available.

'As regional protocols evolve, they will be accessible in every site and will be updated regularly,' says lead clinician Dr Anne McLellan. 'Soon all staff will be able to access their emails from all clinical sites, saving time in the office. This generally increased availability and use of computers is preparing staff for ultimately a paper-free service and also encouraging them to look up information online.'

'This will ensure patients are treated in line with up-to-date guidelines and information.'

Other moves include introducing an electronic diary system to help develop a centralised booking model in GUM and Family Planning and ultimately there will be one telephone number to access all sexual health services across Lanarkshire.

# Respect and Responsibility

## Sexual Health Strategy Second Annual Report

### WORKING WITH FAITH GROUPS

There are people from many different faith backgrounds in Scotland and this is being taken into account when developing both education programmes and services. Faith groups have been actively involved in developing sexual health and relationships education and policies. There is also faith representation on both the National Sexual Health Advisory Committee and on many local strategy groups across Scotland.

### CASE STUDY

#### PROGRESS ON CALLED TO LOVE

Called to Love, a relationships and moral education programme for Catholic secondary schools, has now been piloted.

Developed in partnership by Healthy Respect and the Scottish Catholic Education Service, the programme aims to offer young people attending Catholic secondary schools the opportunity to be fully informed about sexual health matters by placing relationships education within the context of love, respect, responsibility and moral choices.

During 2006-2007, Called to Love teaching materials were piloted in Catholic Secondary schools in Lothian and in the West of Scotland, and will be published later in this school session for use in all Catholic secondary schools in Scotland.

The Called to Love project's aims include developing curricular guidance and appropriate resources on relationships and moral education, developing and delivering staff training, and evaluating and reviewing the pilot materials.

Guidelines already published by the Catholic Education Commission around relationships and moral education are at the heart of the materials produced by the project.

Michael McGrath, Director of the Scottish Catholic Education Service, says: 'The Called to Love project has demonstrated how the two agencies have been able to work together, showing respect for each other's roles and meeting the responsibility of supporting young people in ways appropriate to their particular context.'

## Section three: Preventing STIs and unintended pregnancy

### KEY POINTS

- Preventing STIs and unintended pregnancy requires a holistic approach involving a number of agencies and individuals and action at a local and national level
- Progress is being made in ensuring sex and relationships education, information and advice, backed by good quality services, is available to everyone.

### PREVENTING STIs

Scotland's record on STIs is not enviable (see statistics on page 3). Tackling this is not only a matter for health services, however, but for a variety of agencies and organisations, including schools, local authorities, individuals, parents and carers. During 2006-2007 work was stepped up to improve access to sex and relationships education and advice in schools and other settings.

### 'MYSTERY SHOPPERS' TEST ACCESS TO SEXUAL HEALTH SERVICES

A 'mystery shopper' process has been used to test how quickly patients with symptoms of an acute STI can access services.

The project involved healthy people contacting 21 GUM and 14 family planning clinics giving symptoms of STIs and finding out when they could be seen. Overall the experience was positive, with most meeting national standards.

Under British Association of Sexual Health and HIV (BASHH) guidelines, patients displaying symptoms should be seen within 48 hours. Scotland's key clinical indicator (KCI) on access also says people with priority sexual health conditions should be seen by specialist services within two working days of contacting the service.

The female shopper contacted each clinic with symptoms of either chlamydia or genital ulcers while the male called the GUM clinics with symptoms of either genital ulcers or urethral discharge.

Of the GUM clinics, 71 per cent could see the female who called with possible chlamydia within 48 hours and 76 per cent could see the female with possible genital ulcers. The male with symptoms of genital ulcers could be seen in 71 per cent of clinics within 48 hours and 76 per cent with urethral discharge.

Six of the 14 family planning clinics could see the female caller with chlamydia within 48 hours, with two advising contacting GUM and one advising contacting a GP. Dean Terrace in Lothian offered a postal testing kit.

Four out of 14 could see the caller with suspected genital ulcers within 48 hours, which was not unexpected as few family planning clinics test for this. One clinic referred the caller to her GP and five to GUM.

The results of the research, which took place in March 2007, were published in July.

'Although clinics are busy and often working at full capacity, the high percentages of GUM clinics able to offer callers an appointment within 48 hours illustrates a good level of service access nationally,' says the report of the research findings.

More information can be found via [www.isdscotland.org](http://www.isdscotland.org)

### CASE STUDY

#### CHLAMYDIA TESTING IN SCHOOLS

Year-group testing programmes are underway in schools in the Dumfries & Galloway area to raise awareness and to find and treat cases of chlamydia.

The screening day is a good opportunity to raise awareness of sexual health issues and services and can be delivered as part of a programme of sexual health and relationships education provided by the sexual health team in co-operation with the area's secondary schools.

So far screening has been carried out in four schools with pupils ranging from S4 (15-year-old) to S6.

'We've found different rates of chlamydia infection, ranging from nil to 12 per cent,' says Dr Maggie Gurney, lead clinician in sexual health.

'Pupils can opt out if they want and there's no pressure for them to take part. But what we're finding is that most of them are happy to be tested as part of the wider sexual health and relationships education programme.'

Pupils are also tested for diabetes and for protein in their urine and any positive results for these are given to them by the end of the day along with advice to visit their GP.

Positive results for chlamydia are given by mobile phone within a week and treatment and contact tracing are initiated.

### HEALTHY RESPECT

Healthy Respect, the Lothian-based national health demonstration project on sexual health, is more than half way through phase two, which runs until March 2008. In 2006-2007 it made progress against all its objective areas, which include sex and relationships education in schools, young people at risk, access to services and improved attitudes to sexual health and relationships using communication.

Here is a small snapshot of some of Healthy Respect's work in 2006-2007:

- Held six multi-disciplinary SHARE training events, with 102 frontline educators being trained in the programme
- In association with Caledonia Youth, held an event on sex and relationships to support young people with learning disabilities, attended by 42 young people and 11 workers
- Continued to increase the number of drop-ins in a variety of locations across Lothian – there are now 23 drop-ins available to young people aged 13-18
- Delivered a Parents campaign, which highlighted the value of 'quality family time' in reducing risk-taking behaviour for young people.

## CASE STUDY

### WORD-OF-MOUTH HELPS YOUNG PEOPLE ACCESS SERVICES

An anxious 15-year-old attended the Healthy Respect drop-in at her local health centre with a friend, having heard about it from other friends locally. She had also just started SRE in school, which had included a session led by the school nurse on services for young people.

At the drop-in, the school nurse did a pregnancy test for the girl, which was negative and offered a follow up test and a c:card so that she could access free condoms. She also initiated discussion on healthy relationships and safer sex issues.

When the girl returned the following week, with a different friend, the second test was also negative and a urine sample was sent for Chlamydia testing. The girl was keen to start the oral contraceptive pill, so received detailed information and a leaflet from the school nurse. Her friend also requested a c:card.

Both girls said it was easier to access the local service as friends had previously used it and felt it was a young person-friendly service.

## CASE STUDY

### HIV COMEBACK TOUR IN Lothian

A multi-agency group in Lothian developed a campaign in response to increasing rates of HIV in men who have sex with men (MSM). The HIV Comeback Tour, launched in September 2006, involved NHS Lothian, Gay Men's Health, Healthy Gay Scotland, LGBT Youth, Harm Reduction Team, GUM, Waverley Care and Positive Voice.

The three-year campaign aims to raise awareness of HIV among MSM, encourage regular testing and urge use of condoms and negotiated safety strategies, and has been based on international evidence as well as extensive local research, involving MSM. It is being formally evaluated to assess impact and effectiveness and to see if it has potential to be applied nationally.

Clinical data has shown that the number of people attending the specialist MSM GUM clinic rose between 2005-2006 and 2006-2007. The number of new patients almost trebled from 132 to 388 while return visits rose from 253 to 729.

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### TARGETING HELP AT VULNERABLE YOUNG PEOPLE

Strenuous efforts are also being made to engage with young people, particularly those who are most vulnerable.

### CASE STUDY

#### HELPING VULNERABLE YOUNG PEOPLE IN TAYSIDE

In Tayside, the WEB project, a local voluntary sector organisation which works with disadvantaged and socially excluded young people, was commissioned by NHS Tayside to provide a tailored programme of sex and relationships education aimed at the needs of some of the most vulnerable young people across the region. The programme started in April 2006 and in its first year 39 organisations across Tayside hosted sessions with more than 600 young people participating.

The WEB project is also developing a programme to work with 16-25-year-olds who are sexually exploited, targeting both indigenous and migrant young people.

NHS Tayside has also set up a pilot Young People's Clinic in GUM that offers a tailored one-stop shop aimed at meeting the needs of young people. Ann Eriksen, Head of Social Inclusion, says: 'The clinic is jointly provided by doctors and nurses from both sexual health and paediatrics and has strengthened the arrangements to protect and support some of the most vulnerable young people.'

The evaluation of the first year's data will be published in 2008.

### CHILD PROTECTION

During the past year there has been progress at a national and local level in tackling child protection issues, particularly in relation to sexual health and wellbeing. A number of local protocols and training initiatives have been developed to provide guidance and support to professionals working with young people who are sexually active, including those who may be under the age of 16. It is important that protocols support a proportionate response to sexually active young people, ensuring that those in need of protection are referred appropriately whilst also ensuring that young people's clinical needs are met.

National guidance in the area of disclosure of under age sexual activity is under consideration and will support work underway following the 3-year Child Protection Reform Programme, which was recently very positively evaluated in an independent review.

## CASE STUDY

### PHARMACISTS IN AYRSHIRE & ARRAN TRAINED IN CHILD PROTECTION

Community pharmacists in Ayrshire & Arran are being trained in child protection issues to allow them to extend sexual health services.

The pharmacists are being trained in the issues which have to be considered when dealing with requests for sexual health services from young people.

The move will allow the area's pharmacy-based service for emergency hormonal contraception (EHC) to be extended to include girls aged 14 and 15 where clinically and professionally appropriate.

It will also allow them to give other sexual health messages, such as options for long-term reversible methods of contraception and ways of avoiding STIs.

Ayrshire & Arran's community pharmacy-based EHC service involves 79 pharmacies in all urban and most rural areas and is intended to widen access, particularly because they are open in evenings and at weekends.

In 2006-2007 there were 4,943 consultations, with EHC being supplied in 98 per cent of cases, along with written and verbal advice on contraception and avoiding STIs.

NHS Ayrshire & Arran decided to lower the current age limit for the service from 16 to 14 in light of high teenage pregnancy rates in 13-15-year-olds.

## CASE STUDY

### FEEL, THINK, DO PROGRAMME FOR PRIMARY SCHOOL CHILDREN IN FORTH VALLEY

An innovative sexual abuse prevention programme is being rolled out in Forth Valley.

Feel, Think, Do is an interactive resource designed to be used with pupils in primaries six and seven.

Delivered over eight lessons, the programme includes a DVD which uses a live theatre in education performance to create situations, exploring issues such as emotional literacy, risk-taking, personal safety and sexual abuse.

Throughout the DVD there are opportunities to pause, encouraging discussion and providing links to the lesson plans.

Feel, Think, Do was launched in January 2007 and was rolled out to Forth Valley primary schools in October.

The programme was developed by the Sexual Health and INTER-ACT teams from Health Promotion at NHS Forth Valley, in partnership with Health Scotland, Stirling Council, Clackmannanshire Council and Open Secret.

Dr Chris Kelt, lead clinician, says: 'This initiative is important not only because it encourages personal safety in children and young people but it helps put over the importance of respect for self and others and positive relationships, and will hopefully help prevent sexual abuse and coercion and subsequent sexual problems.'

### PREVENTING UNINTENDED PREGNANCIES

The strategy as a whole is based on an overarching aim of achieving improved sexual health and wellbeing. This involves a number of factors including education and tackling economic and societal factors. Meanwhile, however, NHS Boards, schools, local authorities and other organisations across Scotland are taking practical steps to prevent unintended pregnancies. These include ensuring access to condoms, widening the availability of emergency hormonal contraception (EHC) and improving access to long-acting reversible contraception. For example, in the Western Isles, four additional condom machines have been installed in local premises, one of them on an island where previously there had been no public condom machine while in Aberdeen the Terence Higgins Trust office now makes condoms available free to everyone, not just gay men. Education programmes are also being delivered across the country to young people in particular to give a better idea of the consequences of unintended pregnancies.

### CASE STUDY

#### WORK TO IMPROVE ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTION IN Lothian

NHS Lothian's Family Planning and Well Women services (FP/WWS) have taken action to improve access to long-acting reversible contraception, such as intra-uterine devices (IUD) to meet patient demand. Only a small number of GP practices provide the service, with most referring women to the specialist services.

To help meet demand, the FP and WWS have doubled the number of IUD clinics held in the central Edinburgh clinic while a dedicated IU contraception clinic is now held once a fortnight in East Lothian. From Summer 2007, an additional IUD clinic is taking place each week in West Lothian.

'We realised we had to do something to meet demand because, in reality, very few GPs in Lothian offer this service so most women come to us,' says lead clinician Professor Anna Glasier.

The Family Planning Service is also working with GPs to encourage more practices to help meet the need.

In addition, the service continues to provide outreach clinics in some of Lothian's most deprived areas and a clinic has been established with NHS Lothian's Substance Misuse Directorate to deal with complex contraceptive needs and to encourage the use of long-acting reversible contraception amongst female drug users.

A fast-track appointment system has also been set up for women who have had a pregnancy terminated and who wish an IUD.

The number of patients who received IUD insertions rose considerably from 788 in 2005-2006 to 1,224 in 2006-2007 while the number attending for Implanon insertion rose from 658 to 1,028.

## Section four: Providing better services

### KEY POINTS:

- Patients across Scotland are already benefiting from improved services as a direct result of implementation of the strategy.
- Services across Scotland are at different stages of development, partly depending on where they started from.
- Key challenges around staffing, premises and resources remain.
- NHS boards and others are working together to find innovative solutions to overcome challenges.
- Rural areas face particular issues in ensuring access and choice of services.

### SERVICE REDESIGN

When the strategy was published in 2005, sexual health services varied across Scotland and some areas had services which were much more developed than others. Obviously the areas which were less developed had further to go to meet the strategy objectives.

Progress is definitely being made, however. Last year we reported that a number of boards were drawing up plans to develop integrated GUM and family planning and reproductive health services. This year we can say that a number of these services are now up and running and treating patients, although some areas, notably Lothian, are still in the planning stages for one reason or another.

Again this year we can report that NHS Boards are making good use of sexual health strategy funding to employ more people and to provide targeted training for existing staff. Service redesign, making more use of healthcare professionals such as nurses and pharmacists in extended roles, has also transformed capacity in most areas of Scotland.

Rural areas too, which face particular challenges in meeting the strategy aims of access and choice of services, have been thinking innovatively about how they can do this, within the constraints of geography and funding.

### CASE STUDIES

#### PATIENT CHOICE IN RURAL AREAS

A key recommendation in the sexual health strategy is to ensure that patients, where possible, have a choice of places where they can access services. While this is easier in cities where there are a number of service providers, it is more challenging in rural areas where there might be only one GP for several miles.

Nowhere is this more the case than for Scotland's remote and island communities, which have had to be imaginative to introduce patient choice within the restrictions of geography and tight resources.

Both NHS Orkney and Shetland have risen to the challenge by developing sexual health and wellbeing services which provide both GUM and family planning services. This serves both patients who do not wish to see their GP, perhaps because of fears around anonymity in a small community, as well as those who are referred by their GPs for more specialist help.

In Orkney, the new service involves an open access drop-in clinic at the Health Promotion Department every Monday from 4pm to 6.30pm and two clinics on a Wednesday afternoon at Kirkwall Health Centre. The latter is by appointment or referral only and is used mainly for procedures such as insertion of long-lasting, reversible contraception and endometrial biopsy.

'We chose the health promotion department because it is community-based and doesn't really feel like a clinical setting,' says lead clinician Dr Anne Nicolson.

'It was already known to the public as a place where health information on all topics was available, so we hoped this would help to "disguise" those seeking sexual health advice.'

Opening times were decided following consultation with young people and taking transport to and from country areas and the outer Isles into account.

So far, the clinics are proving popular with attendances rising each month. In May 2007 there were 31 patient contacts at the drop-in clinic.

NHS Shetland opened a new Sexual Health and Wellbeing Clinic in November 2006. Running on Monday evenings in the out-patients department of the Gilbert Bain Hospital in Lerwick, it provides both family planning and GUM services, with an emphasis on health promotion.

During the first six months, 53 women and 22 men attended the clinic with the numbers of weekly contacts more than doubling between the first and second three month periods.

'Although 22 men might seem a small number it is more than the team expected and demonstrates the success of the clinic in reaching men,' says Dr Susan Laidlaw, consultant in public health.

'The staff were also pleased to see a number of couples attending the clinic.'

'The general feedback has been positive and we are pleased that the number of people attending through word-of-mouth has been increasing.'

Unfortunately staffing issues meant that the service had to be halted temporarily and there will also be challenges in keeping the service going once sexual health strategy funding runs out in April 2008.

Dr Laidlaw is convinced of the benefits, however. 'Before the clinic started, people in Shetland had the option of seeing their own GP or going to Aberdeen or elsewhere in Scotland for sexual health services,' she says. 'For many people, especially young people, it might be difficult to explain to family why they needed to go to Aberdeen or even find the fare.

'The provision of a local sexual health and family planning service has meant that people can access services far more easily, costing less and involving less time and fewer explanations to others.

'We believe this has resulted in patients accessing the service who may not have gone to their GP or to Aberdeen.'

### **CASE STUDY**

#### **MAKING USE OF TECHNOLOGY, OLD AND NEW, TO IMPROVE ACCESS IN RURAL AREAS**

Telephone and email consultations are being offered in Orkney to try to overcome some of the barriers to people living in remote locations.

Clinic staff at NHS Orkney's new integrated sexual health and wellbeing service are available to give advice to other health professionals, both by phone and by email.

'We find that this service is being used quite frequently and is appreciated, especially by some of the single-handed GPs from the outer isles,' says lead clinician Dr Anne Nicolson.

'We also offer this service to patients in the hope of overcoming some of the barriers to access caused by fears around anonymity and our remote geography.'

So far, few patients have taken up the opportunity of remote consultations but the service planned to advertise it more widely from the latter part of 2007.

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### CASE STUDY

#### IMPROVING CHOICE IN RURAL AREAS

GP practices in Highland are helping to provide a wider range of specialist sexual health services closer to where people live.

Seven practices, most outside Inverness, have received funding to implement a locally enhanced service (LES) under the new GP contract and two on Skye are hoping to do so soon. This amounts to around one in six GP practices in the former NHS Highland region or nine per cent including practices in Argyll and Bute.

Gill MacVicar from NHS Highland says introduction of the enhanced service is at an early stage because most practices found the level of service required challenging. 'Through our clinical lead in sexual health services, we negotiated a developmental approach and local specification with several practices across Highland and are working to encourage a better coverage to improve access,' she says.

'This is in addition to the core services for sexual health and family planning that are delivered by all practices and the service delivered by Highland Sexual Health.'

Highland Sexual Health and Obstetric and Gynaecology clinics are now also offered in Invergordon.

### Examples of service redesign

### CASE STUDY

#### A MINI-SANDYFORD PLANNED FOR EVERY CHP IN GREATER GLASGOW AND CLYDE

Mini sexual health clinics based in communities continue to open across Greater Glasgow and Clyde, bringing services closer to where people live.

While the focus of the sexual health services is Sandyford Central, the integrated service in the city centre, community 'hubs' are being set up across the region.

Between September 2006 and May 2007, hubs opened in Parkhead, Inverclyde, Springburn and Barrhead.

'Hubs include most of the services available at Sandyford Central, including a range of clinical tests, back-up counselling and information services,' explains lead clinician Dr Alison Bigrigg.

'The programme, which is due to be completed in summer 2008, will eventually result in a "mini-Sandyford" in each CHP and CHCP (Community Health (and Care) Partnership) area.'

The aim of the hubs is to improve access to services via expanded opening hours and a broadened range of services available locally.

Each hub is designed to meet the needs of its particular community. For example, Sandyford South-East, which opened in Govan in 2005, offers priority sessions for Urdu and Punjabi speaking women.

The hubs have found in general that they are attracting more patients than services which were there previously and were having some success in reaching target groups. For example, Sandyford Inverclyde, the first hub in Clyde, experienced an increase in male patients, including a number of gay and bisexual men.

### IMPROVED ACCESS IN TAYSIDE

NHS Tayside is working to improve access to sexual health services by opening more clinics outwith traditional consulting times.

The clinic system in family planning was revamped in 2006 to offer additional drop-in clinics and more nurse-led and procedure-specific clinics (such as for long acting reversible contraception).

Lunchtime and early morning clinics in family planning have been opened to provide choices which may suit women who are at work or in education.

There are also additional clinics in GUM with nurse practitioners treating more patients in shorter appointment slots. More new appointments have also been opened up because the number of follow-up visits has decreased thanks to introduction of a new self-care programme for genital warts.

Patients in GUM are now seen within one week for a routine appointment and within 48 hours for an urgent appointment.

In family planning, there is no waiting time for a routine appointment and patients who wish insertion or removal of long-acting reversible contraception can usually have it within a week.

### INTEGRATED SERVICE IN FIFE

Patients in Fife are now benefiting from a new, integrated sexual health service at the Beeches Centre in Forth Park Hospital, Kirkcaldy.

Both GUMSH and family planning (now called Contraception and Sexual Health – CASH) have moved in to the new unit which was officially opened by the then health minister in January 2007.

'Early reports from patients and staff suggest that the move has been successful,' says Dr Lorna Watson, clinical lead for sexual health in Fife.

'Facilities are brighter and more spacious with less crowded waiting rooms. Staff have access to more examination rooms causing fewer delays for patients and co-location makes referral between the services easier – and means both services can see a patient in the same clinic visit.'

Money allocated under the sexual health strategy helped fund the move, with £41,600 spent on equipment.

Now work is underway on an action plan to integrate the two services fully under one management structure and to develop joint clinics in Dunfermline and St Andrews.

The move has helped to improve access to services and has cut waiting times. For example, out-patient clinics for termination of pregnancy services are now held at the Beeches Centre and the number of clinics has doubled.

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There is a daily nurse practitioner genito-urinary medicine and sexual health (GUMSH) clinic for patients without symptoms of an STI and GUMSH has an open access policy with five or six slots per day for walk-in patients, who see either a doctor or nurse practitioner.

'The integrated sexual health service has proved popular with users, including LGBT users,' adds Dr Watson.

'For example, while in the past the GUM clinics shared a waiting area with other clinics, the GUMSH clinic now has a dedicated waiting room.'

The centre also provides improved physical access, with a ramp for wheelchair users and a reception designed specifically with their needs in mind.

### OVERHAUL OF SERVICES IN BORDERS

Sexual health services in clinics in the Scottish Borders have been redesigned to improve the range, accessibility and visibility of services.

In February 2007, the Scottish Borders Sexual Health Service, integrating GUM and Family Planning, moved to new premises at the Currie Road Health Centre in Galashiels. The new centre provides a mix of specialist and combined drop-in clinics four days per week. All clinics offer core contraceptive and STI testing services, some with additional specialist services.

New drop-in services are being phased in across the Scottish Borders area, providing family planning and STI diagnosis and treatment in local health centres and non-medical settings. By mid-2007, new drop-in services had been opened in Hawick, Eyemouth, Galashiels and Duns.

Dr Dan Clutterbuck, lead clinician, says: 'With the full support of NHS Borders at every level, we've gained maximum value from additional strategy funding through joint working with NHS colleagues in gynaecology, health promotion and public health, with the local authority and the voluntary sector.'

'With over 50 sites providing postal testing kits for chlamydia and 22 community pharmacies providing free emergency contraception, we are increasing the range of services available in medical and non-medical settings and we delivered sexual health education directly to around 10 per cent of people aged under 25 last year.'

### EXTENDED ROLES FOR PHARMACISTS IN AYRSHIRE & ARRAN

Pharmacists in Ayrshire & Arran are playing an important role in implementing the sexual health strategy.

Last year's annual report highlighted a pilot project which was underway into the feasibility of a community pharmacy-based chlamydia testing and treatment service. This is now being extended.

The pilot was carried out in 15 pharmacies in the North Ayrshire Community Health Partnership area and, in the first instance, targeted women who requested emergency contraception.

After interim evaluation in September 2006, the service was extended to include males and females who considered themselves to be at risk from chlamydia infection.

In the first phase, 76 testing kits were given out, 30 per cent were returned to microbiology for testing and there were four positive results. Between September and March 2007, a further 51 kits were given out, 55 per cent were sent back for testing and there were two positive results.

Pharmacists can treat those who test positive, who are then recommended to attend a GUM clinic for full screening and contact tracing.

In 2007-2008, it is anticipated that the pilot will be extended to allow interested pharmacists across Ayrshire & Arran to take part.

This will allow more effective marketing and awareness raising of the issue throughout the NHS Board area.

### **NURSE-LED SERVICES**

NHS Borders is making more use of the nursing workforce to expand services and improve access.

Two community nursing specialists in sexual health have now been employed (one in 2005, one in 2006), each covering particular GP practices in the Borders region.

The nurses are providing support, advice and training to help GPs and practice nurses who are offering sexual health services, as well as running drop-in clinics and supporting health promotion activity in schools and colleges.

A nurse-led clinic is also helping to improve access to long-acting reversible contraception, allowing up to five extra Implanon insertions per week.

Lead clinician Dr Dan Clutterbuck says: 'By capitalising on our specialist nursing workforce our small services provides at least 10 clinics every week at seven sites with the equivalent of less than one full-time doctor.'

### **CASE STUDY**

#### **WORKING WITH GP PRACTICES IN GREATER GLASGOW AND CLYDE**

The Sandyford Initiative is developing more ways of engaging with general practices across Greater Glasgow and Clyde.

These include a specialist website for GPs, which provides information on other services, guidance on how to treat sexual health and reproductive health problems and patient information leaflets, which can be downloaded.

The Sandyford also runs a nurse helpline, from 9am to 5pm Monday to Friday. This receives around 600 calls per month.

Health advisors based at the Sandyford Initiative also offer advice and assistance to primary care clinicians taking tests for STIs. When a test is positive, the health advisor offers help as required in treatment and partner notification.

# Respect and Responsibility

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### INVOLVING SERVICE USERS IN PLANNING AND IMPROVING SERVICES

Patient and public involvement is increasingly a priority and is a particular focus of the Scottish Government's consultation document, *Better Health, Better Care*, which was published this year. There are good examples of public involvement in drawing up strategies, meeting information gaps and improving services throughout the report. But here is just a flavour of some specific initiatives.

#### CASE STUDY

##### CONSULTING SERVICE USERS IN GREATER GLASGOW AND CLYDE

Throughout the year, sexual health services in Glasgow conducted a number of surveys and other work to make sure service users' needs are being met.

This has involved ongoing consultations with existing and potential service users and finding ways of involving them in development and delivery of appropriate services.

A number of 'How was it for you?' surveys were held in different sites, including the Centre for Women's Health – where 30 women (88 per cent) said the service was 'very good' and Sandyford South East, where 29 out of the 30 people who responded were satisfied or very satisfied with the service they had received.

Different groups have also been specifically targeted in user involvement projects. These include the African Sexual Health Planning Group, which conducted focus groups in May and June 2006, attended by almost 60 people from different African communities in Glasgow. A work plan has been drawn up from the findings and this will be implemented over the next three years.

#### CASE STUDY

##### NHS Lothian Doctors 'Appraised' by Patients

Patients at NHS Lothian's Family Planning Service in Dean Terrace, Edinburgh, have been invited to judge their doctors as part of attempts to ensure that visiting clinics is a positive experience.

Four consultant gynaecologists and two staff grades took part in the project, which involved asking randomly selected patients to fill in a short questionnaire after seeing the doctor. The patients were asked to comment on the particular doctor they saw, who then received the specific feedback.

'We conducted the survey over a four-month period because we felt that would give a true picture of performance,' explains lead clinician Professor Anna Glasier. 'Anyone can up their game if they are being monitored for one clinic – you can't keep that up for four months.'

'The doctors felt a little nervous about it at first but we were delighted with the feedback, which showed a high level of satisfaction with the service. It's something we'd like to repeat on an annual basis and we hope to roll it out to other sites across Lothian.'

Around 120 questionnaires were completed and indicated a patient satisfaction rate of around 98 per cent. The only negative comment related to the Dean Terrace premises.

Patient comments included: 'I am impressed by friendly approach, easily understood and felt I was being listened to for a change – excellent service.' 'I was more than happy with the whole consultation from reception to minimum waiting to cheerfulness of staff and assistant and doctor. Lovely people, very reassuring and professional.'

The doctors themselves can use the results as part of the on-going professional appraisal system, which requires them to show that patients are happy with consultations.

### KEY CHALLENGES

Staffing remains a key challenge across Scotland, with some NHS Boards reporting difficulty in recruiting to posts, despite the availability of funding.

There are also some concerns around whether resources will be available to 'mainstream' services set up using sexual health strategy money at the end of the three-year initial implementation period.

Premises have also been an issue in some areas, particularly in Lothian and in Dumfries & Galloway where plans to develop an integrated service on one site have been delayed, but are now finally underway.

### NATIONAL COMMITTEE TACKLING KEY CHALLENGES

The National Sexual Health Advisory Committee (NSHAC), now chaired by the Public Health Minister, continued its work during 2006-07 and made progress against all its objectives.

Details on the work of the committee can be found on the Scottish Government website.

### CLINICAL STANDARDS AND TARGETS

The strategy recognises that it is important to be able to monitor services, both nationally and locally, to ensure that they are improving.

NSHAC was charged with offering advice on developing targets appropriate to Respect and Responsibility. The group responsible for this has also been supporting NHS QIS in developing standards (see page 37).

In February 2007, the first five KCIs were published, covering chlamydia testing, access to male and female sterilisation, termination of pregnancy, HIV therapy and hepatitis vaccination for men who have sex with men.

KCI 6 on long acting reversible contraception was published in November 2007.

The performance of each NHS board against the first five KCIs can be found on the NSHAC website (<http://www.scottishexecutive.gov.uk/Topics/Health/health/sexualhealth/advisory-committee>)

Dr Alison Bigrigg, who is leading on this piece of work for the committee, says the first report, which provided a baseline on individual health board performance compared to other areas of Scotland, has been actively used by Health Boards to plan priorities and service improvements as part of *Respect & Responsibility*. 'The second round of data, due to be published in February 2008, will help Health Boards to evaluate the extent their policies and new services have improved sexual health for local people,' she added.

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### WORKING TOGETHER TO IMPROVE SEXUAL HEALTH

Implementing the strategy involves a wide range of groups and agencies, including schools, health services, the voluntary sector and parents. Across Scotland progress is being made in encouraging different agencies to work together more closely to improve sexual health.

### CASE STUDY

#### PARTNERSHIP WORKING IN DUMFRIES & GALLOWAY

Dumfries & Galloway's sexual health strategy stresses the importance of partnership working. It is led by a steering group which involves representatives from a number of different agencies, including health services, local authority, voluntary agencies and service users. There is also a Young People's Sexual Health Steering Group which has recently taken on new members to give wider representation.

Financial support is provided by the local authority to a number of groups who contribute to sexual health, including South West Rape Crisis and Sexual Abuse Centre, Wigtownshire Women's Aid, Age Concern, Couples Counselling and D&G Coalition of Disabled People.

There is also strong partnership working with the area's GPs. Locally enhanced services (LESs) have been agreed under the new GP contract so that GPs are paid a fee for inserting intra-uterine devices (IUDs) with 19 out of the area's 34 GP practices taking part. A LES for Implanon insertion has also been agreed and 14 GPs in 11 practices in nine towns have been trained.

The use of link workers, most of whom are nurses, is also being pioneered. These workers actively promote the area's sexual health services by going out to different groups, including LGBT, looked-after children, homeless people, prisoners, substance misusers and people with mental health problems. 'We want our services to be accessible and welcoming to everyone,' says lead clinician Dr Maggie Gurney. 'But if people aren't accessing our services we want to make sure we are meeting their needs by going to them.'

## CASE STUDY

### JOINT WORKING TO ADDRESS SEXUAL HEALTH OF YOUNG PEOPLE IN GLASGOW

A Young People's Sexual Health Steering Group has been set up by Glasgow City Council and NHS Greater Glasgow and Clyde.

This is intended to improve the response of both organisations to the sexual health needs of young people, including how services respond to young women who become pregnant.

A Strategic Manager – Young People's Sexual Health is jointly funded by the council and NHS Board.

Over the last year, the partnership undertook a variety of activities, including reporting on the findings of a consultation with almost 3,000 young people and establishing the Talk 2 project to help parents talk to children and young people about sexual health and relationships issues.

It also developed a new core curriculum for sexual health and relationships education in schools (P1-P6), which will form the basis of a pilot Sexual Health and Relationships Health Promoting Schools Programme due to be piloted in 2007-2008.

## CASE STUDY

### WORKING TOGETHER TO MEET NEEDS OF VICTIMS OF SEXUAL ABUSE AND ASSAULT IN FORTH VALLEY

Fast track appointments for victims of sexual assault have been set up as part of the Forth Valley sexual health service.

Extra resources also mean that this client group can also have rapid access to post traumatic stress disorder therapy.

The move followed a seminar, held in June 2006, for those working in the field of sexual abuse, sexual assault and psychosexual dysfunction.

The seminar, which included a forensic physician and voluntary agencies, fostered links between different services and led to the setting up of a special interest sub-group of the Forth Valley Sexual Health Network.

The network identified care of men and women after rape and sexual assault as an area of particular need. 'Various options were considered and it was decided to promote services available to women and men, not only based in GUM settings but in family planning and voluntary agencies as well,' says lead clinician Dr Chris Kelt.

As a result, a leaflet is being designed to promote the support available in Forth Valley. People can refer themselves to the service even if they have not reported the incident to the police – potentially a much bigger user group.

In addition, a training event was held in June of this year (2007) for sexual health and other staff who might be first point of contact for those who had been assaulted, for example, people working in A&E. Local voluntary agencies also attended.

# Respect and Responsibility

## Sexual Health Strategy Second Annual Report

### CASE STUDY

#### JOINT WORKING IN GRAMPIAN

An integrated sexual health services plan is being developed in Grampian. The aim is to create closer working to bring benefits to patients and the organisations involved.

In 2006, both genito-urinary medicine and sexual and reproductive health transferred to the management of the Aberdeen City Community Health Partnership.

A service redesign group has been established to facilitate closer working between GUM and family planning, with the eventual aim of co-location in the Aberdeen City CHP Health Village, which is in the early planning stages.

'Although full convergence, working within one building, remains some way off, interim co-location arrangements are currently being explored,' says Chris Stewart, deputy general manager of the City CHP.

'We believe that closer working will benefit patients as well as helping us organisationally.'

#### CONTRIBUTION OF SPECIAL HEALTH BOARDS AND SCOTTISH PRISON SERVICE

The strategy makes a number of recommendations for other agencies, including special health boards and the Scottish Prison Service. All have reported progress and more detail can be found on each organisation's own website.

#### NHS 24

NHS 24 has responsibility under the strategy to make sure its systems are up-to-date in terms of both the way it deals with calls on sexual health issues and that they work with service providers to make sure that they have the best information on services available. The Board reported this year that its algorithms (the computer system used to support decisions of how to move people through the system) were up-to-date and that staff had access to library and e-library material on sexual health.

The organisation also said that the NHS 24 Knowledge Management team liaises with those providing services to ensure they have the most up-to-date information in each NHS board area.

#### NHS EDUCATION FOR SCOTLAND

A great deal of work is being done to identify Scotland's sexual health workforce and ensure that staff are properly trained and meeting the right standards. NHS Education for Scotland (NES) has been at the forefront of much of this work. Under the strategy, NES has responsibility for looking at career progression of doctors specialising in reproductive health, developing training so that nurse-led sexual health services can be extended, developing a competency-based framework to support implementation of the strategy and improving training at undergraduate and postgraduate levels. All of the above are in conjunction with other relevant groups, such as professional bodies and networks.

Progress is being made in all these areas.

### CASE STUDY

In January 2006, NES published a second competency-based framework, *A Route to Enhanced Competence in Sexual and Reproductive Health (specialist level)*. This builds on the non-specialist competency framework published in 2004. Both were drawn up by nurses and midwives with specialist knowledge in this area and both can be used either to prepare education programmes or to map existing education programmes.

The frameworks were evaluated and found to be well-received and the evaluation is being used to guide the next stage of the project. This includes integrating NES and RCN competencies into a user-friendly format, which will be piloted with a group of staff to ensure that it is easily understood before being rolled out across NHSScotland.

NES has also developed a competency record book for staff working at pre-specialist level. This booklet allows individuals to identify those competencies that are relevant to their own role and, with a mentor, to work towards gathering evidence to support achievement of competence.

### NHS HEALTH PROTECTION SCOTLAND AND ISD

Health Protection Scotland and the Information and Statistics Division of the NHS in Scotland are making progress in meeting the recommendations in the report.

- Monitoring and disseminating information about new diagnoses and trends timeously so that the appropriate responses can be made at local NHS Board level. This information will also need to reflect the strategy's commitment to equality and diversity.

Moving Forward – Sexually Transmitted Infections, including HIV, in Scotland 2005 was published in November 2006.

This was the second annual report produced by the Sexually Transmitted Infection Epidemiology Advisory Group (STIEAG), bringing together data from a variety of sources including laboratories, GUM clinics and primary care.

For the first time, it contains sections on ethnicity and work to allow data to be collected on disability is progressing.

The main findings include:

- In GUM clinics, a 10 per cent increase in workload in 2005 compared to 2004, partly explained by a large increase in uptake of HIV testing.
- Diagnoses of genital chlamydia increased by 8 per cent with around two thirds of women diagnosed in a non-GUM setting, eg at their GP while two thirds of men were diagnosed in a GUM clinic.
- In 2005 there were 405 cases of HIV identified in Scotland, most were new cases. This was the highest number of new cases on record and was up 11 per cent on the previous year.

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For more information see the table on page 3 or access the full report via [www.isdscotland.org.uk](http://www.isdscotland.org.uk)

- Lead action to develop standardised data collection to support the development and monitoring of sexual and reproductive health services.

Work has been ongoing to identify gaps in the data available and to consider options for addressing where the information is inadequate.

- Develop proposals for a national data collection framework.

The project leader post for the Data Augmentation for Sexual Health (DASH) has been funded for another year. Proposals have been made to NHS National Services Scotland to develop a sexual health information programme for April 2008, although discussion is ongoing. There is recognition that a stronger infrastructure is needed to deal with the information needs of sexual health. An integrated IT system will be piloted in Lanarkshire during 2007-08 and will be used to inform further roll-out across Scotland.

### NHS HEALTH SCOTLAND

NHS Health Scotland, Scotland's health improvement agency, is one of the key bodies involved in implementing the sexual health strategy. In 2005-2006 progress was made against all the actions identified in Respect and Responsibility. These include developing guidance, commissioning and disseminating research, developing information and raising awareness as well as playing an important role in sex and relationships education.

As NHS Health Scotland is central to the strategy, many examples of its work are given elsewhere in the report and more details can be found on its website, [www.healthscotland.com](http://www.healthscotland.com)

## CASE STUDY

### SHARED LEARNING ON TEENAGE PREGNANCY

In November 2006, representatives of 12 NHS Boards and 26 local authorities came together to discuss the issues facing them in implementing *Respect & Responsibility*. As well as hearing about national work, participants shared learning from both their own and other areas.

The event was organised by the voluntary agency Brook and supported by NHS Health Scotland, the Scottish Executive and the pharmaceutical company Schering, and particularly looked at initiatives to reduce teenage pregnancy rates.

There was also an overview of success factors identified by the Teenage Pregnancy Unit in England. Speakers included health professionals, managers and even a teenage mother who works with Brook in Oldham.

The conference was well-received with 91 per cent of delegates saying it was useful or 'very useful'.

Delegate comments included: 'All the English evidence was very informative and will inform my practice. It also reinforced the fact that my service is striving to do the right thing.' 'All very interesting and useful.' 'What was the most interesting part of the day? All of it!'

### NHS QUALITY IMPROVEMENT SCOTLAND

NHS QIS was tasked with developing standards for sexual health services in Scotland. Draft standards have been drawn up and were published for consultation in July 2007. These are based around six key themes: access, capacity, co-ordination of approach, equity of service provision, patient choice and quality of care.

The standards focus on outcomes, not process as they are not intended to be prescriptive. Instead they are intended to inform NHS Boards' decision making, recognising that different solutions will be needed to respond to local circumstances.

There are 12 draft standards looking at particular issues. These are:

- Access to specialist sexual health services
- Information provision
- Termination of pregnancy
- Partner notification
- Sexual health care of people living with HIV
- Male and female sterilisation
- Chlamydia testing
- Hepatitis B vaccination for men who have sex with men

# Respect and Responsibility

## Sexual Health Strategy Second Annual Report

- Long-acting, reversible contraception
- Appropriately trained staff providing sexual health services
- Comprehensive provision of specialist sexual health services
- Local sexual health service delivery is consistent with national guidelines.

QIS anticipates that the final standards will be published in March 2008. The draft standards can be found via [www.nhshealthquality.org](http://www.nhshealthquality.org)

### SCOTTISH PRISON SERVICE

The Scottish Prison service has continued to work to meet its strategy objective of sustaining its commitment to health improvement and harm reduction, enabling availability of condoms and dental dams in young offenders institutions and adult prisons.

At a national level, condom distribution within prisons and young offender institutions is being implemented and staff, in conjunction with their local NHS boards, are being trained in the C-Card scheme to facilitate this. Currently this is at different stages in different parts of the country, but in Barlinnie, for example, 20 members of staff have been trained on providing C-Card and condoms for those in prison and when they are released.

Initiatives are taking place in prisons and young offender institutions across the country in partnership with NHS Boards, statutory organisations and the voluntary sector. For example, in Fife, a health worker visits prisoners from the area before their release, to provide advice and information on health issues, including sexual health.

### CASE STUDY

The SPS has commissioned development of a Sexual Health and Relationships Education Programme aimed at staff and prisoners. The programme will provide the skills and knowledge to make positive choices about sexual health, improve equitable access to comprehensive sexual health services and influence the wider environment to promote better relationships and improve sexual health.

The programme will be developed in three stages with potential for a fourth. These are:

- Stage 1 – undertake a gap analysis to identify the needs of prisoners and the knowledge and values of staff via focus groups in each establishment
- Stage 2 – assess the available resources that could meet the identified educational needs and develop an appropriate training programme and associated materials to meet this need
- Stage 3 – pilot the programme in a cross-section of establishment, evaluating and updating as necessary and providing measurable outcomes
- Stage 4 – (optional) to support or lead on-going training.

## Conclusion

There has been considerable progress in the second year of the strategy and patients, young people and the public generally are benefiting from what, in some cases, are services which have been completely transformed. Challenges remain but there is a real sense of momentum behind the strategy as it moves into its next phase.

## Annexe A

### THE EXECUTIVE DIRECTORS ARE:

Ayrshire and Arran – Carol Davidson  
Borders – Andy Riley  
Dumfries and Galloway – Derek Cox  
Fife – Gina Radford  
Forth Valley – Gareth Davies  
Grampian – Lesley Wilkie  
Greater Glasgow and Clyde – Catriona Renfrew  
Highland – Eric Bajjal  
Lanarkshire – Dorothy Moir  
Lothian – Alison McCallum  
Orkney – Ken Black  
Shetland – Sarah Taylor  
Tayside – Drew Walker  
Western Isles – Sheila Scott

### THE LEAD CLINICIANS ARE:

Ayrshire and Arran – Ruth Holman  
Borders – Dan Clutterbuck  
Dumfries and Galloway – Margaret Gurney  
Fife – Lorna Watson  
Forth Valley – Chris Kelt  
Grampian – Gillian Flett  
Greater Glasgow and Clyde – Alison Bigrigg  
Highland – Hame Lata  
Lanarkshire – Anne McLellan  
Lothian – Anna Glasier  
Orkney – Anne Nicolson  
Shetland – Caroline Hinton  
Tayside – Jackie Paterson  
Tayside – Elizabeth Kennedy  
Western Isles – R K Al-Kamil

## THE LOCAL AUTHORITY STRATEGIC LEADS ARE:

Aberdeen City – Terry Ashton

Aberdeenshire – Ritchie Johnson

Angus – Robert Peat

Argyll and Bute – Shirley MacLeod

City of Edinburgh – Paul Hambleton

Clackmannanshire – Deirdre Cilliers

Comhairle nan Eilean Siar – Munro Gold

Dumfries & Galloway – Fraser Sanderson

Dundee City – John Hosie

East Ayrshire – Kay Gilmour

East Dunbartonshire – John Simmons

East Lothian – Elizabeth Diamond

East Renfrewshire – Julie Murray

Falkirk – Kathy McCarroll

Fife – Carrie Lindsay

Glasgow City – David Comley

Highland – Bill Alexander

Inverclyde – Colin Laird

Midlothian – Jill Cuthbertson

Moray – Sandy Riddell

North Ayrshire – Carol Kirk

North Lanarkshire – David Craig

Orkney – Dave Cannell

Perth and Kinross – L E Cameron

Renfrewshire – Patricia Cassidy

Scottish Borders – Colin Easton

Shetland – Norma Smith

South Ayrshire – Pat Whelan

South Lanarkshire – Mary Turley

Stirling – Ian Borthwick

West Dunbarton – Bobby Jones

West Lothian – Linda Middlemist

## Annexe B

### **NSHAC MEMBERSHIP**

The National Sexual Health Advisory Committee was set up to monitor and support implementation of the national strategy and to provide advice on policy.

Under the strategy, the committee is responsible for taking forward some key aspects, including sex and relationships education, influencing Scottish culture and clinical service.

Minister for Public Health Shona Robson chairs the committee and Deputy Chief Medical Officer Professor Peter Donnelly is vice chair.

Mary Allison, Head of Health Topics, Health Scotland

Dr Nil Banerjee, Genito-Urinary Medicine Consultant, NHS Fife

Eric Baijal, Director of Public Health, Highland NHS Board

Irene Bain, Scottish Partnership Forum

Dr Jenny Bennison, Royal College of General Practitioners

Dr Alison Bigrigg, Director, The Sandyford Initiative, Royal College of Obstetricians and Gynaecologists

Gayle Campbell, Scottish Youth Parliament – Resigned

Hilary Campbell, Relate – Resigned

Dr Jim Chalmers, Consultant in Public Health Medicine, Health Protection Scotland

Marian Flynn, Strategic Co-ordinator, Glasgow's Teenage Pregnancy Steering Group

Shirley Fraser, Health Improvement Programme Manager Health Scotland

Professor Anna Glasier, Lead Clinician Sexual Health, NHS Lothian

Miranda Harvey, Parent/Voluntary Director, Scottish Parent Teacher Council

Tim Hopkins, Equalities Co-ordinating Group – Resigned

Shehla Ihsan, REACH Community Health Project

Hawys Kilday, Chief Executive, Caledonia Youth

Roy Kilpatrick, Chief Executive, HIV Scotland, Voluntary Health Scotland

Wendy Peacock, Principal Health Improvement Officer for Sexual Health, Health Promotion Managers Group

Rev Andrew Philip, Church of Scotland

Myra Lamont, Lothian Nurse Consultant, Royal College of Nursing

Donald Mackay, Education and Community Services, Midlothian Council

Fiona Mackenzie, Chief Executive, NHS Forth Valley

Dr Alison McCallum, Director of Public Health, NHS Lothian

Michael McGrath, Director, Scottish Catholic Education Service

Dona Milne, Development Manager, Healthy Respect

Jamie Rennie, Chief Executive, LGBT Youth Scotland

Dr David Sutherland, Associate GP Advisor, NHS Education for Scotland

Tim Street, fpa – Resigned

Angela Timoney, Consultant in Pharmaceutical Public Health, Royal Pharmaceutical Society (Scotland)

Dr Daniel Wight, Social and Public Health Sciences Unit, Medical Research Council  
Dianna Wolfson, Convenor, Scottish Interfaith Council



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