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SCOTTISH EXECUTIVE RESPONSE TO THE RECOMMENDATIONS IN THE DRAFT SEXUAL HEALTH STRATEGY

<p>1. The wider influences on sexual health</p> <p>1.1 The Scottish Executive should retain their target for reducing teenage pregnancies, but should ensure that other targets or indicators complement this in order to give a more comprehensive picture of sexual wellbeing for both sexes and all age groups in Scotland.</p>	<ul style="list-style-type: none"> • Scottish Executive will retain current targets for reducing teenage pregnancies. National Sexual Health Advisory Committee will be asked to offer advice on appropriate clinical service targets.
<p>1.2 Local Authorities and NHS Boards should ensure that their Community Plans, Local Health Plans and Children’s Services Plans complement their local inter-agency sexual health strategies</p>	<ul style="list-style-type: none"> • This will be the responsibility of the nominated NHS Board Executive Director.
<p>1.3 The Scottish Executive should ensure cross-departmental representation on the National Advisory Committee on Sexual Health.</p>	<ul style="list-style-type: none"> • Agreed. Stakeholders and SE Departmental interests will be represented on the Committee.
<p>1.4 The National Sexual Health Programme Co-ordinator should work with the Social Inclusion Division to ensure that opportunities to improve sexual health through national policy are taken. Social justice policies and other policies or initiatives which address social exclusion and lack of opportunity in disadvantaged areas should encompass actions to address sexual health.</p>	<ul style="list-style-type: none"> • A National Sexual Health Programme Co-ordinator will not be appointed. The Health Department will be responsible for implementation of this recommendation.
<p>1.5 Local Sexual Health Co-ordinators should ensure that, within NHS Board areas, Community Plans and Local Health Plans address the issues that impact on sexual health, especially in relation to inequalities.</p>	<ul style="list-style-type: none"> • This will be the responsibility of the nominated NHS Board Executive Director.
<p>1.6 The National Sexual Health Programme Co-ordinator should seek to influence Scottish Executive policies that cover the determinants of sexual health, including those addressing gender inequalities.</p>	<ul style="list-style-type: none"> • A National Sexual Health Programme Co-ordinator will not be appointed. The Health Department will be responsible for implementation of this recommendation.
<p>1.7 The National Sexual Health Programme Co-ordinator should work with Scottish Executive colleagues to ensure that policies which impact most on people who are socially excluded include actions to address sexual health, for example, policies aimed at homeless people, those in prison, or young people looked after or leaving care.</p>	<ul style="list-style-type: none"> • A National Sexual Health Programme Co-ordinator will not be appointed. The Health Department will be responsible for implementation of this recommendation.
<p>1.8 The Scottish Executive should develop an action plan to tackle stigma and discrimination around HIV and sexuality and to encourage a more positive view of sex and sexual health in all Executive policies, as part of the ongoing health improvement agenda.</p>	<ul style="list-style-type: none"> • The Health Department will develop an action plan to tackle stigma and discrimination.
<p>2. The media and mass communications</p> <p>2.1 The National Sexual Health Advisory Committee, linking with those with media responsibility in NHS Health Scotland and the Scottish Executive, should develop a mass communications strategy for sexual health which includes the three components (campaigns, advocacy and literacy) and which links work at national and local levels.</p>	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee, NHS Health Scotland and the Executive will develop a communications strategy for improving sexual health.
<p>2.2 The National Sexual Health Programme Co-ordinator should oversee the development and implementation of this strategy.</p>	<ul style="list-style-type: none"> • A National Sexual Health Programme Co-ordinator will not be appointed. The Health Department will be responsible for implementation of this recommendation.
<p>2.3 Campaigns (national and local) commissioned by the</p>	<ul style="list-style-type: none"> • The Health Department will be responsible for

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<p>Scottish Executive should not use imagery or language that undermines the key sexual health messages that promote relationships based on equity, respect and acknowledgement of diversity.</p>	<p>implementation of this recommendation.</p>
<p>2.4 National and local media work by NHS Health Scotland and NHS Boards should emphasise the importance of using barrier contraception, in conjunction with other forms of contraception, to protect against STIs and unintended pregnancy.</p>	<ul style="list-style-type: none"> • NHS Health Scotland and NHS Boards will take this forward.
<p>3. Promoting positive sexual health</p> <p>3.1 The National Sexual Health Advisory Committee, in conjunction with the Sexual Health & Wellbeing Learning Network, should prioritise, conduct and disseminate evidence which address the needs of those groups facing the greatest barriers to sexual wellbeing.</p>	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee in conjunction with the Sexual Health and Wellbeing Learning Network, will address the needs of those groups, facing the greatest barriers to sexual wellbeing.
<p>3.2 Local Sexual Health Co-ordinators should ensure sexual health promotion appropriate to the local community is a key strand in NHS Board sexual health strategies.</p>	<ul style="list-style-type: none"> • It will be the responsibility of the nominated NHS Board Executive Director to ensure that local sexual health strategies are developed to be sensitive to Scotland's diverse faiths and cultures.
<p>3.3 Sexual health promotion should be a key activity for all those involved in sexual health learning and service activities and should be supported by sexual health promotion specialists.</p>	<ul style="list-style-type: none"> • It will be the responsibility of the nominated NHS Board Executive Director to decide how best to take this forward, e.g. sexual health promotion specialists may already exist in Boards under another guise.
<p>3.4 Local Sexual Health Co-ordinators should ensure that resources for sexual health promotion are identified in local sexual health strategies so that good quality and well resourced specialist services are able to support local initiatives.</p>	<ul style="list-style-type: none"> • This will be the responsibility of the nominated NHS Board Executive Director in conjunction with other key partners.
<p>4. Acquiring knowledge and skills about sexual health and wellbeing</p> <p>4.1 There should be a consistent approach to sex and relationships education (SRE) across Scotland. To achieve this, NHS Health Scotland, in partnership with Healthy Respect and other stakeholders, should review the range of programmes available to support SRE across the curriculum, draw on knowledge from research and practice and make recommendations on how to achieve and support a consistent approach to the National Sexual Health Advisory Committee.</p>	<ul style="list-style-type: none"> • Any review of SRE programmes should ensure that a high standard of SRE consistent with the McCabe Report and existing national guidance is delivered.
<p>4.2 Local Authorities should ensure that SRE training is delivered on a multi-agency basis to staff working with young people and details provided in local Community Plans.</p>	<ul style="list-style-type: none"> • Local authorities will work to ensure SRE programmes are flexible, multi-disciplinary, and delivered by staff trained on a multi-agency basis.
<p>4.3 Providers of SRE training should ensure this takes place on a multi-agency basis and includes issues relating to different cultural and religious practices and beliefs.</p>	<ul style="list-style-type: none"> • Local authorities will work to ensure SRE programmes are flexible, multi-disciplinary, and delivered by staff trained on a multi-agency basis.
<p>4.4 The curriculum framework developed by Healthy Respect should be piloted in all Lothian schools and if successful the National Sexual Health Advisory Committee should consider its potential as a template for school-based SRE in Scotland.</p>	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will consider how best to build on current good practice in school-based sex and relationships education, consistent with the principles of the McCabe report.
<p>4.5 Resources to facilitate the Scotland-wide implementation of a single consistent approach to SRE, including multi-agency training, should be provided by the Scottish Executive (from both Education and Health Departments).</p>	<ul style="list-style-type: none"> • The Executive will facilitate the development and use of a consistently high quality approach to SRE which is consistent with the McCabe Report and existing national guidance.
<p>4.6 Local Authorities should fully implement the McCabe Report to support a consistent approach to sex and relationships</p>	<ul style="list-style-type: none"> • Sex and relationships education in pre-school and

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<p>education throughout Scotland. In line with the McCabe recommendations, sex education should be defined as sex and relationships education (SRE), introduced in pre-school, based upon pre-school health guidelines, built upon throughout primary school as part of 5-14 health guidelines and developed through to school leaving age.</p>	<p>in early primary will focus entirely on family relationships and what it means to care for one another.</p>
<p>4.7 Local Authorities and NHS Boards should develop an agreed sexual health protocol highlighting areas of responsibility and referral procedures.</p>	<ul style="list-style-type: none"> • The Sexual Health Strategy aims to ensure that all schools can demonstrate that they provide pupils with equitable information about sexual health services and how to access them.
<p>4.8 The Local Authority Director with responsibility for education services should ensure the delivery of consistent and appropriate SRE in all school settings and for those excluded from school.</p>	<ul style="list-style-type: none"> • The Sexual Health Strategy aims to ensure that authorities and schools across Scotland provide pupils with equitable information about sexual health services and how to access them.
<p>4.9 The Local Authority Director with responsibility for social work services should ensure that children and young people who are looked after have access to SRE and sexual health services as and when required, and that social work staff are adequately trained and supported to respond to the needs of their clients.</p>	<ul style="list-style-type: none"> • The Sexual Health Strategy aims to ensure that authorities and schools across Scotland provide pupils with equitable information about sexual health services and how to access them.
<p>4.10 A member of each secondary school's management team should be responsible for ensuring that school based SRE subscribes to current guidance and delivers key learning objectives to all pupils.</p>	<ul style="list-style-type: none"> • Local authorities will be responsible for implementing this recommendation in each secondary school, and ensuring that pupils have equitable information about sexual health services and how to access them
<p>4.11 Local Authorities, in conjunction with other Community Planning partners, should develop targeted educational interventions aimed at harder to reach groups in a range of settings outwith mainstream services/locations.</p>	<ul style="list-style-type: none"> • The Scottish Executive Education Department will consider with local authorities how best this recommendation can be taken forward.
<p>5. Developing closer links between schools and clinical services</p> <p>5.1 NHS Boards, in partnership with Community Health Partnerships, Local Authority education departments and other stakeholders, should detail plans to improve links between schools and sexual health services in their Community Plans and Local Health Plans.</p>	<ul style="list-style-type: none"> • While there is no single model for the development of links between services and schools, effective practice will involve collaboration and joint action between NHS Boards and local education authorities in close consultation with the school community, in line with national guidance, with the aim that pupils across Scotland have equitable information about sexual health services and how to access them.
<p>5.2 Employers should support public health nurses working in schools, and other nurses who wish to further develop their role in providing sexual health advice and services, by providing opportunities for them to update their skills and knowledge and access to resources.</p>	<ul style="list-style-type: none"> • NHS Education for Scotland to work with NHS Boards to develop and enhance supporting training programmes at undergraduate and post qualification levels. These programmes should be made available to independent practitioners such as in general practice, community pharmacies by the NHS Boards and other agencies contracted by the NHS Boards.
<p>5.3 Local Sexual Health Co-ordinators should ensure that proposals to develop sexual health promotion and outreach services by a range of providers to the tertiary education sector are included in each NHS Board inter-agency sexual health strategy.</p>	<ul style="list-style-type: none"> • This will be the responsibility of the nominated NHS Board Executive Director in conjunction with Community Planning Partners and Community Health Partnerships.
<p>6. The role of parents and carers</p> <p>6.1 Building on the work by Healthy Respect partnerships, NHS Health Scotland and other agencies, the National Sexual Health Programme Co-ordinator and Local Sexual Health Co-</p>	<ul style="list-style-type: none"> • A National Sexual Health Programme Co-ordinator will not be appointed. This will be the responsibility of the nominated NHS Board

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<p>ordinators should develop information in a variety of formats and targeted at parents and carers for use from pre-school onwards.</p>	<p>Executive Director in conjunction with other statutory and voluntary sector interests. At pre-school and early years the focus will continue to be on family relationships and friendship.</p>
<p>6.2 Local Authorities should ensure schools demonstrate mechanisms to involve parents and carers in SRE programmes in line with the McCabe Report recommendations.</p>	<ul style="list-style-type: none"> • The Scottish Executive Education Department will consider with local authorities how best to engage parents and carers in SRE programmes.
<p>6.3 NHS Boards, in conjunction with other statutory and voluntary sector interests, should develop programmes for parents and carers to enhance communication skills around relationships and sexual health.</p>	<ul style="list-style-type: none"> • This will be the responsibility of the nominated NHS Board Executive Director in conjunction with other statutory and voluntary sector interests. At pre-school and early years the focus will continue to be on family relationships and friendship.
<p>7. Lifelong learning for adults</p> <p>7.1 NHS Boards, in conjunction with Community Health Partnerships, should work with further and higher education, community education and youth work services and the wider voluntary sector to develop effective sexual health promotion activities for adults.</p>	<ul style="list-style-type: none"> • This will be the responsibility of the nominated NHS Board Executive Director in conjunction with Community Planning Partners and Community Health Partnerships. We would encourage further and higher education institutions to engage with the work on effective sexual health promotion.
<p>7.2 Workplace health promotion (including the Scotland's Health at Work Award Scheme (SHAW) should include actions to support positive sexual health and affirmative action to address issues in relation to sexual orientation and HIV status.</p>	<ul style="list-style-type: none"> • NHS Health Scotland in conjunction with other stakeholders, including the Scottish Centre for Healthy Working Lives, when launched, will consider actions to support positive sexual health in the workplace and affirmative action to address issues in relation to sexual orientation and HIV status.
<p>7.3 The National Sexual Health Advisory Committee should commission further research on targeted learning interventions aimed at behaviour change in adults: as a first step, this should focus on the target groups specified in this strategy.</p>	<ul style="list-style-type: none"> • National Sexual Health Advisory Committee will take this forward.
<p>7.4 Work to define and address the needs of older people should be undertaken by NHS Health Scotland in conjunction with other stakeholders and link with older people's strategies developed by NHS Boards.</p>	<ul style="list-style-type: none"> • NHS Health Scotland will take this forward.
<p>7.5 The Sexual Health and Wellbeing Learning Network, in conjunction with relevant stakeholders, should facilitate awareness of the sexual health needs of people with learning disabilities.</p>	<ul style="list-style-type: none"> • NHS Health Scotland will take this forward.
<p>8. The role of sexual and reproductive health services</p> <p>8.1 Each Director of Public Health should appoint a Lead Clinician to integrate sexual health services across each NHS Board area.</p>	<ul style="list-style-type: none"> • The nominated Executive Director in each NHS Board will ensure this recommendation is implemented.
<p>8.2 In developing their tiered service approach, NHS Boards should ensure that everyone is able to choose from at least two sexual health service providers for all tiers.</p>	<ul style="list-style-type: none"> • Lead clinicians will aim to ensure that this recommendation is delivered while recognising that this may not initially be possible in every NHS Board area.
<p>8.3 Health care practitioners must be able to demonstrate that they provide information and refer patients to alternative readily accessible services where they do not provide the sexual health services required.</p>	<ul style="list-style-type: none"> • Lead clinicians to take this forward.
<p>9. Specific actions to reduce STIs</p> <p>9.1 The Scottish Centre for Infection and Environmental</p>	<ul style="list-style-type: none"> • Health Protection Scotland will implement this

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<p>Health (SCIEH) and the Information and Statistics Division (ISD) should monitor and disseminate information on new diagnoses and trends timeously so that appropriate responses can be made at local NHS Board level.</p>	<p>recommendation, also reflecting the Strategy's commitment to equality and diversity.</p>
<p>9.2 Health promotion activities should include skills development in the use of condoms and be reinforced by professionals in both learning and clinical services.</p>	<ul style="list-style-type: none"> • NHS Boards will ensure that health promotion programmes address key national and local priorities relating to positive sexual health and wellbeing and that they are supported by sexual health promotion specialists.
<p>9.3 NHS Boards should ensure that a range of condoms and lubricants are regularly supplied free of charge to outlets and services targeted at high-risk groups and as part of outreach work.</p>	<ul style="list-style-type: none"> • NHS Boards will explore how best this might be achieved.
<p>9.4 Where contraception is available free of charge for women, condoms should also be freely available to both men and women. The Scottish Executive should explore the feasibility of resourcing NHS Boards to achieve this.</p>	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee, in consultation with NHS Boards, will explore the implications of this recommendation, as part of its work of addressing the needs of those groups facing the greatest barriers to sexual wellbeing.
<p>9.5 The Scottish Executive should enable the availability of condoms on prescription for males and dental dams for females throughout the course of their detention in young offender institutions and adult prisons.</p>	<ul style="list-style-type: none"> • The Scottish Prison Service will make condoms and dental dams available as a health protection measure as part of the SPS's general policy of taking measures to protect and improve the health of prisoners.
<p>9.6 To encourage early diagnosis and treatment and to minimise onward transmission among those aged under 25, the Scottish Executive should fund the availability of the chlamydia postal testing kits developed by Healthy Respect to all NHS Boards if the evaluation evidence supports this.</p>	<ul style="list-style-type: none"> • The Scottish Executive will consider this in the light of the evaluation of the Healthy Respect initiative.
<p>9.7 To support primary care in initiating treatment, to assess the impact on laboratory services and to test user and patient acceptability, the Scottish Executive should fund pilot projects in two NHS Board areas (one rural, one urban) of STI diagnostic kits covering chlamydia, gonorrhoea and trichomonas. If successful, these kits should be available nationally.</p>	<ul style="list-style-type: none"> • The Scottish Executive will consider the potential of development and testing of STI diagnostic kits.
<p>9.8 The Scottish Executive should address inequities in STI treatment costs for patients attending general practice and other sexual health services.</p>	<ul style="list-style-type: none"> • The Scottish Executive is undertaking a review of prescription charges. Within it is included research to examine the differential system of charges for sexually transmitted infections.
<p>9.9 Each NHS Board inter-agency sexual health strategy should demonstrate progress made in implementing the HIV Health Promotion Strategy. The National Sexual Health Advisory Committee should report on progress as part of the annual review of this strategy.</p>	<ul style="list-style-type: none"> • NHS Boards and the National Sexual Health Advisory Committee will take this forward.
<p>9.10 NHS Boards should work with agencies for people living with HIV to explore the potential for expanding their role beyond HIV and include proposals in their inter agency sexual health strategies.</p>	<ul style="list-style-type: none"> • This will be a task for the lead clinician in each NHS Board
<p>9.11 To minimise barriers to HIV testing, the Scottish Executive should publicise clear guidance regarding the reporting of negative HIV tests for insurance purposes.</p>	<ul style="list-style-type: none"> • Financial services are a reserved matter. However the Executive will explore with other Government Departments the need for clearer guidance on this issue.
<p>9.12 Lead Clinicians should ensure that HIV testing is offered to all GUM clinic attendees not known to be HIV infected who present with a new STI. This offer should be made in the context of the HIV test being presented as a routine, recommended test. Reasons for non-uptake should be recorded.</p>	<ul style="list-style-type: none"> • Lead clinicians will take this forward.
<p>9.13 To facilitate access to sexual health services and the development of a more integrated approach, Lead Clinicians should ensure that all HIV patients have access within their main</p>	<ul style="list-style-type: none"> • Lead clinicians will ensure HIV patients have access to specialist treatment

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clinic to at least Tier Four sexual health services.	
10. Supporting access to services	
10.1 Lead Clinicians should ensure barriers that restrict the use of services are identified and addressed.	<ul style="list-style-type: none"> • Lead clinicians to take forward.
10.2 Local Sexual Health Co-ordinators should ensure that proposals to improve service access for all populations are identified in the NHS Board inter-agency sexual health strategy.	<ul style="list-style-type: none"> • NHS Boards to take this forward.
10.3 Lead Clinicians should ensure that all clinical services have assessed their current services against the service values and principles identified in the strategy (Box 7, p51).	<ul style="list-style-type: none"> • Lead clinicians will ensure that all clinical services are reviewed in the light of this strategy.
10.4 Local Sexual Health Co-ordinators should ensure that proposals to address identified deficits are included in each NHS Board's inter-agency sexual health strategy.	<ul style="list-style-type: none"> • Lead clinicians will ensure that all clinical services are reviewed in the light of this strategy.
10.5 Lead Clinicians should ensure that GPs and other primary care staff are supported in their initial and ongoing training needs to contribute to the tiered intervention approach (and linked to the ongoing training needs analysis included as part of the development of local sexual health strategies (see para 5.24)).	<ul style="list-style-type: none"> • Lead clinicians will ensure an audit of training needs is undertaken in conjunction with all partners providing sexual health services.
10.6 The Primary Care Division of the Scottish Executive Health Department should consider means of enabling GPs to play a key role in the delivery of this strategy. This should include exploring the potential of extending the General Medical Services contract.	<ul style="list-style-type: none"> • The new GMS contract has provisions for a 'national enhanced service' for specialised sexual health services with an agreed service with a benchmark specification including costs. • The Primary Medical Services (Scotland) Act 2004 enables NHS Boards to contract with a range of providers for the delivery of enhanced services or to provide them directly.
10.7 The Postgraduate Medical Deans, professional bodies and NHS Education for Scotland (NES) should address the issues affecting the career progression of those doctors specialising in family planning and reproductive health.	<ul style="list-style-type: none"> • NHS Education for Scotland will take this forward in consultation with key stakeholders.
10.8 NES , in conjunction with professional organisations and NHS Boards, should develop training and resources to enable the further extension of nurse led sexual health services in primary and secondary care.	<ul style="list-style-type: none"> • NHS Education for Scotland will take this forward in consultation with practitioners and other key stakeholders.
10.9 The National Sexual Health Advisory Committee should review the needs of rural communities as an early task and where necessary identify further action to be taken.	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will take this forward
10.10 NHS Health Scotland , in partnership with local sexual health promotion specialists and the Sexual Health and Wellbeing Learning Network , should develop practitioner guidance so that information and health promotion materials challenge, not reinforce or replicate, stereotypes and reduce, not increase, misinformation and discrimination.	<ul style="list-style-type: none"> • NHS Health Scotland will take this forward in consultation with key stakeholders.
10.11 Sexual health service providers in each NHS Board should review existing service information, revise and make this available in a range of easy to read and accessible formats (and where necessary in language and formats appropriate to local population needs).	<ul style="list-style-type: none"> • Lead clinicians will take this forward.
10.12 Lead Clinicians and Local Sexual Health Co-ordinators should ensure that standardised evidence based information on sexual health and service provision is available for both professionals and service users.	<ul style="list-style-type: none"> • Lead clinicians should take this forward as part of developing services, including national protocols with appropriate local variation.
10.13 Lead Clinicians should ensure that referral protocols for accessing services within and across each tier are developed and known to all potential referrers.	<ul style="list-style-type: none"> • Lead clinicians to take forward
10.14 Lead Clinicians should encourage service providers to combine sexual health promotion messages with information on	<ul style="list-style-type: none"> • Lead clinicians to consider this as part of their review of all sexual health services.

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specific health issues as part of an individual's consultation.	
10.15 NHS 24 should develop algorithms which provide accurate and appropriate advice consistent with that given by sexual and reproductive health service providers.	<ul style="list-style-type: none"> • NHS will take these forward.
10.16 NHS 24 and service providers should ensure ongoing exchange of up to date and relevant service information.	<ul style="list-style-type: none"> • NHS will take these forward.
10.17 The National Sexual Health and Wellbeing Learning Network , building on evidence from Healthy Respect and in conjunction with all relevant stakeholders, should develop guidance on confidentiality/ disclosure of information for use by all service users and for all relevant health, social care and education staff.	<ul style="list-style-type: none"> • NHS Health Scotland will take this forward. Guidance on confidentiality will be developed in line with existing professional guidance.
10.18 All providers of sexual health advice, information, learning and services should prominently display their confidentiality approach in information booklets, on notice boards and in waiting areas.	<ul style="list-style-type: none"> • Lead clinicians to take forward in a range of accessible formats.
10.19 Service providers should give clear information to users about their options when giving personal and identifiable information if confidentiality and/or anonymity are of concern.	<ul style="list-style-type: none"> • Lead clinicians to take forward
10.20 All laboratory requests should be anonymised regardless of referrer. NHS Boards , through Lead Clinicians , should ensure uniformity of recording of patient details across all providers (and thus address anomalies between GUM and primary care record keeping).	<ul style="list-style-type: none"> • There are practical difficulties in this recommendation. It will be further considered by the Executive.
10.21 Lead Clinicians should ensure that local standards on agreed competencies, confidentiality, access to and provision of contraception are developed.	<ul style="list-style-type: none"> • Lead clinicians to take forward
10.22 Lead Clinicians should ensure there is access to appropriate termination of pregnancy services which meet national standards. As a first step, services should ensure access to termination within three weeks of initial consultation. Services should work towards reducing this target to one week by March 2006.	<ul style="list-style-type: none"> • Lead clinicians to ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on Royal College of Gynaecologists (RCOG) guidelines are in place to help provide consistency in service provision and practice. • While women should be given adequate time to assimilate all the implications, in accordance with the RCOG guidelines no woman should have to wait longer than 3 weeks from her initial referral to the termination. The aim to reduce this to one week was not accepted.
10.23 Lead Clinicians should ensure that there is access to, and provision of, all methods of contraception and that staff have appropriate skills/can demonstrate competency to agreed standards.	<ul style="list-style-type: none"> • Lead clinicians to consider this as part of their review of all sexual health services.
10.24 Lead Clinicians should ensure that the RCOG guidelines on the "Care of Women requesting Induced Abortion" are adopted by services in their NHS Board areas.	<ul style="list-style-type: none"> • Lead clinicians to ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on Royal College of Gynaecologists (RCOG) guidelines are in place to help provide consistency in service provision and practice.
10.25 Women who have had a termination should have their contraception needs addressed prior to hospital discharge and referrals for ongoing or future support should be made.	<ul style="list-style-type: none"> • Lead clinicians to ensure there is access to appropriate termination of pregnancy services, and that protocols drawing on Royal College of Gynaecologists (RCOG) guidelines are in place to help provide consistency in service provision and practice.

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10.26 Training programmes to enable staff to respond to the sexual and reproductive health needs of women and their families following termination, miscarriage and stillbirth should be provided. Local Sexual Health Co-ordinators should ensure this is incorporated into the local inter-agency sexual health strategy (See also 16.5 and 16.6).	<ul style="list-style-type: none"> • Lead clinicians to take forward as part of the audit of training needs.
10.27 NHS Boards should provide support and resources to enable a wider range of general health care professionals to respond to their local population's sexual dysfunction needs (See also 1.8 and 10.6).	<ul style="list-style-type: none"> • Lead clinicians to take forward as part of the work of ensuring local standards on agreed provision of sexual health services are developed.
10.28 Commissioners in each NHS Board should ensure that services are available to meet their population's sexual dysfunction needs.	<ul style="list-style-type: none"> • Lead clinicians to consider.
10.29 Lead Clinicians should review current services so that men with erectile dysfunction have a specialist assessment within 3 months of initial referral (working towards one month in the long term).	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will consider this as part of its task of offering advice on developing targets appropriate to this strategy.
<p>11. Reaching those in need of sexual health services</p> <p>11.1 To ensure that there is a consistent approach throughout Scotland, all staff undertaking partner notification should subscribe to the practice guidelines and professional standards currently followed by sexual health advisers.</p>	<ul style="list-style-type: none"> • Lead clinicians to cover this in the audit of training needs
11.2 The Scottish Executive should support a pilot project for victims of sexual assault and rape. This should include forensic services, appropriate counselling and medical follow-up on a multi-disciplinary basis in order to test its appropriateness in the Scottish context.	<ul style="list-style-type: none"> • A proposal from Greater Glasgow NHS Board is being considered by the Scottish Executive in consultation with key local stakeholders.
11.3 The Sexual Health and Wellbeing Learning Network , in conjunction with appropriate organisations and the National Resource Centre for Ethnic Minority Health , should develop guidance for practitioners on female genital mutilation (FGM) and take account of forthcoming legislation.	<ul style="list-style-type: none"> • NHS Health Scotland will ensure that guidance is developed.
11.4 Local Authorities should update their child protection guidance/ training to include issues relating to FGM.	<ul style="list-style-type: none"> • Agreed.
11.5 FGM should be considered as part of parent education programmes, if appropriate.	<ul style="list-style-type: none"> • Agreed.
<p>12 Leadership & accountability</p> <p>12.1 The Scottish Executive should appoint a National Sexual Health Programme Co-ordinator who should be based within the Scottish Executive.</p>	<ul style="list-style-type: none"> • Implementation of the strategy will be considered by the Scottish Executive Health Department. A National Co-ordinator will not be appointed.
12.2 The Scottish Executive should appoint a National Sexual Health Advisory Committee , chaired by a Scottish Executive Minister, to guide the implementation and ongoing development of the Strategy.	<ul style="list-style-type: none"> • Agreed.
12.3 The National Sexual Health Advisory Committee should publish an annual report on national progress of the strategy.	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will regularly review progress of the strategy, complemented by a more comprehensive 5 yearly review.

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12.4 A five yearly review should be published by the National Sexual Health Advisory Committee .	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will regularly review progress of the strategy, complemented by a more comprehensive 5 yearly review.
12.5 NHS Health Scotland, through the Sexual Health and Wellbeing Learning Network , should disseminate evidence, commission research and develop resources to support the ongoing implementation of the strategy.	<ul style="list-style-type: none"> • NHS Health Scotland will take this recommendation forward.
12.6 The National Sexual Health Advisory Committee , in conjunction with key stakeholders, should develop proposals to enhance existing lifestyle surveys to provide feedback on the target groups identified in this strategy.	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will take this recommendation forward in partnership with stakeholders.
12.7 Each Director of Public Health should ensure the inter-agency local sexual health strategy reflects the key components of the national strategy and that ongoing development and implementation is led by a multi-agency, multi-disciplinary strategy group reflecting the makeup of their local population.	<ul style="list-style-type: none"> • Implementation of this recommendation will be the responsibility of the nominated NHS Board Executive Director.
12.8 Each Director of Public Health should appoint a Local Sexual Health Co-ordinator to facilitate the implementation of an inter agency-sexual health strategy on a NHS Board-wide basis.	<ul style="list-style-type: none"> • The nominated NHS Board Executive Director will appoint a lead clinician to integrate sexual health service across each NHS Board area.
12.9 Each Local Sexual Health Co-ordinator should facilitate the development of a NHS Board-wide managed sexual health network which includes all relevant local organisations and service providers.	<ul style="list-style-type: none"> • The nominated Executive Director in each NHS Board will take this forward.
12.10 NHS Board Sexual Health Strategy Groups should produce annual progress reports on local implementation and these should be made available to the National Sexual Health Advisory Committee.	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will regularly review progress of the strategy, complemented by a more comprehensive 5 yearly review.
12.11 Each Local Authority should designate a strategic lead for sexual health.	<ul style="list-style-type: none"> • This recommendation will be taken forward by each Local Authority.
12.12 Each Local Authority should ensure that Joint Health Improvement Plans detail partnership working to address specific sexual health issues and the wider determinants identified by this strategy.	<ul style="list-style-type: none"> • This recommendation will be taken forward by each Local Authority.
13 Clinical service targets for STIs	
13.1 NHS Boards , through the local managed sexual health networks, should ensure the local adoption of the interim national clinical service targets set to address sexually transmitted infections including HIV.	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will offer advice on developing targets appropriate to this Strategy.
13.2 NHS Boards should support the role of Tiers Four and Five in providing a leadership role, and developing and implementing service standards across the tiered service approach through protected time/training resources.	<ul style="list-style-type: none"> • A dedicated workshop for clinicians, with senior representation from NHS Boards will explore service redesign, with the aim that services are made available as locally as possible and are only as specialised as necessary. The issue of training will also be considered.
13.3 NHS Boards should identify the impact on laboratory resources in meeting the clinical service targets. The Scottish Executive should consider proposals for additional laboratory resources that result.	<ul style="list-style-type: none"> • This will be considered at the dedicated workshop. The additional funding announced by the Executive includes consideration of the possible impact on laboratory resources.
13.4 The Lead Clinician should ensure targets for service	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee

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<p>accessibility, for example local knowledge, acceptability and use of services, and involvement of patients in service redesign are developed. Improving gender sensitivity and gender competency is a key aspect of this responsibility.</p>	<p>will offer advice on developing targets appropriate to this Strategy. It will also seek to ensure that no-one is excluded from appropriate sexual health services, whatever their life circumstances, by means of a comprehensive equality and diversity impact assessment process, in line with the developing SEHD/NHSScotland equality and diversity approach</p>
<p>14 Data collection</p> <p>14.1 ISD should lead action to develop standardised data collection to support the development and monitoring of sexual and reproductive health services and to meet the quality assurance standards of the tiered service approach.</p>	<ul style="list-style-type: none"> • Health Protection Scotland will lead action to develop standardised data collection to support the development and monitoring of sexual and reproductive health services. They will support the outcome from the dedicated workshop on service redesign.
<p>14.2 The National Sexual Health Advisory Committee should consider the proposals developed by ISD for potential adoption as a national data collection framework.</p>	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will take this forward.
<p>14.3 ISD and SCIEH, working with relevant stakeholders, should implement the revised STI Surveillance Systems.</p>	<ul style="list-style-type: none"> • Health Protection Scotland will develop proposals for a national data collection framework.
<p>15 Staffing & other resources</p> <p>15.1 The Scottish Executive should provide resources to NHS Boards to “pump prime” the initial implementation stages of this strategy.</p>	<ul style="list-style-type: none"> • The Executive will make available approximately £15 million over the next three financial years to help implement the Strategy.
<p>15.2 NHS Health Scotland, through the Sexual Health and Wellbeing Learning Network and in conjunction with other key stakeholders, should develop implementation guidance, particularly in relation to the service tiered intervention approach, links between schools and services and information/data collection, so that these will be available as part of the implementation process of this strategy.</p>	<ul style="list-style-type: none"> • This will be considered as an issue in the dedicated workshops, being arranged by Centre for Change and Innovation.
<p>15.3 The Scottish Executive should continue the ring fenced allocation of HIV monies to NHS Boards and assess the sufficiency of this funding against the need to respond to rising HIV trends.</p>	<ul style="list-style-type: none"> • This recommendation has been accepted.
<p>15.4 The Scottish Executive should review the inequities in those terms and conditions for staff working in sexual health not addressed through Agenda for Change.</p>	<ul style="list-style-type: none"> • The Scottish Executive will review any inequities in terms and conditions between health professionals working in the sexual health arena not addressed through Agenda for Change.
<p>16 Education & continuing professional development</p> <p>16.1 The National Sexual Health Programme Co-ordinator should co-ordinate the development of a national sexual health training strategy to provide generic and specialist skills in sexual and reproductive health.</p>	<ul style="list-style-type: none"> • SEHD will take this forward.
<p>16.2 Each Lead Clinician should undertake an audit of the training needs of health care practitioners to facilitate the implementation of the tiered service approach.</p>	<ul style="list-style-type: none"> • Lead clinicians in each NHS Board will carry out an audit of training needs. Following the audit the aim will be to address any gaps identified, in the Board inter-agency strategy.
<p>16.3 Each Local Sexual Health Co-ordinator should identify</p>	<ul style="list-style-type: none"> • Lead clinicians in each NHS Board will carry out

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inter-agency sexual health training needs in response to all tiers and plans to address these should be identified in the inter-agency sexual health strategy.	an audit of training needs. Following the audit the aim will be to address any gaps identified, in the Board inter-agency strategy.
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16.4 NHS Boards should develop joint training for health and Local Authority personnel to develop core skills in communication, attitudes and relationships addressing the wider social and cultural determinants of sexual health.	<ul style="list-style-type: none"> • Lead clinicians will take this forward. Following the audit the aim will be to address any gaps identified, in the Board inter-agency strategy.
16.5 NHS Education for Scotland should work with professional bodies and professional networks to develop a competency-based framework to support the training requirements for the tiered service approach.	<ul style="list-style-type: none"> • NHS Education for Scotland will take this forward.
16.6 NHS Education for Scotland should work with the education sector and appropriate professional organisations to develop/enhance supporting training programmes at undergraduate and post qualification levels.	<ul style="list-style-type: none"> • NHS Education for Scotland will take this forward.
16.7 The Scottish Executive , in conjunction with the National Sexual Health Advisory Committee , should work with professional's bodies, regulatory institutions and statutory and voluntary training providers to ensure that undergraduate, postgraduate and ongoing CPD programmes provide staff with the range of skills and knowledge to respond to the sexual health and wellbeing agenda.	<ul style="list-style-type: none"> • The SEHD and National Sexual Health Advisory Committee will take this forward.
<p>17 Developing an evidence base for future work</p> <p>17.1 The National Sexual Health Advisory Committee should develop a sexual health research programme for Scotland in partnership with key policy, research and practice stakeholders in Scotland and elsewhere.</p>	<ul style="list-style-type: none"> • The National Sexual Health Advisory Committee will offer advice on a sexual health research programme for Scotland.