Healthcare Improvement Scotland | Evidence
Advice, guidance and intelligence

Sexual Health Standards

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NHS SCOTLAND

We are committed to advancing equality, promoting diversity and championing human rights. The sexual health standards are intended to enhance improvements in health and social care for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socioeconomic status or any other status. Suggested aspects to consider and recommended practice throughout the standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment (EQIA) to help us consider if everyone will experience the intended benefits of these standards in a fair and equitable way, regardless of protected characteristic or experienced health inequalities. A copy of the EQIA is published on our website.

Healthcare Improvement Scotland is committed to ensuring that our standards are up to date, fit for purpose and informed by quality evidence and best practice. We consistently assess the validity of our standards documents, working with stakeholders across health and social care, the third sector and those with lived experience. We encourage you to contact the standards and indicators team at his.standardsandindicators@nhs.scot to notify us of any updates that the sexual health standards project team may need to consider.

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Contents

Introduction

Access to high-quality sexual health care is an essential part of improving the health and well-being of society.[1] Sexual health care should also ensure appropriate delivery and interventions for groups with particular needs or who are socially marginalised.[2]

The responsibility for comprehensive sexual health service delivery extends beyond specialist services to include:

- NHS boards
- Health and Social Care Partnerships
- Integrated Joint Boards (IJBs)
- third sector and community services
- Public Health Scotland, and
- Scottish Government.

These standards address inequity in sexual health care and aim to minimise variance in health outcomes across all communities. People from all communities are affected by sexual health issues, with social determinants such as poverty, gender or social exclusion often leading to poorer sexual health outcomes.[3]

In early 2019, Healthcare Improvement Scotland carried out a scoping exercise to determine the ongoing validity of the 2008 standards for sexual health services.[4] The view from stakeholders was that the standards needed to be updated in line with changes in local and national policy and current clinical best practice. In February 2019, Healthcare Improvement Scotland withdrew the 2008 standards for sexual health services and convened a multidisciplinary standards development group to refresh the standards for sexual health.

The standards are intended to complement, not duplicate, existing organisational standards and professional guidelines.[5, 6] The standards sit alongside other national and local policy framework as part of a system-wide approach to improving population health. References to appropriate and relevant documentation have been included throughout the standards. Organisations, services and staff should continue to refer to appropriate and applicable professional guidance, policy and best practice.

Key principles

The overall aim of the standards is to improve access to sexual health care and reduce inequalities in sexual health outcomes. These standards will help services to identify areas for improvement and outline the benchmark for what constitutes good sexual health care.

These sexual health standards aim to ensure that:

- harm is reduced through early intervention and improved access
- people are treated with compassion and respect, with their rights upheld, and
- people experience a service that is free from stigma.

The standards are founded on human rights and seek to provide better outcomes for everyone. The standards promote and uphold the:

- United Nations Covenant on Economic, Social and Cultural Rights
- United Nations Convention on the Rights of the Child
- United Nations Convention on the Elimiation of Discrimination Against Women
- United Nations Convention on the Rights of Disabled People, and
- General Comment No. 22 from the UN Committee on Economic, Social and Cultural Rights.

Policy context

Since March 2020, services have responded to the significant challenges of the COVID-19 pandemic. Services have accelerated new and innovative ways to access care, including home testing, new treatment options and increased use of virtual clinics. The response to COVID-19 sits alongside wider social, political and structural changes to the delivery of services, including the 2018 General Medical Services contract in Scotland[7] and an emphasis on preventative healthcare though community partnerships, local delivery and integrated services.[8-12] These standards reflect this broad and varied landscape and will help ensure that individuals have the support they need to achieve and maintain good sexual health and well-being.

Scope of the standards

The standards should be read alongside relevant legislation, policies, national health and well-being outcomes and health and social care standards.[1, 13, 14] In particular:

- updates to the Sexual Health and Bloodborne Virus Framework[15]
- Reset and Rebuild – sexual health and blood borne virsues services: recovery plan
- Pregnancy and Parenthood in Young People (2016-2026)[16]
- Health and social care integration legislation[17]
- Equally Safe: Scotland's strategy for reducing inequality for women and girls[18]
- National Child Protection Guidance[19]
- The Promise[20]
- Getting it Right for Every Child[21] and
- Women's Health Plan.[22]

The standards also support the principles of realistic medicine[8] to recognise the importance and value of informed choice and ensure that people are at the centre of care decisions. In addition, the standards emphasise the role of multidisciplinary working and co-ordinated treatment and support pathways for people in need of sexual health care.

The standards apply to:

- any person with concerns about their sexual health
- any person accessing contraception or abortion care
- any organisation responsible for sexual health care including:
    - contraception
    - genitourinary medicine
    - sexually-transmitted infections (STI)
    - abortion care
    - sexually-transmitted bloodborne viruses
    - psychosexual medicine, and
    - public health and health promotion.

The standards cover the following areas:

- leadership and governance
- shared and supported decision making
- education and training
- access to sexual health care
- sexual well-being
- prevention, detection and management of sexually-transmitted infections
- services for young people
- reducing sexual health inequalities
- preventing unintended pregnancy, and
- abortion care.

Using the standards for self evaluation, assurance and improvement

All standards follow the same format which includes:

- a clear statement of the standard
- a rationale giving reasons why the standard is considered to be important
- a list of criteria describing the required structures, processes and outcomes
- what to expect if you are a person receiving care
- what to expect if you are a member of staff, and
- what the standards mean for organisations, including examples of evidence of achievement.

The implementation and monitoring of these standards will be for local determination by relevant organisations and services.

Terminology

These standards, wherever possible, use generic terminology that can be applied across all sexual health care providers.

The term **organisation** refers to anywhere providing any level of sexual health care, including health improvement and prevention services. It is not restricted to specialist sexual health services. It may include services such as:

- condom provision in a community health setting
- a GP practice that provides any service related to the provision of sexual health care
- hospital settings such as gynaecology services, and
- third sector services providing community testing.

The terms **NHS boards** and **Integrated Joint Boards (IJBs)** are used throughout these standards. This is in recognition of the fact that primary and specialist sexual health care in most of Scotland has been delegated to these boards through their scheme of establishment. Accountability may sit with one board or may be shared across boards. Following the the National Care Service consultation, this term will include new or reformed national, regional or local delivery bodies.

In addition, the following terminology is used throughout this document:

- **Person** or **people** refers to the individual receiving care or support.
- For Standard 9 and 10, **women and trans and non-binary people who can become pregnant** reflects the terminology used in the National Institute for Health and Care Excellence (NICE) Abortion Care Guideline.[23]
- **Young person** refers to anyone under the age of 26 in line with established practice for specialist young people's services.

Supporting implementation

Healthcare Improvement Scotland has published these standards to inform organisational self evaluation and improvement. Healthcare Improvement Scotland may use these standards in a range of assurance and inspection activities. They may be used to review the quality and registration, where appropriate, of health and social care services.

There are no plans for Healthcare Improvement Scotland to use these standards as part of specific inspections or routine external quality assurance. These standards complement existing Healthcare Improvement Scotland quality assurance programmes.

Standards summary

Standard 1: Leadership and governance

Each organisation demonstrates effective leadership, governance and partnership working in the management and delivery of sexual health services.

Standard 2: Shared and supported decision making

All individuals receive inclusive information to facilitate informed choice and shared and support decision making.

Standard 3: Education and training

Each organisation demonstrates commitment to the education and training of all staff involved in sexual health care, appropriate to roles and workplace setting.

Standard 4: Access to sexual health care

All individuals have equitable and consistent access to sexual health care.

Standard 5: Sexual well-being

All individuals are empowered to maintain positive sexual health, well-being and function.

Standard 6: Prevention, detection and management of sexually-transmitted infections and sexually-transmitted bloodborne viruses

All individuals can access safe, high-quality and person-centred services for the prevention, detection and treatment of STIs, including sexually-transmitted bloodborne viruses.

Standard 7: Services for young people

Young people can access safe, high-quality and person-centred sexual health care which upholds their rights.

Standard 8: Reducing sexual health inequalities

Organisations actively work to reduce sexual health inequalities and provide tailored support and clinical interventions for people most at risk of poor sexual health.

Standard 9: Reducing unintended pregnancy

People are empowered and informed about their reproductive rights and can access a full range of methods to reduce unintended pregnancy if they choose to do so.

Standard 10: Abortion care

Women, trans and non-binary people who can become pregnant can access safe, timely and person-centred abortion care services.

Standard 1: Leadership and governance

Standard statement

Each organisation demonstrates effective leadership, governance and partnership working in the management and delivery of sexual health services.

Rationale

Effective leadership and governance are critical to ensuring safe, person-centred and high-quality health and social care services. Individuals accessing sexual health care should have confidence that their care and support is of the highest quality.[1, 13, 16, 24] Organisations should understand people's need and experiences by undertaking meaningful consultation and facilitating codesign.

People accessing services should benefit from partnership working at a local, regional and national level. Effective planning and partnership working should be underpinned by arrangements and information sharing that facilitate the delivery of high-quality, equitable care.

Public health and clinical leadership should support effective planning and continuous quality improvement. To allow for effective planning and management, organisations must ensure the effective collation, analysis and review of sexual health data, such as local and national epidemiological and improvement data.

Criteria

1.1 Organisations can demonstrate robust governance arrangements, with clear lines of accountability, covering all aspects of the patient journey.

1.2 Organisations can demonstrate a commitment to quality planning and assurance through:

- effective data collection, including data on health inequalities
- local and national benchmarking against agreed outcomes
- clear alignment of strategic policy objectives and implementation strategies, and
- routine monitoring of sexual health outcomes to inform public health interventions.

1.3 Organisations can demonstrate a commitment to international human rights conventions by:

- taking a rights-based approach to service planning and delivery
- routinely informing people of their rights, and

- providing comprehensive training to staff on upholding people's rights, which is updated when necessary and appropriate to their role and setting.

1.4 People are given meaningful opportunities to participate in the design or evaluation of sexual health services and organisations can demonstrate where this feedback has resulted in change.

1.5 There are clear and structured adverse events processes, which include:

- accountability and responsibility arrangements for reporting any adverse events
- a consistent approach to reporting adverse events
- a documented escalation process for adverse events in sexual health, and
- organisational learning from adverse events.

1.6 Information management structures and governance processes are in place to support:

- the use of a national IT system such as the National Sexual Health System (NaSH) for reporting, benchmarking and performance to improve patient safety and quality of care, where appropriate
- the routine sharing, with fully informed consent, of identifiable personal healthcare data between care providers, and
- the effective collation of anonymised data in support of sexual health care governance.

1.7 There are agreed pathways and processes to ensure:

- accessible and responsive sexual health care
- timely management options are consistently available
- information is shared appropriately between public health and primary care, secondary care, laboratories, third sector, local authority and independent healthcare sector services
- there are resilience plans for service disruption
- there is timely testing, communication of testing results and onward referral for diagnosis, management and support as necessary
- pathways and processes are in place which prioritise those most in need, and
- appropriate signposting to additional areas of support, including the third sector, as necessary.

1.8 There are systems in place to ensure that all equipment and peripherals used in the provision of sexual health care have:

- planned preventative maintenance
- a mechanism for routine checks and testing, and
- rolling replacement schedules.

1.9 NHS boards and IJBs demonstrate effective partnership working at a local and national level.

1.10 NHS boards and IJBs have:

- a clinical lead for sexual health delivery
- a public health lead for sexual health, and
- a multiagency strategic group for sexual health.

1.11 NHS boards and IJBs ensure that there are effectively-led public health systems in place to monitor and respond to sources of sexual health concern, including:

- trends and epidemiology of STIs
- outbreaks of STIs or sexually-transmitted bloodborne viruses
- adverse outcomes
- gaps in sexual health service provision relative to population need
- determinants of poor sexual health, and
- unintended pregnancy.

1.12 NHS boards and IJBs support and encourage research to develop and share best practice.

What does the standard mean for the individual receiving sexual health care?
You can be confident that: • you will receive a safe, equitable and high-quality service that meets your needs • services have effective leadership and governance, and are committed to quality improvement • you will be given meaningful opportunities to participate in decisions about how services are shaped, and • information about you and your care will be shared with your consent and in line with national guidance.

What does the standard mean for a member of staff?

Staff:

- understand and can access care pathways, standards, and guidance relevant to their role
- actively participate in the multidisciplinary team and are supported by their organisations to understand their role
- are supported to attend training and continuing professional development (CPD) opportunities
- are aware of how to report and escalate adverse events
- are proactive in raising and responding to identified concerns which may impact on patient safety, care or community sexual health, and
- are encouraged and supported to work collaboratively with allied services.

What does the standard mean for the organisation?

The organisation:

- has governance arrangements in place to determine roles, responsibilities and lines of accountability, including adverse event management
- supports a culture where concerns can be raised and appropriately acted upon
- ensures co-ordinated person-centred pathways for access and delivery of sexual health care are developed and implemented
- performs regular routine monitoring of sexual health outcomes to inform public health interventions and improve service delivery
- monitors and responds to outbreaks and areas of concern
- engages with staff and communities to identify areas for improvement
- records and monitors data
- undertakes quality improvement and assurance activities to ensure performance against standards
- has planned preventative maintenance, quality assurance checks and a rolling replacement schedule in place for all equipment and peripherals, and
- encourages research and clinical excellence where research is undertaken.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Documentation describing lines of accountability, roles and responsibilities and escalation of adverse event reporting.
- Documentation outlining local strategies for treatment, care and prevention or local implementation of national strategies.
- Documentation describing monitoring and reporting systems for local strategic aims and objectives, quality improvement and service delivery objectives.
- Care pathways and local and national standard operating procedures demonstrating multidisciplinary working.
- Collaboration through multidisciplinary community primary care clusters.
- Awareness of and referral to community pharmacy services.

- Improvement work, including action plans, data collection and review of data, such as feedback from service users, staff members, national benchmarking and evidence of timeliness of processes.
- Documentation describing preventative maintenance, quality assurance checks and rolling replacement schedules for equipment and peripherals.
- A management system for reporting, reviewing and learning from all types of adverse events.
- Evidence of research activity.
- Evaluation of clinical effectiveness against national or local outcomes.
- Evidence of codesigned service plans, innovative engagement with local communities and good communication with service users.

Standard 2: Shared and supported decision making

Standard statement

All individuals receive inclusive information to facilitate informed choice and shared and supported decision making.

Rationale

Decision making is an ongoing process and requires people to be fully informed and taken seriously. The provision of high-quality, inclusive information[25] is essential to empower and support people to make decisions, which are right for them about what matters to them.[8, 9, 11, 26] People accessing sexual health services should be given appropriate time and resources to discuss their treatment in full, with their choices and concerns listened to and addressed. Organisations should provide high-quality, inclusive public health information on sexual health for people who do not need to use services currently but may do in the future.

People should receive sufficient information about the benefits and harms of proposed options and reasonable alternatives.[27] People should also have access to accurate information on choices and treatment and management, including digital or home treatment options.

The collection, use and sharing of personal data should be fully explained to all people accessing sexual health services and be shared following consent in line with national policies and procedures.[28]

Criteria

2.1 People using sexual health services are provided with inclusive information on all aspects of their care, including any onward referrals or interventions.

2.2 People are listened to and are fully involved in all decisions about their sexual health.

2.3 Information about time-dependent sexual health care such as emergency contraception, early medical abortion or post-exposure prophylaxis is given within the required timeframes.

2.4 People receive information that is timely, relevant, and in a language and format that is right for them.

2.5 People can discuss results, treatment and management options with appropriately trained staff and are supported to participate as equals in shared decision making.

2.6 Staff, volunteers and people who support decision making can, where appropriate, access:

- information and support on sexual health and relationships, and
- health promotion services.

2.7 People are provided with appropriately tailored and accessible information on the collection, use and sharing of personal data. Such information should:

- detail consent
- include information on the general duty of confidentiality in the wider healthcare team and on limitations of confidentiality where these apply[28]
- be tailored to the particular sensitivities and legislative and legal issues that may exist
- be presented in a way that emphasises the benefits of sharing personal health data with wider healthcare agencies
- provide clarity on the use of identifiable and anonymised data for different purposes and on the options for anonymity where these exist, and
- be continuously reviewed as an individual's circumstances change.

What does the standard mean for the individual receiving sexual health care?
You will: • be listened to and fully involved in all decisions about your sexual health • receive information to support shared and informed decision making in a language and format that is right for you • be given information on your results or diagnosis • have your data treated with confidentiality and shared where appropriate to improve quality of care • be offered support and time to discuss the options available to you, and • be given an opportunity to discuss any aspect of sexual health care, raise questions or concerns and discuss how any results will be communicated to you.
What does the standard mean for staff?
Staff: • offer a responsive, person-centred and trauma-informed service • are impartial, without judgement, and can demonstrate good communication • can readily access information to support those accessing sexual health care • offer evidence-based information in a range of formats and languages appropriate to the needs of the individual • can support individuals to reach informed decisions, and • have a clear understanding of any outcomes or test results which can be communicated to individuals.

What does the standard mean for organisations?
Organisations have systems and process in place to ensure: • the availability of appropriate, easily accessible and timely information, and • access to consistent support resources.
Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*
• Evidence of information provided in alternative formats and languages, taking account of the needs of people who may be digitally excluded. • Clinical audit of sexual health consultations with documentation of signposting or written information being provided. • Cluster quality improvement projects to improve provision of sexual health information within general practice. • Evidence of patient involvement in decision making, tools for shared decision making, and effective communication. • Specific and tailored information for young people, learning disabled people, trans people, gay, bisexual men and other men who have sex with men and people with complex social needs.

Standard 3: Education and training

Standard statement

Each organisation demonstrates commitment to the education and training of all staff involved in sexual health care, appropriate to roles and workplace setting.

Rationale

To ensure that sexual health care is safe, effective and person-centred, all staff should be provided with training appropriate to their role and responsibilities.[13, 29] Sexual health treatment and testing is rapidly developing and ongoing training must be embedded in all organisations providing sexual health care. Staff working in specialist sexual health services should be supported to provide external training where appropriate.

Staff should be willing and able to understand and interact with people from different communities. Sexual health outcomes are affected by the lived experiences and social realities of people, including any structural disadvantage that they face, and staff should be aware of the potential impact of their own unconscious bias

All staff should understand and respond appropriately to people who may have sexual health concerns or access contraception or abortion care after experiencing gender-based violence. Staff should adhere to the principles of trauma-informed practice: safety, trustworthiness and transparency, choice, collaboration and mutuality, and empowerment.[29]

Criteria

3.1 The organisation implements a comprehensive and multifaceted education and training programme that:

- includes an assessment of staff training needs that is responsive to staff roles, responsibilities and workplace setting
- supports continuous professional development
- promotes the use of quality improvement methods and tools
- is aligned to professional development frameworks, and
- includes an evaluation of the provision, quality and uptake of training.

3.2 Organisations have a training plan to ensure that continuous professional development for sexual health care is available to clinical and non-clinical staff in public-facing roles.

3.3 Staff are supported to access and attend training and education appropriate to their roles, and are allocated appropriate time and resource to complete it.

3.4 Staff providing sexual health care have access to training covering:

- trauma-informed care
- brief interventions[30] and behaviour-change interventions
- identifying trafficking
- sensitive enquiry into identification of domestic abuse and coercive control
- identification and appropriate support for people who have experienced or are at risk of female genital mutilation
- communication skills which focus on person-centred care
- lesbian, gay, bisexual and trans (LGBT+) diversity, and
- unconscious bias training.

3.5 Staff experiencing vicarious trauma have access to, and are supported to attend support services.

3.6 Staff are aware of local child and adult protection processes, including onward referral and information sharing appropriate to their role.

3.7 Organisations provide sexual health training for all partners and services.

3.8 Sexual health service providers undertake training appropriate to their role according to the National Trauma Training Plan.[29]

3.9 Organisations support staff to attend and participate in relevant national groups.

What does the standard mean for the individual receiving sexual health care?
You can be confident that: • staff providing your care and support are trained, skilled, knowledgeable and competent, and • you will be treated with respect and compassion, listened to and fully supported to make informed choices.
What does the standard mean for staff?
Staff: • can demonstrate knowledge, skills and competencies relevant to their roles and responsibilities • provide safe, effective and person-centred care to people with specific needs • attend and participate in relevant training, and achieve and maintain the required competencies and qualifications for their roles and responsibilities • know their role within multidisciplinary and multiagency teams and are supported to fulfil their responsibilities

- are clear what their contribution is to ensuring that people have a positive experience of care and support
- receive accurate and evidence-based information to enable them to support people
- treat individuals with dignity and compassion
- will be supported by their organisation if they have experienced vicarious trauma
- are supported to attend and complete training, and
- receive training and support in triage roles, where appropriate.

What does the standard mean for the organisation?

Organisations provide staff with:

- ongoing support for widely-recognised training and skills development
- ongoing personal and peer support opportunities, and
- appropriate support and opportunities to participate in training and CPD.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of provision and uptake of staff training to continuously improve the support, care and treatment they provide.
- Evidence of promotion and implementation of the Health and Social Care Standards.[13]
- Consistent staff appraisal and use of professional development frameworks.
- Evaluation of training needs and training programmes.
- Information and support mechanisms for staff.
- Uptake of sexual health training provided and received.

Standard 4: Access to sexual health care

Standard statement

All individuals have equitable and consistent access to sexual health care.

Rationale

Prompt access to sexual health care promotes positive sexual health and can reduce sexual health inequalities.[31] Improving access to healthcare should include community pharmacy, primary care, the third sector and education partners. Inequalities and barriers to access can be reduced by effective participation and codesign with communities and individuals, especially those with lived experience of social exclusion or discrimination. Barriers can be further reduced through effective planning, delivery of services in locality areas and targeted public health messaging.[32] Organisations should be proactive in raising awareness of services and supporting people through onward referral, signposting and integration or effective partnership working.

Outreach or specialist services may reduce barriers for some population groups, including those with care responsibilities, people in remote and rural areas, people in poverty and people experiencing domestic abuse.[33-35] The use of remote consultations or at home management options may reduce additional barriers and improve equitable access. While the use of technology may improve access for some people, all providers of sexual health care should work within the wider public health system to ensure that the provision of digital services does not exacerbate existing inequalities or create additional barriers to access.

Criteria

4.1 NHS boards and IJBs ensure all individuals have access to sexual health care. Where local specialist care is not feasible, robust pathways must be in place to provide timely access to a suitable, accessible alternative.

4.2 Organisations ensure that service planning, delivery and evaluation is informed by user feedback and participation.

4.3 Where there is a clear clinical benefit for people to travel to receive services not provided in the local area, NHS boards and IJBs ensure that mechanisms for reimbursement for the person are clear and accessible.

4.4 Organisations ensure that self-referral pathways are clear and communicated widely.

4.5 Organisations ensure that individuals accessing sexual health care:

- have their needs met by staff with the knowledge, skills and competencies required
- receive timely testing and treatment, and
- are referred to counselling, mental health support and support for other allied health issues if required.

4.6 Organisations have processes and systems in place to provide individuals with timely access to emergency contraception and postexposure prophylaxis following sexual exposure (PEPSE) to human immunodeficiency virus (HIV) infection.

4.7 Individuals are offered an assessment for the need for sexually-transmitted infection testing within two working days of self referral.[36]

4.8 There are referral pathways in place for people to be assessed for HIV pre-exposure prophlyaxis (PrEP) within 28 days. There should be rapid access pathways for those in highest clinical need.

4.9 Individuals can access PEPSE within 72 hours of exposure, where required.

4.10 People can access choice of contraception including long-acting reversible contraception (LARC) within 28 days. There should be rapid access pathways for those in highest clinical need.

What does the standard mean for the individual receiving sexual health care?
You can be confident that: • you will be able to see the right person in the right place at the right time • you will be seen by people with appropriate skills, knowledge and competencies • you will receive testing and treatment in a timely way • you can access contraception when you need it, and • you are able to be assessed again, go to a different service if you need to, or try different treatments or options.
What does the standard mean for staff?
Staff: • promote and deliver a personal outcomes approach for people • are compassionate, responsive, non-judgemental and understanding • support people to access health, social care and third sector support • connect and refer people, where appropriate, to local and national resources • have access to clear guidance on their roles and responsibilities in supporting people receiving sexual health care, and • have awareness of their local populations that face barriers to accessing sexual health services and work to address these issues.

What does the standard mean for the organisation?

Organisations:

- recognise different needs for different groups and have effective plans, which are regularly reviewed and amended to meet these needs
- have systems and processes in place to ensure equitable and timely access to sexual health care in their local area or network
- have action plans and strategies in place to address identified barriers, which include active participation of groups who face those barriers
- engage in meaningful participation and codesign with under-represented communities, including groups that are socially and historically excluded
- have well-co-ordinated care and referral pathways and protocols
- provide information in formats that are accessible
- ensure services are appropriately advertised and promoted, and
- support people to receive prompt access to testing and treatment.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Tools and processes to support people to participate meaningfully in shaping service design.
- Effective engagement, codesign or outreach across communities, including excluded communities.
- Specialist clinics or outreach services which meet the needs of trans people.[37]
- Improvement programmes, based on data from service user feedback, on reducing barriers to accessing services.
- Completion of Children's Rights and Well-being Impact Assessments, Equality Impact Assessments, Islands Impact Assessments and assessments against the Fairer Scotland Duty.[38]
- Evidence of access to sexual health care in general practice to the standards described within Sexually-Transmitted Infections in Primary Care 2013 or current equivalent guidance.[6]
- Pathways of support for issues including chemsex and problematic alcohol and recreational drug use.
- Evidence of preferential access to care and interventions by individuals or groups at higher risk of poor sexual health outcomes.
- Evidence of signposting and supporting people to access further sexual health care.
- Demonstration of re-entry and re-referral pathways to reflect an individual's changing needs.
- Community testing and outreach aimed at people most likely to experience poorer sexual health.
- Use of local assets such as community pharmacies to deliver services close to home.
- Data on uptake of home testing, postal prescriptions, online repeat prescription services, and video or telephone consultations.
- Piloting, evaluation and shared learning of innovative approaches to improving access.

Standard 5: Sexual well-being

Standard statement

All individuals are empowered to maintain positive sexual health, well-being and function.

Rationale

Sexual well-being is about the promotion of healthy, respectful, consensual and safe relationships.[15, 39] All individuals should be given the knowledge, resources, support and skills to:

- claim and uphold their rights
- safely explore any sexuality and personal risk that they feel comfortable with, and
- enjoy sexual relationships.

Good sexual health is positively associated with a wide range of physical and mental health benefits. Where people are in harmful relationships, this has a detrimental impact on a range of different health and well-being outcomes.[40]

Sexual health services provision should be psychologically informed and understand the reality of people's lives and experience. Services should recognise the need for motivational interviewing and other multi-level psychological and behaviour-change interventions.[41]

Staff should identify those most at risk of harm and should offer an appropriate, safe and consistent response, including signposting to support agencies.[15, 35, 42]

Criteria

5.1 Staff empower individuals and support good sexual health and well-being by:

- supporting informed choices and assessment of personal risk
- promoting safe relationships
- promoting healthy sex
- providing referral pathways to improve mental health and emotional well-being
- addressing sexual problems through onward referral to appropriate services
- being compassionate, and
- addressing stigma and inequality.

5.2 Staff conduct routine enquiries about domestic abuse, coercion and harm, and can escalate to appropriately trained staff if needed.

5.3 Individuals who express concerns about their sexual well-being are referred to appropriate support services, including behaviour-change interventions.

5.4 Staff are aware of how to identify individuals who may have been trafficked and can respond according to local safeguarding protocols.

5.5 Staff have access to information and referral pathways to support individuals presenting with sexual dysfunction.

5.6 Individuals who are referred to services for sexual problems are seen in line with national guidelines on referral to treatment waiting times.

What does the standard mean for the individual receiving sexual health care?
You can be confident that: • services understand that your autonomy and well-being is important for healthy, enjoyable sex • your concerns will be listened to and acted upon • your life, experiences and circumstances will be considered, and • you will have access to support and treatment when you need it.
What does the standard mean for staff?
Staff: • promote and deliver a personal outcomes approach for individuals • connect and refer individuals, where appropriate, to wider community resources • are supported to identify safeguarding concerns • conduct routine enquiries about gender-based violence, and • take a proactive approach to reviewing issues that may affect sexual well-being.
What does the standard mean for the organisation?
Organisations have systems and processes in place to ensure that: • good sexual health and well-being is promoted to all communities in a culturally appropriate and relevant way • well co-ordinated care, referral pathways and protocols are in place, and • information on services that they deliver or refer to is both accurate and current.
Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*
• Positive health promotion activity and community engagement. • Pathways of referral to services. • Staff training in domestic abuse and gender-based violence, including disclosure training. • Nationally-developed screening tools for identifying people at risk of harm. • Multiagency referral pathways for specific harm-reducing interventions. • Audits reviewing assessments for domestic abuse, sexual dysfunction and harm. • Waiting times for psychosexual clinics.

Standard 6: Prevention, detection and management of sexually-transmitted infections and sexually-transmitted bloodborne viruses

Standard statement

All individuals can access safe, high-quality and person-centred services for the prevention, detection and treatment of STIs, including sexually-transmitted bloodborne viruses.

Rationale

To reduce prevalence and prevent ongoing spread of STIs, a wide range of co-ordinated systems and pathways need to be in place.

Shared decision making empowers people to be actively involved in all decisions about the care and support they receive. People should be treated with dignity and respect with their choices respected and supported.[13] By having open conversations, staff are able to identify individuals at risk of STIs and provide information, advice and prophylaxis, where appropriate, in a safe and person-centred environment.[31]

In order to stop the spread of infection, it is vital that there is a robust surveillance system which includes consistent and accurate testing and contact tracing.[36] Supporting people who have been diagnosed with an STI to notify their sexual partners can reduce health complications through early prevention and detection and reduce transmission.[31, 36]

Criteria

6.1 Individuals can access consistent, responsive and readily available information on how to protect against STIs.

6.2 Free condoms are:

- accessible to individuals, and
- promoted and distributed by organisations.

6.3 Individuals are able to consistently access a range of testing options, including testing at home and in the community.

6.4 NHS boards and IJBs will ensure availability of:

- testing for *Trichomonasis vaginalis* and *Mycoplasma genitalum* as clinically indicated, and
- testing for STI resistance.

6.5 Laboratories providing testing for STIs meet professional standards and are accredited to UKAS ISO15189. [68]

6.6 There are referral pathways for microscopy in place for relevant conditions.

6.7 NHS boards and IJBs have an effective process in place for STI surveillance and epidemiological information and use this to inform wider public health strategies.

6.8 Organisations support partner notification for individuals diagnosed with an STI, helping to promote engagement and shared decision making.

6.9 NHS boards and IJBs maximise uptake of vaccinations, within the principles of informed choice, for eligible individuals in accordance with national guidelines, for:

- human papillomavirus virus (HPV)
- hepatitis B, and
- hepatitis A.

6.10 Individuals who are diagnosed with an STI are:

- supported to make decisions and understand the diagnosis
- offered treatment within two working days of diagnosis*
- referred to the service appropriate to their condition, if needed
- offered information on protection from STIs in the future, and
- treated with sensitivity, dignity and respect.

6.11 Individuals presenting in all settings can access either directly or by agreed pathways:

- PEPSE within 72 hours of exposure
- PrEP within 28 days where fast track access is not required
- rapid access to PrEP where there is a high clinical need, and
- non-pharmacological interventions to reduce risk of STI.

*This excludes treatment for viral warts and all bloodborne viruses.

What does the standard mean for the individual receiving sexual health care?

You can be confident that:

- staff and organisations will work together to ensure that you can access the right care and support at the right time
- you will be supported and empowered to make choices
- you will experience consistency and continuity in care
- you will have access to high-quality testing and early treatment if needed, and
- you will receive information about relevant third sector organisations, support groups and local services that might benefit you.

What does the standard mean for staff?

Staff:

- have consistent access to testing services, testing venues and treatments to manage STIs
- work in a sensitive and compassionate manner
- can deliver person-centred care and support, which is responsive and appropriate to the individual's needs
- support individuals to make an informed choice about the care they wish to access, and
- can confidently refer and signpost people to appropriate health, social care and third sector support services.

What does the standard mean for the organisation?

The organisation has systems and processes in place to ensure that:

- people can access safe and person-centred testing and treatment
- laboratories are safe and effective and comply with recognised professional standards
- there are strategies in place to prevent reinfection
- people are supported to access testing and treatment
- there is equity of access, and
- there are referral pathways to ensure consistent access to specialist sexual health services across all areas.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Testing rates within and outwith specialist services.
- Impact data on preventative strategies.
- Audit and data collection to identify and monitor:
    - rate of vaccination uptake and completion
    - rate of uptake and access to PEPSE and PrEP among high-risk groups, including women and trans people, and
    - rate of partner notification and successful contacts made.
- Evidence of onward referral for people's sexual care needs.
- Evidence of signposting and support to access appropriate third sector and specialist organisations.

Standard 7: Services for young people

Standard statement

Young people can access safe, high-quality and person-centred sexual health care which upholds their rights.

Rationale

The United Nations Convention on the Rights of the Child Article 3 outlines that young people's best interests should be the primary consideration for decisions made about them.[43] Young people should be informed of their rights, including their right to privacy and when confidentiality may be broken to keep them safe. Providing a holistic service, with appropriate and relevant integrated care referral pathways to other health and social care services, is important for ensuring that young people receive the care, advice and support they need.[16] Young people should be fully and meaningfully involved in the way services are designed to ensure those services meet their needs.

Additional support should be provided to younger people to access to STI testing, contraception and health promotion.[44] In a recent study of young people's experiences of sexual health care in Scotland, 46% of respondents did not know or were unsure of where to access free condoms in their local area. One in three young people who had intercourse faced difficulty getting an appointment for contraception or STI testing.[45] Rates of chlamydia are highest in Scotland among women under the age of 25, while women aged 20–24 are most likely to access abortion care. A range of appointment options such as face-to-face, online, drop-in and booked appointments increases choice and may improve uptake. Organisations should work with young people to codesign services that meet their needs.

Young people should be seen by staff who have the skills to sensitively enquire about their sexual health needs. In addition, staff should be trained to identify vulnerabilities, such as exploitation and abuse. Staff should know how to manage concerns, and refer on as appropriate.[46] For the most vulnerable young people, including care-experienced young people, relationship-based approaches, which emphasise participation, supported decision making and rights should be integral to a preventative approach.[20, 47]

All young people should receive high-quality information on relationships, sexual health, pregnancy and parenthood[16] in order to respect, protect and fulfil their human rights as they grow. Young people who understand the importance of healthy, respectful, consensual and safe relationships are more likely to delay the onset of sexual activity and experience positive outcomes when they do enter into sexual relationships.[48]

Criteria

7.1 Young people accessing sexual health care are assessed by staff with the knowledge, skills and competencies required to address their specific social and clinical needs.

7.2 Organisations ensure that young people's sexual health needs are routinely:

- assessed
- documented, and
- met.

7.3 Young people are fully supported to make active decisions about their sexual health care and well-being.

7.4 Young people receive care, information and support which is:

- accessible
- holistic
- rights-based, and
- joined up.

7.5 Organisations work in partnership with schools, youth workers and social workers to support and empower young people and promote good sexual health.

7.6 Sexual health care providers have:

- appropriate referral pathways for young people to local support services
- appropriate child protection pathways, and
- robust information sharing protocols that respect young people's right to safety as well as their right to privacy and health.[43]

7.7 Staff working with young people hold relevant competencies in:

- child sexual exploitation
- sexual capacity
- consent
- drug and alcohol issues
- child protection and safeguarding
- gender-based violence
- online safety and pornography, and
- sexuality and gender identity.

7.8 Care-experienced young people are given additional support to access tailored services.

7.9 Young people have access to emergency contraception at a range of accessible locations.

7.10 Young people, including those in remote and rural areas, can access free condoms.

What does the standard mean for the individual receiving sexual health care?
You can be confident that: • your rights are upheld and your best interests are always taken into account during discussions with people you talk to • you will have access to the right contraception and testing for you in ways that work best for you • you will be listened to and taken seriously • people will support you to be safe and healthy, and • your appointments and information about you will be confidential and only ever shared without your consent legally when there are concerns about your safety or the safety of other people.
What does the standard mean for staff?
Staff: • put the best interest of young people at the centre of their work • involve young people in decision making and support them to make choices • can demonstrate knowledge, skills and competencies relevant to their roles and responsibilities with regard to young people • are proactive in identifying and responding to concerns such as abuse, exploitation, substance misuse, or safeguarding, and • can, at all times, refer to a paediatrician with child protection experience and skills (of at least Level 3 safeguarding competencies) to provide immediate advice and subsequent assessment, if necessary, for young people.
What does the standard mean for the organisation?
Organisations have systems and processes in place to ensure that: • young people can access a dedicated service • there is targeted promotion and advertising of sexual health and abortion care services for young people which is linked to sexual and reproductive education • they promote collaborative working across all agencies who come into contact with young people • they react to concerns about a young person and follow child protection procedures where necessary, and • they provide effective interventions for young people where concerns have been identified.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*
• Effective multiagency working and referral to specialist programmes such as the Family Nurse Partnership.[49] • Multiagency service-level agreements, regular multiagency meetings or governance arrangements with young people's services, including education, youth work and social work. • Availability of information for people, their family and carers, including leaflets and appropriate websites, for example NHS Inform[50] and ALISS.[51] • Audit of uptake and attendance of services among young people. • Referral pathways for child protection concerns. • Needs assessment for a dedicated young person's service. • Participation in multidisciplinary teams to review child protection concerns where necessary. • Codesigned participation and engagement strategies with a particular focus on involving care-experienced young people. • Outreach services for lesbian, gay and bisexual young people. • Outreach services for trans young people with links to specialist gender identity clinics and peer support groups.[37]

Standard 8: Reducing sexual health inequalities

Standard statement

Organisations actively work to reduce sexual health inequalities and provide tailored support and clinical interventions for people most at risk of poor sexual health.

Rationale

The phrase 'people who experience poorer sexual health outcomes' refers to people with a higher epidemiological likelihood of contracting STIs, sexually-transmitted bloodborne viruses or experiencing unintended pregnancies. This includes gay, bisexual and other men who have sex with men (GBMSM), people who inject drugs and people who have sex with people from areas with high HIV prevalence rates.[52] As a population group, GBMSM in Scotland have a low frequency of testing for STIs and HIV compared to infection rates and recommended clinical frequency.[53] Trans and non-binary people may be less likely to attend sexual health clinics than the general population and may experience fear, anxiety and difficulty accessing information that is right for them.[37]

Socioeconomic factors such as structural health inequalities, disability, gender, poverty or experience of social exclusion and marginalisation may also contribute to poorer sexual health outcomes.[37, 54-56] Structural health inequalities are a particularly prominent determination of poor access to contraception, particularly LARC.[69] Organisations should recognise that people who experience poorer sexual health outcomes may do so due to a range of factors and should take a holistic, non-judgemental approach. Organisations should work in partnership across the whole system to deliver services to reduce the inequalities amongst those likely to require sexual health interventions.[9]

Organisations are legally required to prevent inadvertently widening inequalities.[1, 38] By using impact assessments, consultation and engagement organisations can actively prevent health inequalities when designing or redesigning services.

Criteria

8.1 Organisations demonstrate a commitment to identifying health inequalities in sexual health care by:

- completing comprehensive population health needs assessments
- identifying the specific needs of different groups of individuals who are accessing sexual health care, and
- proactively engaging with identified groups to reduce barriers to access.

8.2 Organisations identify people with additional social and clinical needs and provide person-centred care which includes:

- tailored appointments
- ensuring there are adequate time and resources for extended consultations, and
- providing inclusive information in a range of different formats and languages.

8.3 Organisations have improvement and evaluation processes in place to assess the impact of programmes designed to reduce health inequalities.

8.4 Organisations work in partnership in their communities to improve uptake of sexual health services in underserved areas.

8.5 People can access a range of person-centred behaviour-change interventions, which are tailored to individual need if required.

8.6 People with additional social and clinical needs have enhanced access, if required, to:

- testing for STI according to national guidelines
- PEPSE and PrEP
- LARC
- emergency contraception
- condoms and lubricant
- HPV vaccination
- hepatitis A and B vaccination
- behaviour-change interventions, and
- counselling or mental health support.

8.7 Staff are trained in communication and engagement techniques to support people from a range of backgrounds with different experiences, including:

- lesbian, gay and bisexual people
- trans and non-binary people
- sex workers
- disabled people including learning disabled people
- people with English as an additional language
- people who have experienced sexual trauma or abuse
- people who inject drugs, and
- care-experienced young people.

8.8 Sexual health services are promoted in ways which are person-centred, non-judgemental and inclusive.

8.9 Organisations provide tailored, person-centred and relevant information about the prevention, testing and treatment for STIs and sexually-transmitted bloodborne viruses.

8.10 Organisations use population data, engagement intelligence and national prevalence rates to identify groups with poorer sexual health and direct resources accordingly.

8.11 Service premises, including waiting areas, are inclusive, welcoming and comfortable.

8.12 Staff receive training which includes accurate and appropriate information about:

- the impact of poverty
- coercive and financial control
- gender diversity, and
- social exclusion and social determinants of health.[56]

What does the standard mean for the individual receiving sexual health care?
You can be confident that: • your specific needs will be addressed by people who are sensitive, non-judgemental, understanding and who listen to you • you have timely access to STI testing, PEPSE, PrEP and other treatments as required, and • you can access counselling and support if you need it.
What does the standard mean for staff?
Staff: • understand the needs and experience of the communities in which they work • are compassionate, informed and non-judgemental • are proactive in assessing sexual health concerns and offer support or referrals where needed, and • put people's rights to non-discrimination at the centre of their work.
What does the standard mean for the organisation?
Organisations have systems and processes in place to ensure: • STI testing, treatment and preventative care including PEPSE and PrEP are actively promoted to those at greatest risk of sexual health inequality • people have access to counselling for issues related to sexual health • people likely to experience poor sexual health are able to access timely care for more urgent sexual health needs • there are referral pathways in place to ensure equitable access of care • services are appropriately advertised and promoted, and • sexual health inequalities are not widened during periods of service change or design.

Practical examples of evidence of achievement ***(NOTE: this list is not exhaustive)***

• Audit and data collection to assess uptake and vaccination rates for hepatitis B among groups that require it.
• Audit and data collection to identify and monitor:
  - STI testing rates within community or primary care settings, and
  - offer and uptake of PrEP among eligible groups
• Pathways of referrals including behaviour-change interventions.
• Engagement and health promotion activity for people who experience social exclusion.
• Local and regional sexual health promotion activity for GBMSM.
• Processes and protocols to assess and mitigate unseen costs of services to reduce barriers for people in poverty.
• Enhanced or additional services which meet the need of socially excluded groups.
• Tailored outreach PrEP services for people who inject drugs.[57]
• Evidence of referrals to financial inclusion pathways.
• Sexual health provision as part of integrated health services for people experiencing homelessness or addictions.

Standard 9: Reducing unintended pregnancy

Standard statement

People are empowered and informed about their reproductive rights and can access a full range of methods to reduce unintended pregnancy if they choose to do so.

Rationale

Access to contraception is vital to ensure wider social and economic equity.[58, 59] A person's reproductive choices are an intrinsic right[60], and a key part of the UN Convention on the Elimination of All Forms of Discrimination Against Women.[61] Women, trans and non-binary people who can become pregnant should have local and timely access to a range of different contraceptive methods, including LARC.[62, 63] Women, trans and non-binary people who can become pregnant should be fully supported to access contraception that is right for them without discrimination or stigma.

Everyone who requires contraception should be fully informed, listened to and treated with respect to offer maximum control and choice over their reproductive rights. People should be empowered to make decisions about how to reduce unintended pregnancy if they choose to. This includes promotion of methods such as vasectomy to ensure the responsibility for preventing pregnancy does not automatically sit with the person who can become pregnant.

Where people have pre-existing health conditions, discussions about contraception and pregnancy planning should be considered as part of wider care planning. Postnatal contraception discussions should be routinely offered during antenatal care.

Criteria

9.1 People have easy access to a range of contraception methods (including LARC) and are given the appropriate time and information to make informed decisions.

9.2 Staff have the knowledge and skills to discuss contraception, assess risk and provide information and support.

9.3 NHS boards and IJBs provide:

- a consultation about LARC within five working days of initial request
- LARC within 28 days of initial consultation with fast track pathways for those in most urgent need
- access to emergency contraception arranged on the day of initial request

- sterilisation, including vasectomy, in line with referral to treatment waiting times
- quick start contraception on the day of initial consultation, if chosen, and
- contraception after giving birth prior to discharge from maternity services or gynaecology, if chosen.

9.4 Information about contraception is provided on:

- the benefits of contraception
- the range of methods and how they work
- the effectiveness of each method if used optimally
- potential side effects and how to minimise them
- how to access initial contraception and ongoing supply, and
- the options and responsibilities for all individuals in relation to preventing unintended pregnancy.

9.5 Organisations offer a 12 –month contraceptive plan which, if chosen, includes further provision and follow up where required.

9.6 Organisations have enhanced or tailored services for women, trans and non-binary people who can become pregnant who have complex social needs or who face barriers to accessing contraception.

9.7 Organisations work collaboratively and proactively with partner agencies to increase uptake of contraception and reduce barriers to access.

9.8 People can access high-quality and person-centred information and support on how to prevent unintended pregnancy.

What does the standard mean for the individual receiving sexual health care?
You can be confident that: • you have choice and control in your method of contraception, if any • you are listened to when you have concerns • your experience of side effects and preference about contraceptive options will be listened to • you are fully informed about different contraception methods, including any side effects or benefits • you are supported to continue with your chosen method of contraception, if safe to do so • you are able to access support easily if you have issues with your chosen contraceptive methods • you are supported to plan your contraception for a longer period, such as 12 months, and • you can access information about local support groups and services.

What does the standard mean for staff?

Staff will:

- adopt proactive and responsive measures to support individuals to have full choice and control over their contraception
- facilitate people's choices as far as clinically indicated
- provide support, advice and guidance on all aspects of contraception, including side effects
- make the appropriate referrals in line with relevant guidance
- be trained to national standards, relevant to their role, in discussing and providing contraception, and
- promote good sexual health and encourage regular STI testing.

What does the standard mean for the organisation?

Organisations have systems and processes in place to ensure that:

- barriers are minimised and people are supported to access contraception
- there are well-coordinated care and referral pathways and protocols
- they provide a consistent range of venues where contraceptive methods can be accessed
- co-ordination between organisations is well supported
- there is consistent and local access to LARC
- there are referral pathways for people with complex contraceptive needs, and
- systems and pathways relating to a 12-month contraception plan with adequate follow up are in place.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Pathways for complex contraception or sterilisation referrals.
- Audit and data collection to identify and monitor:
    - local and community provision of contraception
    - abortion rate
    - rate of women becoming pregnant within one year of last pregnancy[64]
    - contraception provision in maternity services
    - LARC rates within and outwith specialist settings, and
    - continuation rates with LARC.
- Documentation describing examples of integrated care or multidisciplinary involvement in patient care.
- Prescribing data evidencing contraceptive use within GP practices and across clusters.

Standard 10: Abortion care

Standard statement

Women, trans and non-binary people who can become pregnant can access safe, timely and person-centred abortion care services.

Rationale

Access to legal abortion care should be free from discrimination and stigma.[65] Equitable access to abortion care is essential for gender equality, well-being and improvements in health outcomes.[66] Abortions should be carried out as early as possible following presentation and it is important that unnecessary delays are kept to a minimum.[23]

Everyone should be supported to access safe abortion services without discrimination. Access to abortion care can be impacted by social determinants of health, including poverty and social exclusion.[67] Women, trans and non-binary people who can become pregnant should be listened to and supported to have full choice and control. People should be fully supported and informed to make the right decision for them. Staff should be sensitive to any concerns and anxiety that an individual may be experiencing, and offer referrals to specialist care, including counselling, as appropriate.

Criteria

10.1 Women, trans and non-binary people who can become pregnant who have chosen to have an abortion can self refer to the assessment appointment.

10.2 NHS boards and IJBs offer an abortion assessment appointment that takes place within one week of self referral to abortion services.

10.3 NHS boards and IJBs offer an abortion procedure that takes place within one week of the abortion assessment appointment.

10.4 There is a clear pathway for ongoing care where a person has concerns or experiences complications due to the abortion.

10.5 People are provided with a clinically appropriate choice of abortion method, including early medical abortion at home.

10.6 People have access to information on both medical and surgical abortion to enable an informed choice of method as appropriate to gestation and clinical risk.

10.7 People are offered access to impartial counselling before and after a procedure.

10.8 NHS boards and IJBs provide local abortion services up to at least 20 weeks' gestation.

10.9 Where an NHS board or IJB cannot offer abortion services above 20 weeks' gestation within their area, they work in partnership to provide an appropriate and person-centred care pathway for all women, trans and non-binary people requiring an abortion up to the legal limit.

10.10 People accessing abortion care receive reimbursement of travel funds in line with local acute or secondary care policies.

10.11 NHS boards and IJBs ensure that women, trans and non-binary people attending abortion care services:

- have their right to accept or decline contraception respected and acted upon
- receive an immediate supply of their chosen method of contraception, should they wish it, with a bridging method where LARC is chosen and cannot be fitted immediately
- are routinely assessed for gender-based violence, trafficking and coercion
- receive information, in a sensitive way, about possible STIs, and
- are offered an STI test.

10.12 Organisations share information about a person's abortion care with other organisations in line with legal data sharing protocols to:

- promote safety, and
- ensure the person's right to privacy and confidentiality is maintained.

What does the standard mean for the individual receiving sexual health care?
You can be confident that: • you can access a legal abortion close to home wherever possible. If the service cannot be provided locally, you will be able to receive an abortion out of your area and this will be planned for you • you will be supported without judgement throughout the process • you will be provided with the information you need to make informed decisions with the support and medical advice of clinical experts • you will be informed prior to assessment about how long your consultation should take and what investigations you may need, and • you can access counselling services at any time in the process.

What does the standard mean for staff?
Staff: • listen to and support people to make informed choices • act with compassion and without judgement • conduct sensitive routine enquiries to identify gender-based violence • conduct sensitive enquiries to identify sexual coercion • promote good sexual health • have specialist training in abortion provision • can deliver care and support in a format appropriate to the individual's needs, and • support individuals to make an informed choice about the care they wish to access.
What does the standard mean for the organisation?
The organisation ensures that: • abortion care is delivered free from stigma as part of routine sexual and reproductive health services, and • there are pathways are in place for referral to other NHS boards and IJBs to ensure equity of care regardless of geographical area.
Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*
• Documentation relating to shared decision making and informed choices for abortion care. • Documentation of STI risk assessment. • Information and data on waiting times for access. • Percentage of abortions performed under 10 weeks' gestation. • Onward referrals and use of screening tools to identify gender-based violence. • Partnership working with Violence Against Women partnerships. • Engagement and participation with people who use services.

Appendix 1: Development of the standards

These sexual health standards have been informed by current evidence and best practice recommendations and were developed by group consensus.

Evidence base

A systematic review of the literature was carried out using an explicit search strategy devised by an information scientist based in the Healthcare Improvement Scotland Evidence Directorate. Databases searched include ERIC, Cinahl, Embase, Medline, ASSIA and Public Health and PsychArticles. Additional searching was done though citation chaining and identified websites, grey literature, and stakeholder knowledge. This evidence was also used to inform all relevant impact assessments.

Development activities

A standards development group, chaired by Dr Rona MacDonald, consultant in sexual health and HIV, was convened in February 2019 to consider the evidence and to help identify key themes for standards development.

Membership of the standards development group is set out in Appendix 2.

To ensure each standard is underpinned with the views and expectations of staff, third sector representatives and the public, engagement throughout the development has been sought through:

- a three-week scoping engagement period
- a lived experience and third sector workshop, and
- preconsultation meetings with third sector and advocacy organisations.

Draft standards for sexual health were published on 25 March 2021. A 15 –week consultation period was held to capture stakeholder feedback on the draft standards.

We engaged with a broad range of stakeholders, including seldom heard voices, using online survey tools and targeted engagement sessions, which included focus groups and workshops.

The engagement sessions:

- were tailored to the needs of the participants (people with lived/living experience, staff, carers, volunteers) and adopted robust social research methodologies
- provided a range of opportunities for the meaningful engagement with people with lived/living experience and were designed and delivered in collaboration with people with lived/living experience and relevant third sector agencies
- were run virtually using Microsoft Teams due to the restrictions that were in place around face-to-face meetings

- ensured that there was equality of opportunity to participate in consultation, noting particular barriers from seldom heard groups, and people experiencing digital exclusion, and
- provided opportunities for health and social care staff (and volunteers) to feedback on the standards.

A summary of all feedback received during the consultation process, and details of the changes made to the final standards as a result, can be found on our website.

Quality assurance

All project group members were responsible for advising on the professional aspects of the standards.

All development group members made a declaration of interest at the beginning stages of the project. They also reviewed and agreed to the project group's Terms of Reference. More details are available on request from: his.standardsandindicators@nhs.scot

Healthcare Improvement Scotland also reviewed the draft standards document as a final quality assurance check. This ensures that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope, and
- any risk of bias in the standards development process as a whole is minimised.

For more information about the role, direction and priorities of Healthcare Improvement Scotland please visit:

www.healthcareimprovementscotland.org/improvement.aspx

Appendix 2: Membership of the sexual health standards development group

Rona MacDonald *(Chair)*	Consultant in Sexual Health and HIV, Sandyford Services and NHS Ayrshire and Arran
Judith Ainsley	Head of Health Protection Policy Team. Scottish Government
Esther Aspinall	Consultant in Public Health Medicine, NHS Ayrshire and Arran
Heather Bett	Interim Senior Manager Children Services, Sexual Health & Bloodborne Viruses and Rheumatology, NHS Fife
David Bingham	Scotland Health Promotion Manager, Terrence Higgins Trust Scotland
Daniela Brawley	Consultant in Sexual Health and HIV in NHS Grampian and Co-Chair of Scottish Health Protection Network, Sexual and Reproductive Healthcare Clinical Leads
Audrey Brown	Consultant, Sandyford Services, Lead of Abortion Care Providers Group
Dan Clutterbuck	Clinical Lead for Sexual and Reproductive Health, NHS Lothian and Clinical Lead for HIV, Chalmers Centre
Nicky Coia	Health Improvement Manager (Sexual Health), NHS Greater Glasgow & Clyde
Eilidh Dickson	Policy and Parliamentary Manager, Engender
Shona Galbraith	Lead Nurse for Public Health and Protection, Sandyford Services, NHS Greater Glasgow & Clyde
Anne McLellan	Consultant in Sexual and Reproductive Health, NHS Lanarkshire
Leonee Moorhead	Community Services Manager, Barnardo's Scotland
Rosalynn Morrin	General Practitioner with an interest in sexual health, NHS Ayrshire & Arran
Cheryl Newton	Inspector, Quality of Care, Quality Assurance Directorate, Healthcare Improvement Scotland
Andrew Radley	Consultant in Public Health Pharmacy, NHS Tayside
Kate Templeton	Consultant Clinical Scientist, NHS Lothian

Appendix 3: Project team members

The standards development group was supported by the following members of Healthcare Improvement Scotland's standards and indicators team:

Rachel Hewitt	Programme Manager (from October 2020)
Rebecca McGuire	Project Officer (from October 2021)
Stephanie Kennedy	Administrative Officer (from October 2021)

The standards development group was also supported by the previous members of the standards and indictors team:

Kelly MacDonald	Programme Manager
Allan Barr	Project Officer
Wendy McDougall	Project Officer
Angela Hislop	Administrative Officer
Paula O'Brien	Administrative Officer

References

1. Scottish Government. National Health and Wellbeing Outcomes Framework. 2015 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/.
2. Royal College of Nursing. Sexual health. 2020 [cited 2021 Nov 1]; Available from: https://www.rcn.org.uk/clinical-topics/public-health/sexual-health.
3. Scotland Government. Respect and responsibility: strategy and action plan for improving sexual health. 2005 [cited 2021 Nov 1]; Available from: https://www.webarchive.org.uk/wayback/archive/3000/https://www.gov.scot/Resource/Doc/35596/0012575.pdf.
4. Quality Improvement Scotland. Standards for Sexual Health Services. 2008 [cited 2019 Apr 16].
5. British Association for Sexual Health and HIV. Standards for the management of sexually transmitted infections (STIs). 2014 [cited 2021 Nov 1]; Available from: https://www.nat.org.uk/sites/default/files/publications/standards_for_the_management_of_sexually_transmitted_infections.pdf.
6. Royal College of General Practitioners. Sexually transmitted infections (STIs) in primary care – updated guidance for 2013. 2013 [cited 2021 Nov 1]; Available from: https://www.rcgp.org.uk/-/media/Files/CIRC/RCGP-Sexually-Transmitted-Infections-in-Primary-Care-2013.ashx?la=en.
7. British Medical Association, Scottish Government. GMS contract: 2018. 2018 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/gms-contract-scotland/.
8. Scottish Government. Chief Medical Officer's Annual report 2014-15 - Realistic medicine. 2016 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/chief-medical-officers-annual-report-2014-15/.
9. Scottish Government. Realising Realistic Medicine: Chief Medical Officer for Scotland annual report 2015-2016. 2017 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/chief-medical-officer-scotland-annual-report-2015-16-realising-realistic-9781786526731/.
10. Christie Commission. Commission on the future delivery of public service. 2011 [cited 2021 Nov 1]; Available from: http://www.gov.scot/resource/doc/352649/0118638.pdf.
11. Scottish Government. Personalising Realistic Medicine: Chief Medical Officer for Scotland's Annual Report 2017-2018. 2019 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/personalising-realistic-medicine-chief-medical-officer-scotland-annual-report-2017-2018/.
12. Public Health Scotland. A Scotland where everybody thrives: Public Health Scotland's Strategic Plan 2020–23. 2020 [cited 2021 Nov 1]; Available from: https://publichealthscotland.scot/our-organisation/a-scotland-where-everybody-thrives-public-health-scotland-s-strategic-plan-2020-23/.
13. Scottish Government. Health and Social Care Standards: My support, my life. 2018 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/health-social-care-standards-support-life/.
14. Scottish Government. Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 [cited 2021 Nov 1]; Available from: http://www.legislation.gov.uk/asp/2016/14/pdfs/asp_20160014_en.pdf.
15. Scottish Government. Sexual Health and Blood Borne Virus Framework 2015-2020 Update. 2015 [cited 2021 Nov 1]; Available from:

https://www.gov.scot/publications/sexual-health-blood-borne-virus-framework-2015-2020-update/
16. Scottish Government. Pregnancy and Parenthood in Young People Strategy. 2016 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/pregnancy-parenthood-young-people-strategy/.
17. Scottish Government. Health and social care delivery plan. 2016 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/health-social-care-delivery-plan/.
18. Scottish Government and COSLA. Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls 2018 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/.
19. Scottish Government. National Guidance for Child Protection in Scotland 2014 [cited 2021 Nov 1]; Available from: http://www.wdhscp.org.uk/media/1680/national-guidance-for-child-protection-in-scotland-2014.pdf.
20. Independent Care Review. The Promise. 2020 [cited 2021 Nov 1]; Available from: https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf.
21. Scottish Government. GIRFEC National Practice Model. 2016 [cited 2021 Feb 08]; Available from: https://www.gov.scot/publications/girfec-national-practice-model/.
22. Government S. Women's health plan. [cited 18/02/2022]; Available from: https://www.gov.scot/publications/womens-health-plan/.
23. NICE. Abortion Care [NG140]. 2019 [cited 2021 Nov 1]; Available from: https://www.nice.org.uk/guidance/ng140.
24. The Faculty of Sexual and Reproductive Healthcare. Service Standards for Sexual and Reproductive Healthcare. 2016 [cited 2021 Nov 1]; Available from: https://www.fsrh.org/standards-and-guidance/documents/fsrh-service-standards-for-sexual-and-reproductive-healthcare/.
25. Scottish Government. Principles of Inclusive Communication: An information and self-assessment tool for public authorities. 2014 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/principles-inclusive-communication-information-self-assessment-tool-public-authorities/documents/.
26. NHS Inform. Realistic medicine. [cited 2021 Nov 1]; Available from: https://www.nhsinform.scot/care-support-and-rights/nhs-services/using-the-nhs/realistic-medicine.
27. General Medical Council. The seven principles of decision making and consent. 2020 [cited 2021 Nov 1]; Available from: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent/the-seven-principles-of-decision-making-and-consent.
28. NHSScotland. NHSScotland Caldicott Guardians: Principles into Practice. 2010 [cited 2021 Nov 1]; Available from: https://www.ohb.scot.nhs.uk/sites/default/files/2016-09/NHS_Scotland_Caldicott_Guardians_Principles_in_Practice.pdf.
29. NHS Education for Scotland. Transforming Psychological Trauma. 2017 [cited 2021 Nov 1]; Available from: https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainingframework.pdf.
30. British Association for Sexual Health and HIV. UK National Guideline on Safer Sex Advice 2012. 2012 [cited 2021 Nov 1]; Available from: https://www.bashhguidelines.org/media/1080/4452.pdf.
31. NICE. Sexual health. Quality standard [QS178]. 2019 [cited 2021 Nov 1]; Available from: https://www.nice.org.uk/guidance/qs178.
32. Lorenc A, Robinson, N,. A tool to improve patient and public engagement in commissioning sexual and reproductive health and HIV services. 2015 [cited 2021 Nov 1]; Available from: https://srh.bmj.com/content/familyplanning/41/1/8.full.pdf.

33. British Association of Sexual Health and HIV. BASHH recommendations for integrated sexual health services for trans, including non-binary, people. 2019 [cited 2021 Aug 10]; Available from: http://www.gpone.wales.nhs.uk/sitesplus/documents/1000/bashh-recommendations-for-integrated-sexual-health-services-for-trans-including-non-binary-people-2019pdf.pdf.
34. British Association for Sexual Health and HIV. Standards for the management of sexually transmitted infections (STIs) in outreach services. 2016 [cited 2021 Nov 1]; Available from: https://www.bashh.org/media/2433/bashh-formatted-final-standards-2016.pdf.
35. British Association for Sexual Health and HIV. Standards for the management of sexually transmitted infections (STIs). 2019 [cited 2021 Feb 08]; Available from: https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/.
36. Public Health England. National Clinical Audit of STIs and HIV: Feasibility Study Report. 2016 [cited 2021 Nov 1]; Available from: https://www.nat.org.uk/sites/default/files/publications/national_clinical_audit_of_stus_and_hiv_feasibility_report.pdf.
37. Waverley Care. There needs to be care throughout. 2020 [cited 2021 Nov 1]; Available from: https://www.waverleycare.org/application/files/2716/0992/0912/There_needs_to_be_care_throughout_DIGITAL_Dec20.pdf.
38. The Scottish Government. The Fairer Scotland Duty - Interim Guidance fo Public Bodies. 2018 [cited 2021 Nov 1]; Available from: https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/03/fairer-scotland-duty-interim-guidance-public-bodies/documents/00533417-pdf/00533417-pdf/govscot%3Adocument/00533417.pdf.
39. WHO/Europe. Action Plan for Sexual and Reproductive Health Towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind. 2016 [cited 2021 Nov 1]; Available from: http://www.euro.who.int/__data/assets/pdf_file/0003/322275/Action-plan-sexual-reproductive-health.pdf?ua=1.
40. Mitchell KR, Mercer CH, Ploubidis GB, Jones KG, Datta J, Field N*, et al.* Sexual function in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). 2013 [cited 2021 Feb 08]; Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3898902/?report=printable.
41. NICE. Behaviour change: individual approaches : guidance (PH49). 2014 [cited 2021 Feb 08]; Available from: https://www.nice.org.uk/guidance/ph49.
42. NICE. Domestic violence and abuse. Quality standard [QS116]. 2016 [cited 2021 Nov 1]; Available from: https://www.nice.org.uk/guidance/qs116.
43. The United Nations Convention on the Rights of the Child. 1990 [cited 2021 Feb 08]; Available from: https://cypcs.org.uk/rights/uncrc/full-uncrc/.
44. NICE. Contraceptive services for under 25s : guidance (PH51). 2014 [cited 2021 Nov 1]; Available from: https://www.nice.org.uk/guidance/ph51.
45. Lewis R BC, McMellon C, Riddell J, Graham C, Mitchell K,. Understanding young people's use and non-use of condoms and contraception: A co-developed, mixed methods study with 16-24 year olds in Scotland. Final report from CONUNDRUM (CONdom and CONtraception UNDerstandings: Researching Uptake and Motivations). 2021 [cited 2021 Nov 1]; Available from: https://www.sexualhealthtayside.org/wp-content/uploads/2021/03/conundrum-full-report.pdf.
46. Open University. Talking about sex, sexuality and relationships: Guidance and standards. 2015 [cited 2021 Nov 1]; Available from: https://www.togetherforshortlives.org.uk/resource/talking-sex-sexuality-relationships-guidance-standards/.

47. Youthlink Scotland. Scotland's Youth Work Outcomes Model Handbook. 2017 [cited 2021 Nov 1]; Available from: https://www.youthlinkscotland.org/media/1968/outcomes-handbook-august-2017.pdf.
48. Scottish Government. Healthy relationships and consent: key messages for young people. 2019 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/key-messages-young-people-healthy-relationships-consent-resource-professionals-working-young-people/.
49. RE:Evaluation, Scottish Government. Family Nurse Partnership in Scotland: REvaluation report. 2019 [cited 2021 Nov 1]; Available from: https://www.gov.scot/publications/revaluation-family-nurse-partnership-scotland/.
50. NHS Inform. [cited 2021 Nov 1]; Available from: www.nhsinform.scot.
51. Health and Social Care Alliance. A Local Information System for Scotland. 2018 [cited 2021 Nov 1]; Available from: https://www.aliss.org/.
52. Scottish Health Protection Network. Guidance on HIV Prevention in Men who have Sex with Men (MSM). 2019 [cited 2021 Feb 08]; Available from: https://www.hps.scot.nhs.uk/web-resources-container/good-practice-guidance-on-hiv-prevention-in-men-who-have-sex-with-men-msm/.
53. Wallace L, Li J, McDaid LM. HIV prevalence and undiagnosed infection among a community sample of gay and bisexual men in Scotland, 2005-2011: implications for HIV testing policy and prevention. 2014 [cited 2021 Nov 1]; Available from: https://www.ncbi.nlm.nih.gov/pubmed/24621479.
54. Engender. Our bodies, our rights: Identifying and removing barriers to disabled women's reproductive rights in Scotland. 2018 [cited 2021 Nov 1]; Available from: https://www.engender.org.uk/content/publications/Our-bodies-our-rights---Identifying-and-removing-barriers-to-disabled-womens-reproductive-rights-in-Scoltand.pdf.
55. Royal College of Nursing. Fair care for trans people: an RCN guide for nursing and health care professionals. 2016 [cited 2021 Nov 1]; Available from: https://www.rcn.org.uk/professional-development/publications/pub-005575.
56. The Marmot Review. Fairer society, healthy lives. 2010 [cited 2021 Nov 1]; Available from: http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf.
57. Grimshaw C BL, Smith M , S. Estcourt C, Metcalfe R,. Evaluation of an inner city HIV pre-exposure prophylaxis service tailored to the needs of people who inject drugs. 2021 [cited 2021 Nov 1]; Available from: https://onlinelibrary.wiley.com/doi/10.1111/hiv.13181.
58. Shaw D, Cook RJ. Applying human rights to improve access to reproductive health services. 2012 [cited 2021 Nov 1]; Available from: https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1016/j.ijgo.2012.03.018.
59. NICE. Contraception. Quality standard [QS129]. 2016 [cited 2021 Nov 1]; Available from: https://www.nice.org.uk/guidance/qs129.
60. United Nations OotHC. Information series on sexual and repoductive health and rights: Contraception and Family Planning. 2020 [cited 2021 Mar 04]; Available from: https://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_Contra_FamPlan_WEB.pdf.
61. UN Committee on the Elimination of Discrimination Against Women (CEDAW). CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health). 1999 [cited 2021 Nov 1]; Available from: https://www.refworld.org/docid/453882a73.html.
62. The Faculty of Sexual and Reproductive Healthcare. Clinical Guidance: Combined Hormonal Contraception. 2019 2019/01/16 [cited 2021 Nov 1]; Available from: https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/.

63. Wilkes S. Long-acting reversible contraception. 2013 [cited 2021 Nov 1]; Available from: https://bjgp.org/content/63/614/463.2.
64. CEU Clinical Guidance: Contraception After Pregnancy - January 2017. 2017.
65. Ghebreyesus TA, Kanem N. Defining sexual and reproductive health and rights for all. 2018 [cited 2021 Nov 1]; Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext.
66. Starrs AM, Ezeh AC, Barker G, Basu A, Bertrand JT, Blum R*, et al.* Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. 2018 Jun 30 [cited 2021 Nov 1]; Available from: https://pubmed.ncbi.nlm.nih.gov/29753597/.
67. Engender. OUR BODIES, OUR CHOICE: THE CASE FOR A SCOTTISH APPROACH TO ABORTION. 2016 [cited 2019 Dec 20]; Available from: https://www.engender.org.uk/content/publications/Our-bodies-our-choice---the-case-for-a-Scottish-approach-to-abortion.pdf.
68. UKAS. "Medical Laboratory Accreditation." [cited 2019 Dec 20]; Available from: https://www.ukas.com/wp-content/uploads/filebase/brochures/UKAS-B9-09-2019-Medical-Laboratories-Brochure-MedRes.pdf.
69. ISD Scotland (2018). Long Acting Reversible Methods of Contraception (LARC) in Scotland Year ending 31 March 2018. " [cited 2019 Dec 20]; Available from: Long Acting Reversible Methods of Contraception (LARC) in Scotland (isdscotland.org)

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