

**NHS Dumfries and Galloway  
Sexual Health Strategy Annual Report 2005 - 2006**

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## Introduction

In April 2005 in response to the release of Respect and Responsibility the national Strategy for Sexual Health, Dumfries and Galloway established a multi disciplinary steering group (Appendix 2). This groups aims were to refresh the Dumfries and Galloway Sexual Health Strategy and Action Agenda and to ensure that the local strategy addresses the key components of the national strategy whilst reflecting the needs of our local population. During the process the strategy group consulted widely with the local population (Appendix 3). The refreshed strategy and action plan is due to go out to public consultation in May 2006. (National Strategy - Recommendation 37 and 39 recommendation 27, 28, 29, 31, 32, 33, 34, 40, 41 42, 43, 44, 45, 46, 47, 50, 51, 52, 53, 58 are covered in the Sexual Health Strategy Action Plan).

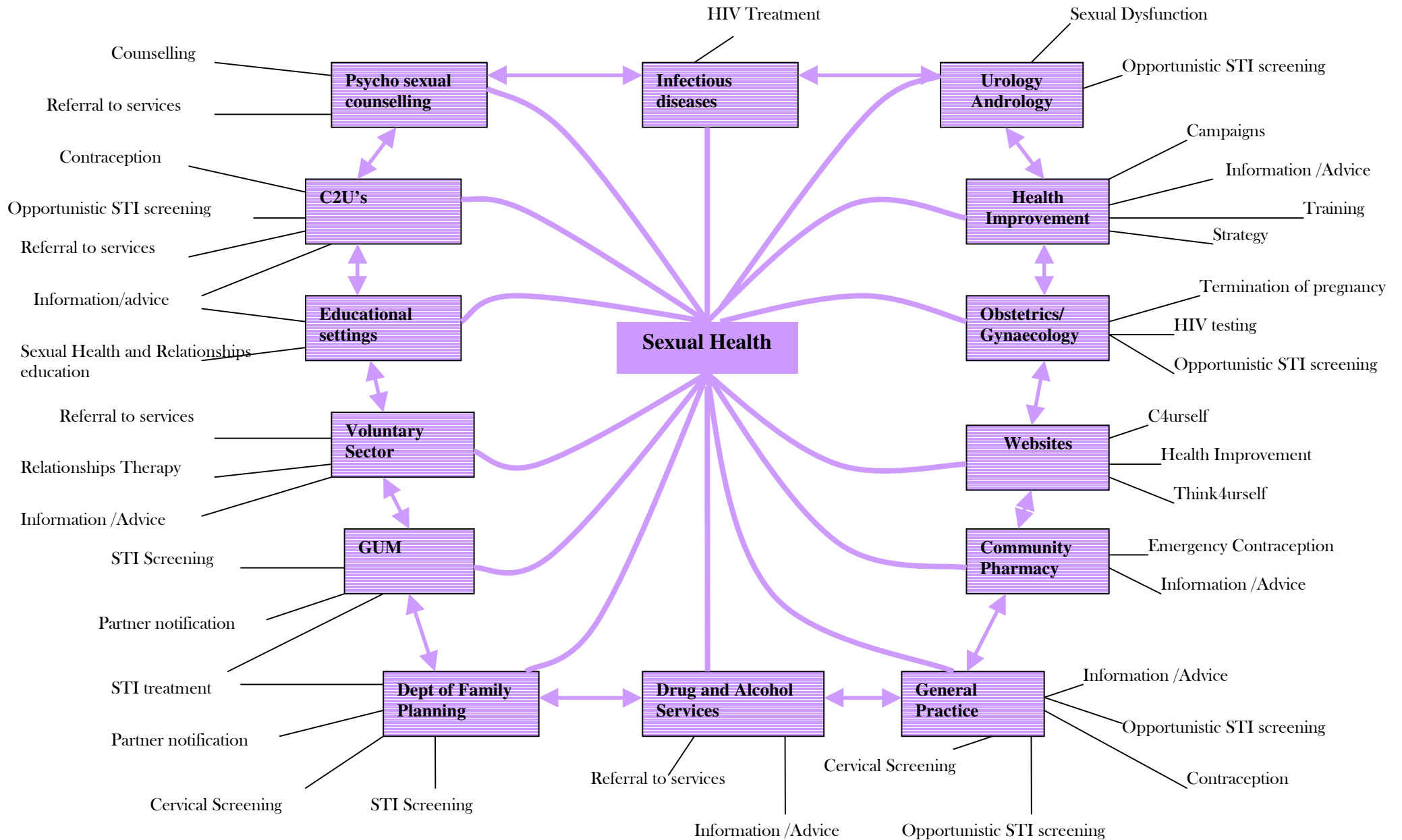
Dumfries and Galloway developed a clinical services plan to outline the spending of the extra funding for sexual health from the Scottish Executive. The clinical services plan feeds into the strategy. (National Strategy - Recommendation 48 and 54).

During the development of the strategy and the clinical service's plan the Equality and Diversity Impact Assessment toolkit was used. The toolkit proved to be very effective in highlighting any areas that had not been addressed. (National Strategy - Recommendation 39)

### 1. Overview of clinical services

- 1.1 Since March 2005 there have been many advances in the provision of sexual health services across Dumfries and Galloway. Due to the large and highly rural area, many different professionals/organisations continue to provide sexual health services in a variety of places across the region Diagram 2. (National Strategy - Recommendation 55).
- 1.2 The Department of Family Planning and Sexual Health (DFPSH) is working closely with other organisations/providers and is leading on many of the initiatives in the region.
- 1.3 The developments in clinical services over the last year based on the clinical services plan are detailed in section 3.

**Diagram 1 - Sexual Health Providers**



## 2. Clinical Activity Data

- 2.1 Two part time nursing staff (1 WTE) have been employed to develop and run the regionwide partner notification service. Since coming into post in November the partner notification nurses have been developing the service and have increased the number of client visits. Table 1

**Table 1** - Number of additional visits seen by Partner notification nurses

Place	Number of additional visits
Dumfries	176
Annan	57
Stranraer	10

- 2.2 Since July 2005, there have been 2 nurse led drop in clinics held in the DFPSH, twice a week. This is a new development and so far only clients who phone the department or the helpline are directed to these clinics. It is hoped that when the department moves to new premises this service could be extended and advertised more widely.

**Table 2** – Number of patients seen at the nurse led drop in

January 2005 – February 2006		
Clinic	No. of Clinics	No. of Attendees
Monday Drop-in	23	60
Thursday Drop-in	25	93

## 3. Developments/ achievements in 2005 – 2006.

- 3.1 A services redesign group has been established this group has undertaken consultation with clients and is developing recommendations to improve specialist clinical services. (National Strategy - Recommendation 48, 49, 50, 52 and 55).
- 3.2 There are weekly youth clinics in every town with a secondary school, except Dalbeattie. These clinics are run by DFPSH, these clinics were funded by money from Better Neighbourhood Services Fund (BNSF). This money was for four years and ran out in March 2006. The clinics are now funded from the additional money from the clinical services plan. The BNSF funding to continue with the C4U condom card scheme ran out in March 2006, the scheme is now being part funded from the Community Regeneration Fund. To fully fund the scheme further funding needs to be identified. (National Strategy – Recommendation 55).
- 3.3 In March 2005 for people who tested positive for a sexually transmitted infection, the DFPSH and Youth Clinics carried out partner notification. No other service provider carried out formal partner notification. A partner notification nurse has been employed and a regional partner notification

service is being developed. Partner notification is now available at the GUM clinics, but due to lack of space this is currently a minimal service. Several GP practices have expressed an interest in becoming involved in partner notification; this will be incorporated into the development of the partner notification service.

- 3.4 In March 2005 the GUM clinic was run by a GP in a single room in a shared bay of the outpatient department of the Dumfries and Galloway Royal Infirmary. This GP has since retired on grounds of ill health. The GUM clinics are currently being run by DFPSH with a view to amalgamating both services. The session times have been increased by an hour and there is discussion around the possibilities of providing an evening session. The outpatient nurses are being supported to undertake training and become more involved in client care. The location is still not satisfactory due to lack of privacy and anonymity; a solution to this is still being sought. Weekly drop in GUM clinics will soon be provided in Stranraer. (National Strategy – Recommendation 49, 50, 52 and 55).
- 3.5 The DFPSH is situated in a one storey building on the Nithbank site. It is led by a full time SCMO who is supported by seven other doctors who run clinics on a sessional basis. Clinics are held at Nithbank and across the region. The department has outgrown the building at Nithbank and has been seeking new premises for some time. The NHS Board has proposed an option for new premises for the department; this is currently being assessed.
- 3.6 Twenty thousand pounds has been set aside to increase the funding to the laboratory service. This funding is to support the additional STI screening. The laboratory service is currently reviewing its capacity and services. ((National Strategy - Recommendation 54).
- 3.7 A 2 morning per week nurse drop-in service was piloted in the DFPSH for six months with a view to develop an extended nurse led drop in service when premises allow. This pilot has identified nurses training needs and has led to the development of appropriate clinical management pathways. This pilot will be continued for a further year. (National Strategy – Recommendation 49 and 55).
- 3.8 Staff have been trained in direct microscopy; there are plans to train more staff. It is planned that direct microscopy will be used in the drop in clinics in Stranraer and potentially in the new DFPSH premises.
- 3.9 NHS Dumfries and Galloway are actively involved in the national group looking at the procurement of a national sexual health IT software system.
- 3.10 A clinical service provider’s network has been established. A mapping exercise of current services provided has been undertaken. The group is also working on the development of sexual health protocols for all sexual health service providers throughout the region. (National Strategy - Recommendation 48, 49, 50, 51, 52, 53, 55, 56, 57, 58 and 59). The group has representation from –

- Dept of Medicine (HIV specialist)
- HIV Nurse Specialist
- Health Protection
- Department of FP&SH / GUM
- CAMHS
- Psychology
- Andrology / Urology
- GP's
- School Nurses
- Cameron House (Drugs and Alcohol services)
- Obstetrics & Gynaecology
- Public Health
- Health Visitors
- Accident & Emergency and Community Hospitals
- Pharmacies

3.11 A major achievement in 2005 – 2006 has been the excellent multi agency working, this can be demonstrated in –

- The development of the multi agency steering group. This group is chaired by the Health Improvement Programme Lead- Sexual Health. The group has worked effectively together and has produced a draft sexual health strategy and action plan. (National Strategy - Recommendation 37 and 39 recommendation 27, 28, 29, 31, 32, 33, 34, 40, 41 42, 43, 44, 45, 46, 47, 50, 51, 52, 53, 58 are covered in the Sexual Health Strategy Action Plan).
  - The development of the clinical service provider's network. This group is chaired by the Lead Clinician. The group has carried out a mapping exercise and is developing sexual health protocols. (National Strategy - Recommendation 48, 49, 50, 51, 52, 53, 55, 56, 57, 58 and 59).
  - The development of the service redesign group. This group is chaired by the Lead Clinician. The group is analysing the current services and making recommendations to improve them. (National Strategy - Recommendation 48, 49, 50, 52 and 55).
- (i) Family Planning & Well Women Services, GUM – The Department of Family Planning and Sexual Health is leading on most of the initiatives in the region. A paper is being developed for the NHS Board to request funding to develop the GUM service and to amalgamate the two services. (National Strategy – Recommendation 50, 52 and 55).
- (ii) General Practice – As part of the consultation of the draft sexual health strategy a questionnaire was sent out to all GP practices. There was a 76% return rate. Many practices expressed an interest in being involved in partner notification, staff training, developing protocols and improving their sexual health services. (National Strategy – Recommendation 44, 48, 49, 50 and 55).
- (iii) Health Promotion – The refreshment of the sexual health strategy is being led by the Health Improvement Programme Lead – Sexual Health. The draft sexual health strategy action plan includes a comprehensive section on health promotion. (National Strategy – Recommendation 40 and 42).

- (iv) Local Authority Actions – The Local Authority have been actively involved in the refreshment of the sexual health strategy. Sexual health has been included in the new Health and Community Care Plan. (Recommendation 26 and 27). Work is being undertaken in schools to review the PSE programme and to develop school clusters. (National Strategy -Recommendation 26, 27, 28, 29, 30, 31, 32 33 and 47).
- (v) Independent Sector partnerships – Independent sector partners have been involved in the refreshment of the sexual health strategy. In particular LGBT youth. A yearlong pilot project, providing sexual health and relationships counselling has been developed by Couple Counselling, with funding from the sexual health and choose life budgets. Two training days were held which involved public and voluntary sector. These days were very well received. (National Strategy –Recommendation 39, 40, 43, 44 and 49).

#### 4. Training audit

Money from the clinical service's plan has been set aside for training, a training audit has been started and is ongoing (National Strategy –Recommendation 49 and 47).

- a) As part of the consultation for the refreshment of the sexual health strategy a questionnaire was sent out to all GP practices, in this questionnaire the practices identified the training needs of their doctors and nurses.
- b) As part of the consultation for the refreshment of the sexual health strategy the training needs of the Sexual Health Service Providers was identified.
- c) As part of the consultation for the refreshment of the sexual health strategy a mapping exercise was carried out on the training requirements of school nurses. It identified training around the sexual health problems of people with a learning disability was an issue. This will be addressed in the training plan.
- d) Within school improvement planning cycle 05-08 provision is being made of appropriate CPD opportunities for teachers. Updated courses are in place and being delivered in line with Curriculum for Excellence

#### 5. Priorities for 2006 – 2007

- a) Secure new premises for the Department of Family Planning and Sexual Health.
- b) Secure additional funding to develop the GUM service.
- c) Amalgamate the DPSH and the GUM services.
- d) Provide the Lead Clinician by covering clinical responsibilities, with time to carry out the Lead Clinicians responsibilities.
- e) Further develop the regionwide partner notification service.
- f) Be involved in the scheme to procure a national software system for FPSH and GUM.
- g) Train more staff in direct microscopy.
- h) Increase condom distribution to the over 25's particularly those in vulnerable groups.
- i) Continue the pilot nurse drop in service.
- j) Complete the staff-training audit.
- k) Work with laboratory services to increase provision of STI testing.
- l) Continue with voluntary agency training/capacity building.
- m) Sustain the youth clinics.

n) Secure more funding for the C4U condom distribution scheme.

#### 6. Key challenges

- a) The provision of new premises for the DFPSH that are fit for purpose.
- b) The provision of extra funding to develop the inadequate GUM service.
- c) The large rural area (providing services that are local and accessible).
- d) Unable to appoint a career grade training staff grade post due to lack of suitable applicants.
- e) The high chlamydia rate.
- f) The high teenage pregnancy rate in the 13 –15 age group.

#### 7. Effects on service users

In Dumfries and Galloway we do not feel that we have an “average” service user. All clients are seen as individuals, their needs are assessed and the appropriate action/care is taken. The local strategy, action plan and clinical services plan will improve the sexual health services for all users by making them more accessible, consistent and user friendly.

A 3-month public consultation of the draft sexual health strategy is about to start. A consultation framework is being developed to ensure effective communication of the draft strategy through media releases, community-planning forums etc. All groups that have contributed to the development of the strategy will be consulted. The paper will be available on NHS and Local Authority Websites.

## Appendix 1 The Sexual Health Strategy Group

The Sexual Health Strategy group was established in May 2005. The purpose of this group was to refresh the local strategy and action agenda, ensuring that they implement the key components of the National Strategy, whilst reflecting the needs of our local population.

The strategy has been developed by working in close partnership with a cross section of organisations in Dumfries & Galloway. While we were keen to have all appropriate parties represented on the group, it was important that we achieved a balance between full representation and having a number that was workable. Groups that were not actively represented on the group were consulted in various different ways.

The group is chaired by Carol Stewart - Health Improvement Programme Lead - Sexual Health Directorate of Public Health & Strategic Planning, NHS Dumfries & Galloway. The strategy has been developed with assistance from the following group members: -

Grace Cardoza	LGBT project co-ordinator
Iain Ramsay	Health Improvement Programme Lead (Education & Young people)
Maggie Gurney	Director of Family Planning & Sexual Health
Sheila Davies	Policy Support Officer, Dumfries & Galloway Council
David Mackie	Education Officer, Dumfries & Galloway Council
Liz Smart	Public Health Specialist
Julie Currie	Public Health Practitioner (Wigtownshire)
Ian Donaldson	Youth Issues Officer
Gordon Jamieson	Director of Nursing & Quality (NHS Dumfries & Galloway)
Julie White	Stewartry LHCC Manager
Jacqui Matheson	AMSL Dumfries & Galloway Council
Heather Currie	Associate Specialist
Jocelyn Rose	Health Improvement Programme Lead (Mental Health)
Carol Scott	Laboratory and Services Manager DGRI
Chris Wallace	Manager CANDO
Sheila Clingan	Strategic Planning Manager, Children's Services, Dumfries & Galloway Council
Carolyn Chalmers	Health Improvement Support Officer, Policy & Performance Unit, Dumfries and Galloway Council
Bill Sturgeon	Family Protection Unit, Dumfries & Galloway Constabulary
Margaret Carlin	Health Improvement Programme Lead (Older people)
Ian Russell	Senior Nurse, Andrology
Laura Dykes	Development Officer Disabilities
Laura Jones	GP/CMO DFPSH &GUM

## Appendix 2

### Consultation in the refreshment of the Sexual Health Strategy

<b>Group consulted</b>	<b>Type of consultation</b>
GP sub group	Comments on the GP questionnaire, which was sent out via e-mail.
All GP practices in Dumfries and Galloway	Questionnaire sent out by post. None responders sent a reminder after one month. 76% return rate.
Clinical service providers	Mapping Exercise carried out by filling in a template of services provided. With follow up interviews if necessary.
Youth Strategy Group	Focus groups and questionnaire
YPSHG	Discussion with the group
Youth Enquiry Service	Online questionnaire and focus groups
Rape crisis	Further research required.
Age concern	Paper sent to ask about consultation.
The Elderly Forum	100 questionnaires sent out randomly to members of the forum. Very low returns rate.
LGBT	Questionnaires and focus groups at an event. Plus an online questionnaire
Police officers	Questionnaires to be sent out to a cross section of officers
Family protection unit	Focus Group
Pharmacists	Proposals and discussions taken to the pharmacy contracts committee
Prisons	Meetings with Health Centre staff to discuss. Questionnaires to go out to 100 prison officers. Full research project required into needs of prisoners
Multi Cultural Assoc.	Short paper sent to the Associations meeting asking if they would be willing to take part in consultation – no response.
Cameron House	Meeting with staff to discuss issues
Victim Support	Following a telephone conversation a brief paper sent to the group to ask about consultation – no response.
Samaritans	Following a telephone conversation a brief paper sent to the chairperson to ask about consultation – no response.
Couple Counselling	Consultation with staff, money from clinical services plan to be used to help support sex and relationships therapy, pilot for one year
Excluded young people	Following a telephone conversation a brief paper sent to Crannog East to ask about consultation – no response
Youngsters leaving care	Meeting with the leaving care team to discuss Tina Holliday, Ladyacre
Users of GUM	Questionnaires
Users of Family Planning and Sexual Health	Questionnaires
Midwives	Focus Group

Health Visitors	Research to be done
Users of Youth Clinics	Questionnaires
Patientline	Focus Group and Questionnaire
ADAT	Brief paper sent to the ADAT meeting to ask about consultation
Religious Groups	Meeting with Sandy Strachan to discuss. Sandy provided us with the names of the relevant representatives from the different faiths, letter sent out to each faith group. One response.
People with physical disabilities	Focus group with clients who attend the Candoo centre
People with a learning disability	Meeting with Laura Dykes to discuss. More research to be carried out with clients and carers.
People with mental health problems.	Research to be done
Council Staff	Questionnaire given out at multi agency study day
NHS Staff	Questionnaire given out at multi agency study day
School Nurses	Questionnaire given out at multi agency study day
Bell College of Nursing	Online questionnaire to be sent out
University of Glasgow	Online questionnaire to be sent out
University of Paisley	Online questionnaire to be sent out
Homeless people	Research to be done
College of Technology	Online questionnaire to be sent out

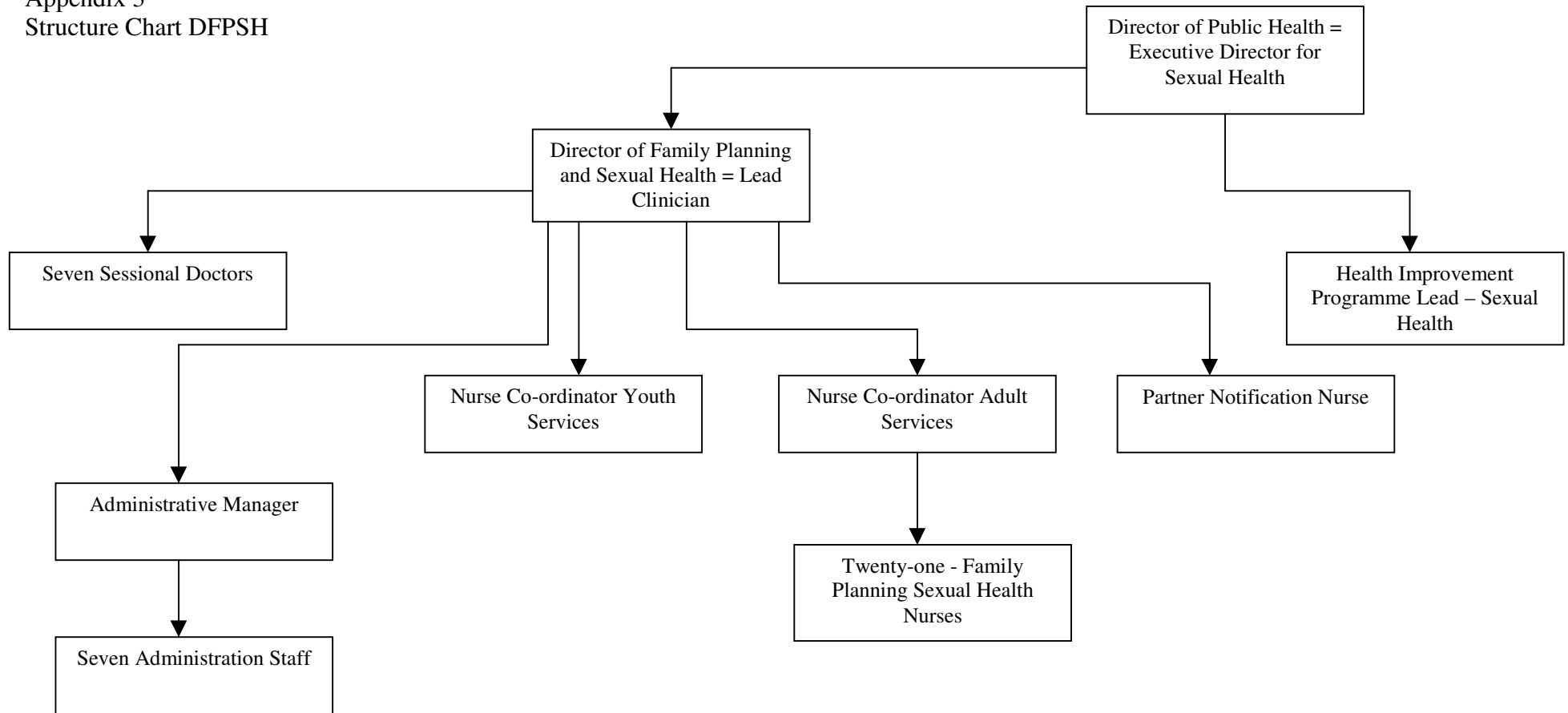
In the development of the clinical services plan the service redesign group consulted with –

Service users  
GP's  
Staff

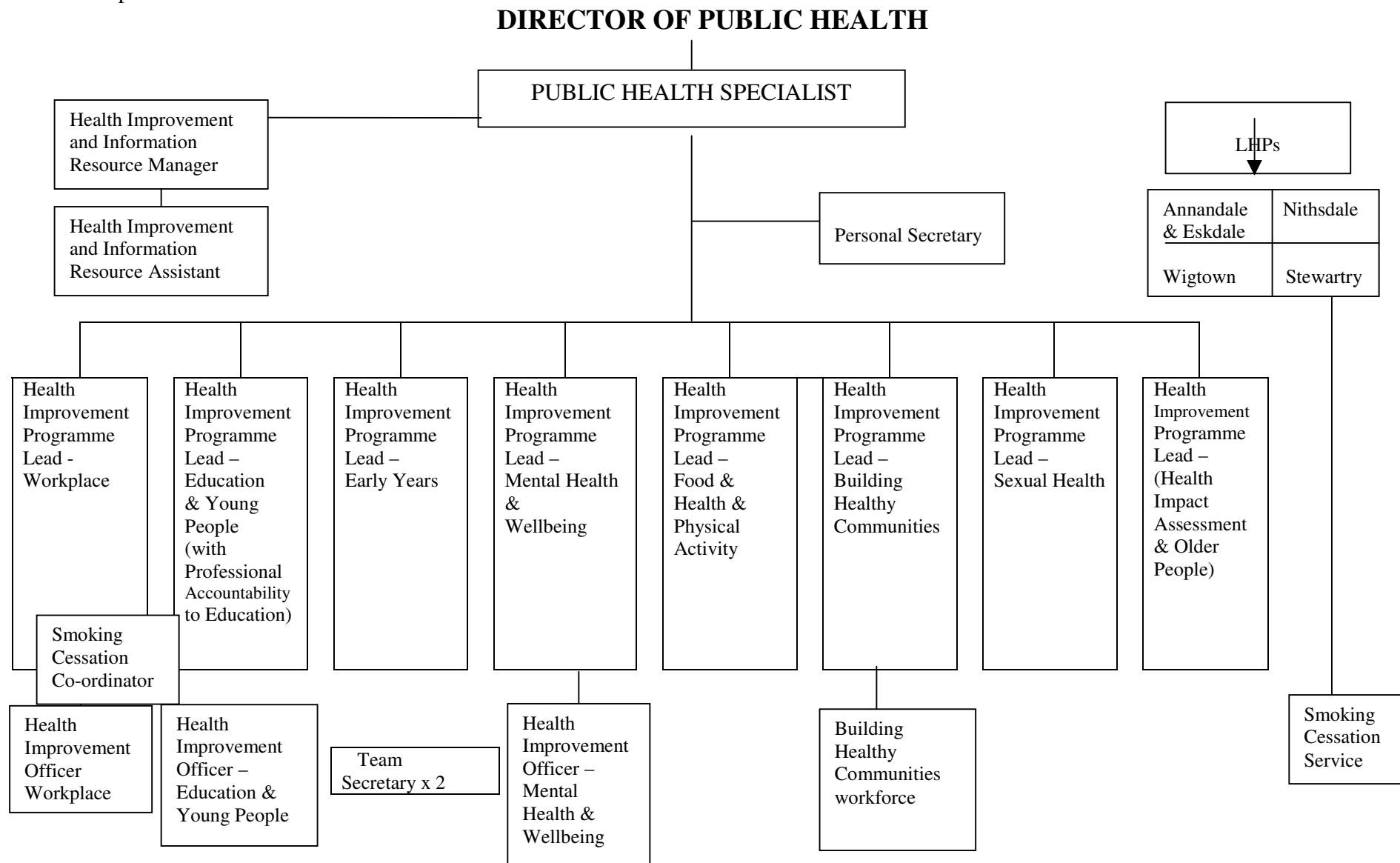
None service users  
Laboratory services  
Voluntary sector

Service providers  
Finance

Appendix 3  
Structure Chart DFPSH



Appendix 4  
Health Improvement Team



Appendix 5

Financial report detailing actual expenditure for 2005-06

<b>NHS DUMFRIES AND GALLOWAY</b>												
<b><u>National Sexual Health Funding</u></b>												
<b><u>(CG388)</u></b>												
		<b>2005/06</b>			<b>2006/07</b>				<b>2007/08</b>			
		Original	Actuals	Variance	Original	Revised	Actuals	Variance	Original	Revised	Actuals	Variance
		Plan			Plan	Plan			Plan	Plan		
Allocation:	Scottish Executive	147,235	147,235	0	147,235	147,235	147,235	0	147,235	147,235	147,235	0
	Carry forward from previous year	0	0	0	106,673	106,673	106,673	0	0	73,723	0	73,723
		147,235	147,235	0	253,908	253,908	253,908	0	147,235	220,958	147,235	73,723
Commitments:	Lead Clinician Protected Time	7,000	227	6,773	0	6,773	0	6,773	0	0	0	0
	Amalgamation FP/SH & GUM Clinic (Advert & Printing Costs)	5,000	0	5,000	0	0	0	0	0	5,000	0	5,000
	Partner Notification Nurse	17,556	17,202	354	36,244	36,244	0	36,244	37,414	37,414	0	37,414
	Admin Support for Partner Notification Nurse	8,501	7,659	842	17,548	17,548	0	17,548	18,114	18,114	0	18,114
	IT software/equipment	20,000	0	20,000	0	0	0	0	0	15,796	0	15,796
	IT training and support	5,000	0	5,000	0	0	0	0	0	5,000	0	5,000

Direct Microscopy training	3,160	340	2,820	0	2,820	0	2,820	0	0	0	0
Microscopy Equipment	2,000	0	2,000	0	2,000	0	2,000	0	0	0	0
Office Equipment	10,000	4,204	5,796	0	0	0	0	0	0	0	0
Increase Condom Distribution to over 25's	15,000	0	15,000	0	7,500	0	7,500	0	7,500	0	7,500
Drop in Service	5,400	4,082	1,318	0	6,300	0	6,300	0	6,500	0	6,500
Voluntary agency training/capacity building	5,000	0	5,000	0	1,500	0	1,500	0	0	0	0
New Staff Grade Post	17,000	0	17,000	0	0	0	0	0	0	0	0
FP/SH Sexually Transmitted Infection Training (PN,HV,SN etc)	14,496	3,020	11,476	0	0	0	0	0	25,834	0	25,834
Increased Nursing Hours	12,122	3,828	8,294	10,443	9,500	0	9,500	8,707	9,800	0	9,800
Lab Resources	0	0	0	20,000	20,000	0	20,000	20,000	20,000	0	20,000
Sustain Youth Clinics	0	0	0	63,000	70,000	0	70,000	63,000	70,000	0	70,000
	147,235	40,562	106,673	147,235	180,185	0	180,185	147,235	220,958	0	220,958
Projected Underspend/Carry Forward					73,723				0		