

Sexual Health and Blood Borne Virus Action Plan 2023-2026

November 2023

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Ministerial Foreword

I am delighted to present the Scottish Government's new Sexual Health and Blood Borne Virus (BBV) Action Plan. Scotland has made a huge amount of progress across these services since our first Sexual Health and Blood Borne Virus (BBV) Framework was published in 2011 and refreshed in 2015. This framework brought together, for the first time, our policies on sexual health, hepatitis C, hepatitis B and HIV. Despite unprecedented challenges we have a lot to be proud of which is something to remember as we take the next steps towards achieving our long-term ambitions for Sexual Health and BBV services in Scotland.

Of course, as we plan, we must acknowledge that further challenges will lie ahead. Services across Scotland continue to feel the impact of the COVID-19 pandemic, and the current cost of living crisis will exacerbate problems for many, particularly those who are at greater risk of poor outcomes, leading to increasing pressure on the NHS and wider public services. In tackling complex problems, we must all be open to embracing change and adopting innovative approaches as I believe are demonstrated in this Action Plan.

Although the Plan needs to focus on the ongoing recovery and provision of services, I am excited by its emphasis on promoting overall sexual wellbeing. I am confident that over the coming years we will make further progress towards a society which considers good sexual wellbeing to be an integral part of an individual's overall wellbeing and an indicator of health equity. Scotland has led the way on a number of issues across the sexual health and BBV sector in recent years, and this is another opportunity for us to lead by example.

I am enormously grateful for the time and commitment of all the stakeholders who took part in the development of this Action Plan. It is a mark of the dedication of the exceptional individuals who make up this sector that they took time to prioritise this work, while treating patients and maintaining the services that people in Scotland depend on.

Their considerable efforts have resulted in an Action Plan that is designed to bring real practical change; reflecting the priorities and experiences of those who deliver and those who use services. Whilst this does not guarantee success, it provides us with the best possible way forward.

I look forward to working with the sector as we do that.

A handwritten signature in blue ink that reads "Jenni Minto". The signature is written in a cursive style with a large initial 'J' and a long horizontal stroke at the end.

Ms Jenni Minto MSP

Minister for Public Health and Women's Health

Introduction

The first Sexual Health and Blood Borne Virus Framework (2011-2015)¹ set out high-level outcomes for delivery across the sector and sought to strengthen the work that was embedded in the NHS, third sector and local authorities to improve outcomes for sexual health and blood borne viruses (BBVs).

The Refreshed Framework in 2015² built on good progress, reflected on achievements and outlined areas of focus for 2015-2020. The first two Frameworks centred on five high level outcomes:

- i. Fewer newly acquired blood borne virus and sexually transmitted infections; fewer unintended pregnancies.
- ii. A reduction in the health inequalities gap in sexual health and blood borne viruses.
- iii. People affected by blood borne viruses lead longer, healthier lives, with a good quality of life.
- iv. Sexual relationships are free from coercion and harm.
- v. A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

These outcomes remain the foundations of sexual health and BBV ambitions in Scotland and significant progress has been made towards achieving the indicators that accompanied these outcomes in the Framework documents. This reflects the commitment, hard work and ambition of those who deliver services.

In 2020, the COVID-19 pandemic interrupted services across the NHS, and sexual health and BBV services were no exception. The following two years saw a number of specialists redeployed to focus on the pandemic, and the ability to fully deliver services was interrupted in an unprecedented manner.

In order to reflect the challenges that the pandemic presented *Reset and Rebuild – sexual health and blood borne virus services: recovery plan*³ was published in August 2021. This plan, co-produced with NHS and third sector partners, assessed the impacts of the pandemic on sexual

health and BBV services and those who use them, and aimed to support the sector to recover from the immediate impact of the pandemic.

There are still challenges faced by a recovering NHS, a restricted financial climate and increasing needs from users, therefore as we consider the next steps for Sexual Health and BBV policy in Scotland we must focus on the key priorities that will continue the recovery phase, whilst also maintaining our ambitious targets to make Scotland a society where all people are healthy, respected, empowered, and safe.

However, improvements in sexual health and BBV policy are not solely about specialist services. Tackling stigma and improving sexual wellbeing spans far wider than specialist services. This is important to remember as we take this Action Plan forward.

Note: This document uses the term 'women'/ 'woman' and 'men'/ 'man' throughout. It is important to highlight that it is not only those who identify as women or as men who may require access to specific services. For example, some transgender men, non-binary people, and intersex people or people with variations in sex characteristics may experience menstrual cycles and be at risk of pregnancy, and the term 'men who have sex with men' (MSM) may include people who do not identify as men. The actions included within this Plan make clear that all healthcare services should be respectful and responsive to individual needs

Our Sexual Health and BBV vision, the role of the action plan and cross cutting policies.

Our fundamental vision is for everyone in Scotland to have good sexual health and wellbeing, and, that high quality, innovative, BBV prevention, care and support is available to those who need it, in a timely manner and irrespective of age, sex, gender, sexual identity, background or location. Following the work of the two Sexual Health and BBV Frameworks, now is the time to focus on the priority areas that will drive progress towards our goals.

This Action Plan focuses on some of the key areas that need specific attention over the next three years. It is not a comprehensive list of all the areas of prevention and care in terms of sexual health and BBV that NHS Boards, local authorities and third sector organisations will wish to pursue over this time. Indeed, there are many excellent projects carried out locally that will enhance the wider strategic aims that we have all been working on since 2011, including a

number of Scottish Government projects, which are not specifically mentioned in this Action Plan. Services and organisations should continue to take a person-centred and holistic approach to improving sexual health and BBV care and prevention which means they may wish to progress additional local priorities within their existing resources.

There is a need across all the actions in this plan to ensure the engagement and involvement of people with lived experience in decision-making processes to help shape sexual health and BBV services, policies and research. Engaging with communities who experience the greatest sexual health inequalities, and have the greatest needs for services, is integral to delivering effective services and policies and, ultimately, to improving sexual health and reducing BBVs.

We also need to consider our long-term approach to population health reform given the context of last decade of worsening health and widening inequalities. This Action Plan will help contribute to that by complementing key sexual health and BBV commitments from other relevant policy areas including:

Women's Health Plan (WHP)⁴

The WHP, published in August 2021, sets out actions which aim to address women's health inequalities by raising awareness around women's health, improving access to health care for women across their lives, and reducing inequalities in health outcomes for women and girls.

Improving access to contraception services, including post-partum contraception, is one of the WHP's top priorities. This work will be integral to that of this Action Plan as the two policies work in tandem to ensure effective contraception is accessible to all women who want it. The WHP also has a range of groups and networks which will support the delivery of this plan and will provide vital support to some of the actions.

Healthcare Improvement Scotland (HIS) sexual health standards⁵.

HIS published in January 2022, ten standards that are designed to improve access to sexual health care and reduce inequalities in outcomes by providing benchmarks for good sexual health care and helping services to identify areas for improvement.

Relationships, Sexual Health and Parenthood Education (RSHP)⁶

For many children and young people, RSHP education forms the building blocks of their sexual health and wellbeing learning. RSHP is a vital part of ensuring young people have the learning, skills and resilience needed to have safe, healthy, and fulfilling relationships so that when sexual encounters occur, they have the tools and strategies to ensure these are safe and consensual.

HIV Transmission Elimination Proposal⁷

On World AIDS Day 2021 the Scottish Government committed to the elimination of HIV transmission in Scotland by 2030. To achieve this the HIV Transmission Elimination Proposal, published in December 2022, describes a comprehensive set of twenty-two recommendations to reach this goal. A multi-disciplinary expert group has advised on the prioritisation of these recommendations through a Proposal Scoping Group, and we will work to implement those prioritised actions which will be published later in 2023 through a Delivery Implementation Group over the next three years.

Hepatitis C (HCV) Elimination strategy⁸

Scottish Government has also made a commitment to eliminate HCV as a major public health threat by March 2025. Thus, achieving ambitious targets involving major reductions in the number of people living with the virus and developing severe disease ahead of the World Health Organization's expectations of 2030.

There will be other cross cutting policy areas which are not specifically mentioned here, and wherever possible a joined-up approach should be taken to avoid duplication of effort and tie in with other relevant policy areas such as drugs, gender-based violence and mental health.

Key priorities

Following the challenges presented by the COVID-19 pandemic, there remains work to be done to ensure that individuals across Scotland are able to access sexual health and BBV care and information through channels which suit their needs and preferences. In light of this, this Action Plan focusses on how to ensure that everyone who needs it can access good sexual and reproductive health and BBV care and support, from primary prevention to treatment.

However, where possible, we want to work towards a holistic system which focusses on maximum benefit from each intervention, providing appropriate care for everyone who needs it, whilst also ensuring that specialist services are enabled to provide expert support for those with complex care needs.

Improving sexual wellbeing is more than preventing sexual ill health, but about broader, more positive sexual wellbeing. Therefore, in addition to a focus on service provision, we will continue to work towards improving holistic sexual wellbeing so that sexual relationships are centred on personal choice, and healthy, consensual, pleasurable sexual interactions.

We acknowledge that these ambitions will not be fully realised within the lifetime of this Action Plan. Therefore, this plan outlines specific action points which, whilst ambitious, will be delivered by March 2026 and will contribute toward the broader aims. In some cases, these actions signal a start to work that will continue beyond 2026. The actions are highlighted throughout the document and summarised in [Annex A](#)

Working with NHS Boards (including non-territorial Boards), local authorities, academia and the third sector we have identified several key priority areas for focus in the next three years. These priority areas are outlined in detail later in the document.

The provision of sexual health and BBV services should be in line with Getting it Right for Everyone (GIRFE) principles:

- focused on individual care needs
- understanding the physical and mental wellbeing of individuals in their current situation
- early intervention
- joined-up working/information sharing
- a human rights-based approach

Governance, accountability, data, and collaboration

Governance and Accountability

To support and develop the actions within this plan it is vital that Scottish Government, NHS Boards, local authorities, third sector, academia and other key stakeholders are part of a network that provides both support and challenge. There are currently a number of groups under the umbrella of the Scottish Health Protection Network (SHPN), overseen by the Sexual Health and BBV Strategic Leads, within which key sexual health and BBV priorities are coordinated and monitored. Whilst these multi-disciplinary groups have been instrumental in facilitating progress to date, through the sharing of best practise and reporting on key topics, there needs to be a review of these structures to ensure Ministerial accountability in terms of policy implementation, and clear roles and responsibilities for all stakeholders to make progress against deliverables.

We know that due to disparities in size, population and rurality, Scotland's fourteen territorial NHS Boards face different challenges. As a result, a 'one size fits all' approach to all sexual health and BBV care is not appropriate, however where there is best practice and learning that can be shared between NHS Boards, a 'once for Scotland' approach should be encouraged. A revised governance structure will allow NHS Boards to work towards national deliverables while considering their specific circumstances and priorities, and to support national and regional collaboration where appropriate.

A revised national governance structure will support this Action Plan. The SHPN is overseen by an SHPN Oversight Group, but for delivery of the relevant national policies and action plans the sexual health and BBV groups will also report into a National Sexual Health and BBV Oversight Group, chaired by the Minister for Public Health and Women's Health. This will allow direct Ministerial oversight of progress towards delivery of this Sexual Health and BBV Action Plan.

Action 1: Scottish Government to review governance structures and form a Ministerial-led Sexual Health and BBV Oversight group.

Data and Technology

The availability of robust, routine data and reporting is essential when tracking progress against goals or identifying areas which may require additional intervention. Public Health Scotland (PHS) produces a range of sexual health and BBV surveillance reports which provide valuable insight into infection and treatment rates as well as longer acting reversible contraception (LARC) provision, teenage pregnancy rates and abortion rates. This high quality, national data has been utilised to underpin world-leading research papers on a number of subjects, including the impact of HIV PrEP and HCV treatments. However, some sexual health and BBV data reporting was downscaled during the COVID-19 pandemic as resources were reallocated to focus on the essential pandemic response and this has not been fully restored. In addition to this, some areas of data have never been fully utilised or integrated, for example primary care contraception data remains limited.

The focus now must be on ensuring that sexual health and BBV data gathering, and reporting is fit for purpose, providing timely, accurate data to Scottish Government, NHS Boards, and the public, to allow the monitoring of progress towards agreed priorities and targets as well as a greater understanding of the epidemiology and needs of the population.

The WHP also includes actions to improve the collection and use of data on women's health, so collaboration here is vital.

Action 2: PHS with support from Sexual Health and BBV National Monitoring Assurance and Research Group (NMARG) to develop a data monitoring plan to accompany this Action Plan by end of March 2024

NHS Scotland's National Sexual Health (NaSH) electronic patient record and online booking system underpins all of NHS Scotland's specialist Sexual & Reproductive Health Services and has been live since 2008. NaSH handles scheduling, test requests and automated results processing, clinical documentation, prescribing, and data reporting across Scotland. Work is however needed to upgrade NaSH to improve the functionality for clinicians and patients to ensure services can meet and manage increased demands and requirements.

Action 3: Scottish Government to commission upgrades to NaSH system to improve patient pathways for sexual health and HIV services with longer term investment into NaSH considered by Scottish Government and NHS Boards.

NHS Board Collaboration

Due to ongoing resourcing pressures, we know that a number of specialist sexual health and BBV services are currently lacking resilience due to capacity issues. There are potential benefits to be found in regional collaboration, with NHS Boards reaching agreements to work together on delivery of specialist services, where appropriate, to ensure national coverage and population equity of access.

Through the national governance structures, work will be undertaken to explore opportunities for national and regional collaboration across sexual health and BBV services, and in particular where this can benefit smaller, rural boards

Action 4: NHS Boards should take steps to collaborate on sexual health and BBV service delivery where possible and appropriate.

As part of the original Sexual Health and BBV Framework regular NHS Board Visits were conducted as part of support and monitoring by Scottish Government. Through consultation and development of this Action Plan, we have noted that these visits were widely welcomed by NHS Boards, as a supportive way in which to explore how work to support the delivery of outcomes was progressing and how the Framework recommendations were being delivered as well as to address challenges and overcome barriers. As a result, Scottish Government will work with NHS Boards to conduct further support visits to NHS Boards over the lifetime of the action plan to help NHS Boards identify areas of improvement and overcome barriers in the delivery of the actions within the plan. We will consider the role of the Centre for Sustainable Delivery in exploring innovative models of collaboration.

Action 5: Scottish Government to arrange support visits to NHS Boards in line with local need.

Priority Areas

This section outlines in detail the focus areas for the next three years and the associated actions.

These priorities are:

- Access to services:
 - Sexually Transmitted infection (STI) and BBV testing
 - Contraception
 - Longer acting reversible contraception
 - Post-partum contraception
 - Post-abortion contraception
 - Progestogen-only pill provision in pharmacy
- Young people
- Sexual wellbeing
- Hepatitis C elimination
- Elimination of HIV transmission

Access to services

Overview

The HIS Sexual Health Standards ⁵ state that everyone in Scotland should have '*equitable and consistent access to sexual health care*'. To do this, stakeholders must improve the range and availability of sexual health and BBV services offered, and address inequity faced by specific population groups in accessing services.

Scotland should be a place where everyone, regardless of age, location, sex, gender identity, socio-economic background, sexuality, or race, is able to access the right services for the provision of sexual health and BBV care, in a way which suits their needs. Routine sexual health care and BBV prevention, such as contraception advice and provision and routine STI and BBV testing, should continue to be made available through locally accessible primary care services, including general practice and community pharmacy, with opportunities identified to expand provision where appropriate. It is also vital that third sector organisations continue to work with NHS Boards as part of the landscape to providing holistic care.

To achieve this, work is needed to address the barriers to accessing services, including workforce capacity, the impact of stigma, and knowledge about service provision, as well as any additional barriers facing specific groups who might need additional support to access services, such as young people, people who use drugs and those affected by social deprivation. In doing so, we can improve sexual health and BBV care for all people in Scotland.

Sexually Transmitted infection (STI) and BBV testing

Data from Scotland and elsewhere in the UK report sexually transmitted infection (STI) diagnoses, for example gonorrhoea and infectious syphilis increasing, despite testing levels not yet recovering to those observed prior to the COVID-19 pandemic^{9 10 11} These STI trends are concerning and addressing these is a priority for this Action Plan.

Initiatives such as dry blood spot testing for BBVs through drugs and alcohol services and the provision of home testing kits for HIV have been introduced to make testing easier, more convenient, and accessible to those most at risk.

Scotland does not currently offer national postal self-sampling for STI and BBVs, although local provision is available in some areas. A national project to develop an online STI self-sampling testing pilot, supported by sexual health services across Scotland, has been underway since 2021, with development and limited implementation in several NHS Board areas. As part of this initial pilot NHS Lothian recorded over 1500 self-sampling kits ordered online, with demand significantly higher than availability. Therefore, scoping work is being carried out on the potential for a national service to support the assembly and distribution of self-sampling kits.

Evidence from NHS Wales¹² suggests that the implementation of an online postal self-sampling service (OPSS) has improved access to STI testing, particularly in rural areas and may reduce pressure on face-to-face testing provision allowing resources to be freed up to focus on more complex services. Over the coming three years, work will be undertaken to build on the existing NHS Lothian pilot project with the aim of moving towards a nationwide rollout. Scottish Government will work alongside partners within key national organisations to consider challenges of a national OPSS including IT provision, laboratory requirements and procurement.

As an online service for requesting self-sampling kits for STI testing could increase diagnoses of STIs and BBVs, consideration will need to be given to ensuring that services are adequately prepared to provide care for people receiving positive results from their online test.

Action 6: Scottish Government to work with national organisations to progress the roll out of a nationally available OPSS.

Contraception

Whilst contraception is not solely the responsibility of women, the majority of contraceptive options are available only to women. Access to the full range of high quality and effective contraception is vital to enabling women to take control of their reproductive health.

Contraception, including condoms, should be easily accessible, across various parts of the health system, so it can be accessed in a timely manner as required. Condoms continue to play a major role not only in contraception but also in reducing STI transmission and therefore condom provision should not be forgotten when considering contraception provision.

Improving access to contraception is a priority in both this Action Plan and the WHP. Therefore, these two policies will work together to ensure prioritisation of this important intervention.

Longer Acting Reversible Contraception (LARC)

Longer acting reversible methods of contraception – the copper intrauterine device (Cu-IUD), hormone containing intrauterine device (LNG-IUD), the contraceptive implant and contraceptive injections are the most effective reversible methods of contraception available to women. These methods should be accessible to women easily, quickly and confidentially as part of the full range of contraception.

The impact of the COVID-19 pandemic has meant that women are experiencing difficulties in accessing these methods of contraception both through general practice and from specialist sexual health services. The abortion rate in Scotland between 2021 and 2022 rose by almost a fifth (19%)¹³ and the lack of availability of LARC is likely to be a contributing factor.

The WHP has a particular focus on LARC methods, and includes the following action intended to drive improvement:

‘Increase availability of LARC as one of a range of options for contraception available for women’

Sexual Health and BBV officials will collaborate closely with WHP officials to progress the WHP actions regarding contraception and will continue to drive forward progress beyond the current iteration of the WHP, which ends in August 2024.

In order to understand the Scotland wide challenges in LARC and to develop potential solutions, the Women's Health Champion Professor Anna Glasier, has established the LARC Short Life Working Group (SLWG). The Group, which is accountable to the Women's Health Plan Implementation Programme Board, brings together experts from across the country to focus on improving access to LARC across general practice and specialist services.

Action 7: NHS Boards, Scottish Government and Women's health champion will collaborate to identify opportunities to improve women's access to LARC, as outlined in the WHP and working alongside LARC SLWG.

Post-partum Contraception

At least one in 13 women in the UK experience an unintended pregnancy or short interpregnancy interval within the year after childbirth¹⁴. Unintended pregnancies soon after childbirth may lead to abortion or short inter-pregnancy intervals associated with adverse outcomes. Considerable work has been undertaken by the Scottish Post-Partum Contraception network in improving postpartum contraception (PPC) services, again linking to the action set out within the WHP.

'Ensure that discussions on contraception take place during pregnancy. Women should be offered adequate and appropriate information on their options, as well as rapid access to their preferred method where applicable'

Scottish Government has funded an NHS Lothian project to deliver five PPC outcomes:

- Develop a Scotland wide training package on immediate postpartum IUD insertion.
- Feature a dedicated and expanded suite of resources about PPC on NHS Inform.
- A pilot project of ‘outreach’ implant training for community-based practitioners.
- Evaluate the existing regional data collection mechanisms to determine key baseline data on postpartum pregnancy outcomes.
- Continue to support the work of the Scottish Postpartum Contraception Network (SPCN) and deliver a successful national PPC conference at the end of 2024.

Action 8 : As per the WHP and working alongside the Women’s Health Plan Officials and the LARC SLWG, NHS Boards to ensure that discussions on contraception take place during pregnancy and that women are offered adequate and appropriate information on their options, as well as rapid access to their preferred method.

Post Abortion Contraception

The rate of abortion where woman, aged 15 to 44, self-reported one or more previous abortion has increased from 3.5 per 1,000 women in 2013 to 6.2 in 2022. The abortion rate increased rapidly between 2017 and 2021, and again between 2021 and 2022¹³. The reasons that women seek an abortion are complex and further work is needed to understand the increasing abortion rates.

Following abortion, fertility and sexual activity can resume quickly, therefore it is vital that women undergoing abortion have access to timely provision of contraception in order to prevent unplanned repeat pregnancy. We will work with service providers to improve the choice of, and access to, contraception for women across Scotland following an abortion.

Action 9: Scottish Government to work with NHS Boards to improve access to post-abortion contraception through co-design of service models in Scotland.

Progestogen-only pill (PoP) provision in pharmacy

Since 2021, women in Scotland have been able to obtain a three-month supply of the progestogen-only pill (PoP) from their community pharmacist, bridging the gap between emergency contraception and longer-term options. The introduction of this service has given

women another alternative to access contraception and highlights the valuable role that community pharmacies can play in the delivery of sexual health and BBV services.

Over the three years of this Action Plan and starting in 2024, we will work to raise awareness of this service with women to ensure they are aware of the breath of options for accessing PoP. We will also evaluate the service and its provision, as well as the training available to community pharmacy teams, to ensure it meets women's needs. Scottish Government has funded NHS Lothian and NHS Tayside to explore the expansion of the pharmacy sexual and reproductive health offer to include other methods and services in addition to the PoP. This work feeds into the long-term ambition within the WHP to provide and promote a 'Women's Health Community Pharmacy Service'.

Action 10: Scottish Government to evaluate the existing provision of PoP in community pharmacies and consider how to further raise awareness of this service.

Young people

Sexual health is particularly important for young people as they navigate the complex terrain of sexual development, relationships, and reproductive choices. Good sexual health services play a vital role in ensuring that young people in Scotland have the information, support, and resources they need to make informed decisions about their sexual and reproductive health.

Young people under 25 are one of the groups most at risk of poor sexual health outcomes. Since 2019, cases of gonorrhoea infections among sexually active people under 25 years of age have doubled¹⁵, chlamydia rates are also rising in this age group. Following 14 years of falling abortion rates, 2022 saw a sharp increase in abortion rates in those age 16 -19 years old¹³.

Sexual Health for young people starts at school with relationships, sexual health and parenthood (RSHP) education. Draft revised statutory teaching guidance for RSHP education is currently subject to public consultation until November 2023. Sexual health policy makers will work with education colleagues on this revision.

Anecdotal evidence suggests that young women may be rejecting hormonal contraception over fears from side effects and misinformation from social media, further work is needed to explore perceptions of hormonal contraception with women. It is vital that we ensure that women can make informed choices about their contraceptive options.

The Scottish Government Health and Wellbeing Census¹⁶ suggests condom and contraception use is low in young people with only 54% of senior pupils reporting using something to prevent pregnancy during their last sexual intercourse and less than 43% using a condom. This trend is also reflected in the Health Behaviour in School-aged Children (HBSC) study 2022¹⁷.

The CONUNDRUM¹⁸ research provided insights into the social context shaping use and non-use of condoms and contraception among young people in Scotland. The findings of this work should be considered to improve uptake of condom use and contraception in young people.

Action 11: Scottish Government to undertake work to ensure that young people have access to clear, accurate sexual health and contraceptive advice, allowing them to make informed choices about their reproductive choices and sexual health.

Sexual Wellbeing

Sexual wellbeing is not the same as good sexual health. Whilst there is currently no agreed definition of sexual wellbeing, we mean this to be about sexual emotions and cognitions which includes feeling respected, comfortable, confident, autonomous, secure, and able to enjoy safe, healthy, respectful, consensual and pleasurable relationships and sexual interactions.

A research paper published in 2021¹⁹ highlights concern around the conflation of sexual health and sexual wellbeing, suggesting that a failure to make the distinction between the two concepts has negatively impacted progress towards addressing key issues and inequities.

Sexual wellbeing is much wider than the provision of clinical services, and includes, education, information and lifelong learning, gender equality, expression of sexuality, mental health, gender-based violence, justice and a myriad of other important aspects. As a consequence, this is inevitably a long-term aim to embed sexual wellbeing in Scottish society and is not something that is within the gift of this particular Action Plan.

However, services do have an important role within this. Sexual health and BBV services in Scotland should take a holistic and person-centred approach to sexual health and wellbeing, and place emphasis on the fundamental importance of personal choice, and of healthy, consensual interactions. This also links to the HIS Sexual Health Standard 5 on Sexual Wellbeing⁵, that in Scotland, our ambition is *“All individuals are empowered to maintain positive sexual health, wellbeing and function.”*

There are a number of population groups for whom a focus on sexual wellbeing will be particularly beneficial, for example, young people, people who use drugs or engage in 'chemsex', people who sell or exchange sex, transgender people, LGBTQ+ individuals and those who have experienced sexual trauma or assault. Whilst implementing our plans around sexual wellbeing will have a positive impact on the population as a whole, we will continue to consider the needs of specific populations at all stages of planning and implementation.

Definitions of sexual wellbeing have varied widely often being left to individuals to define. In order to accurately baseline and measure changes to sexual wellbeing we first need to develop an agreed definition of sexual wellbeing that can be used consistently across Scotland.

The Scottish Government has provided funding to a project run by researchers at the University of Glasgow, which will provide the first steps towards embedding sexual wellbeing as an ambition for Scotland. This project will establish consensus amongst stakeholders regarding the definition of sexual wellbeing. The University of Glasgow project team will then develop recommendations on the production and monitoring of baseline indicator data for sexual wellbeing which will be used to track progress.

A sexual wellbeing measure has been included within the 4th Natsal (National Surveys of Sexual Attitudes and Lifestyles) survey²⁰ 2022-2024, which will sample the opinions of around 10,000 individuals between the ages of 16-59 to provide updated data on sexual lifestyles within Britain. Around 650 participants from Scotland have been invited to contribute. We anticipate that the Natsal results, when published, will be a valuable resource which will help to inform aspects of sexual wellbeing policy despite the definition of 'sexual wellbeing' in this context being unclear.

Action 12: A definition of sexual wellbeing and will be co-developed by the University of Glasgow and stakeholders with accompanying key indicators.

Action 13: Public Health Scotland (PHS) with support from National Monitoring Assurance and Research Group (NMARG) to use these key indicators to produce baseline data for Scotland for sexual wellbeing, ensuring that reporting and benchmarking can be used to effectively track progress.

Hepatitis C (HCV) Elimination

The Scottish Government has committed to the elimination of HCV as a public health concern in Scotland by the end of the 2024/25 financial year, building on the significant progress which has already been made, particularly in NHS Tayside, in reducing infection rates and severe disease²¹²²²³. As at May 2022, there were an estimated 5,000 people diagnosed with a chronic HCV infection living in Scotland²⁴, with work ongoing to provide an estimate of the number of undiagnosed cases. Prior to the pandemic, HCV treatment targets for each of Scotland's NHS Boards were set out, providing a route map to elimination.

Whilst the impact of the COVID-19 pandemic slowed progress towards this ambitious target, the Scottish Government is continuing to work collaboratively with NHS Boards and other key stakeholders to outline creative approaches towards identifying and treating people with HCV. Scottish Government has set out revised treatment targets for each territorial NHS Board on this basis and we will work with NHS Boards to overcome barriers to meeting these targets.

It is also important that once we do reach our HCV elimination target that we work to maintain this and consider work required to ensure suitability beyond the elimination goal and beyond 2025.

Action 14: NHS Boards to continue to work towards their HCV elimination target for 2023/24 and 2024/25.

HIV Transmission Elimination

Our vision is to end HIV transmission in Scotland by achieving a target of zero people contracting HIV within Scotland by 2030. This aligns with wider global strategic aims and is detailed in the HIV Transmission Elimination proposal⁷ published in Scotland by an expert group of community representatives, clinicians, academics and other stakeholders in December 2022. The World Health Organization (WHO) refers to a goal "*to end the AIDS epidemic as a public health threat by 2030*"²⁵

A publicly stated commitment to eliminate HIV transmission in Scotland by 2030 is an ambitious but not an impossible target. The most recent data, published by PHS reports 108 'first ever' diagnoses of HIV in Scotland in 2022²⁶ (these may not all be cases acquired in Scotland). With

commitment and effort, Scotland could be among the first counties in the world to achieve HIV Transmission Elimination. Reducing the number of infections acquired within Scotland requires further improvements to , access and uptake of HIV testing, pathways into care, retention within care for those who are HIV positive, support with stigma and disclosure to partners, and access to HIV Pre-exposure prophylaxis (PrEP) for those who are negative but are at increased risk of acquiring HIV.

The most recent data, showed that in 31 December 2022, there were an estimated 6,600 individuals living with HIV in Scotland²⁶. Of those receiving specialist care 98% were receiving antiretroviral therapy (ART) and, of those, 93% were recorded as having an undetectable viral load. Following the introduction and prescribing of HIV PrEP in Scotland in July 2017. By 2019 a significant decrease in HIV incidence was observed amongst gay, bisexual and other men who have sex with men, who had been prescribed PrEP²⁷. With a continued high uptake of PrEP there has also been a reduction in first ever HIV diagnoses in this population in Scotland.

To further highlight our ambition in this area, the Scottish Government commits to achieving the WHO 95:95:95 target by 2025²⁸. This measure aims for 95% of people living with HIV to know their status, 95% of people diagnosed with HIV to received sustained antiretroviral therapy, and 95% of people receiving antiretroviral therapy to have achieved viral suppression.

During 2023, a Scoping Group worked to identify the priorities within the HIV Transmission Elimination proposal and to develop a Delivery Plan detailing the first phase of elimination to 2025. A Delivery Implementation short-life working group will be convened under the Scottish Health Protection Network to undertake the co-ordination and monitoring of actions to be taken forward by a range of statutory and third sector agencies.

As with HCV elimination, the ongoing sustainability of our HIV transmission elimination is vital. We must consider how we evidence continued elimination and ensure that beyond the 2030 goal we continue to ensure that we maintain a HIV transmission free Scotland.

Action 15 : HIV Transmission Elimination Scoping Group to identify priorities within HIV Transmission Elimination Proposal, and establish an HIV Transmission Elimination Implementation SLWG to oversee delivery of the actions.

Action 16: Scottish Government to publish a HIV Transmission Elimination delivery plan outlining prioritisation of the recommendations.

Hepatitis B (HBV)

Whilst there is no national target for HBV reduction, it remains a significant public health concern in Scotland. HBV affects certain populations disproportionately. Migrants from endemic regions, particularly those from East Asia, Sub-Saharan Africa, and the Indian subcontinent, are at higher risk of both infection and severe outcomes due to HBV. Additionally, men who have sex with men and people who inject drugs use are also vulnerable groups.

Particular challenges remain about the recording of HBV vaccination status and ensuring there is a comprehensive way to record and ensure that people living with HBV are given appropriate information and care.

Action 17: A review of the epidemiology and data collection of HBV in Scotland and services provided to reduce HBV related illness and deaths will be undertaken during 2023-2026.

Conclusion

Whilst the immediate priority for Scotland's sexual health and BBV sector is to continue to recover following the COVID-19 pandemic and the other challenges, we should be willing to set goals that are ambitious in making Scotland a place where everyone has good sexual health and wellbeing and where we take on challenges like the elimination of HIV transmission and HCV as a public health concern.

The actions in this plan are ambitious but achievable. The sexual health and BBV sector have shown dedication during difficult recent years, and we once again extend our gratitude to them for their commitment and creativity during exceptionally challenging times.

This Action Plan is designed to focus on the key initial actions that are needed to improve outcomes relating to sexual health and wellbeing, and to improve access to contraception, STI and BBV diagnosis and care in Scotland. There will be more work ongoing that addresses local needs and regional variation, but this Action Plan highlights the national priorities. We will continue to work with stakeholders to support them to deliver these actions and provide sufficient challenge to implement real change whilst continuing to build on the solid foundations that have been developed over recent years.

Annex A - Summary of actions

Action 1: Scottish Government to review governance structures and form a Ministerial-led Sexual Health and BBV Oversight group.

Action 2: PHS with support from sexual health and BBV National Monitoring Assurance and Research Group (NMARG) to develop a data monitoring plan to accompany this Action Plan by end of March 2024.

Action 3: Scottish Government to commission upgrades to NaSH system to improve patient pathways for sexual health and HIV services with longer term investment into NaSH considered by Scottish Government and NHS Boards.

Action 4: NHS Boards should take steps to collaborate on sexual health and BBV service delivery where possible and appropriate.

Action 5: Scottish Government to arrange support visits to Boards in line with local need.

Action 6: Scottish Government to work with national organisations to progress the roll out of a nationally available Online postal self-sampling service.

Action 7: NHS Boards, Scottish Government and Women's health champion will collaborate to identify opportunities to improve women's access to LARC, as outlined in the WHP and working alongside LARC SLWG.

Action 8 : As per the Women's Health Plan and working alongside the WHP and the LARC SLWG, NHS Boards to ensure that discussions on contraception take place during pregnancy and that women are offered adequate and appropriate information on their options, as well as rapid access to their preferred method.

Action 9: Scottish Government to work with NHS Boards to improve access to post-abortion contraception through co-design of service models in Scotland.

Action 10: Scottish Government to evaluate the existing provision of PoP in community pharmacies and consider how to further promote this service.

Action 11: Scottish Government to undertake work to ensure that young people have access to clear, accurate sexual health and contraceptive advice, allowing them to make informed choices about their reproductive choices and sexual health.

Action 12: A definition of sexual wellbeing and will be co-developed by the University of Glasgow and stakeholders with accompanying key indicators

Action 13: PHS with support from National Monitoring Assurance and Research Group (NMARG) to use these key indicators to produce baseline data for Scotland, ensuring that reporting and benchmarking can be used to effectively track progress.

Action 14: Boards to continue to work towards their HCV elimination target for 2023/24 and 2024/25

Action 15 : HIV Transmission Elimination Scoping Group to identify priorities within HIV transmission elimination proposal, and establish an HIV Transmission Elimination Implementation SLWG to oversee delivery of the actions.

Action 16: Scottish Government to publish a HIV Transmission Elimination delivery plan outlining prioritisation of recommendations.

Action 17: A review of the epidemiology and data collection of HBV in Scotland and services provided to reduce HBV related illness and deaths will be undertaken during 2023-2026

Glossary of terms and acronyms

BBV – Blood Borne Virus - are viruses that some people carry in their blood and can be spread from one person to another. In the context of this document, we mean HIV, hepatitis C and hepatitis B.

Chemsex - Sexual activity mostly between men while under the influence of drugs, often taking place with one or multiple sexual partners.

CONUNDRUM - CONdom and CONtraception UNderstandings: Researching Uptake and Motivations research project¹⁸

HCV – Hepatitis C - a blood borne viral infection that causes liver swelling, called inflammation. Hepatitis C can lead to serious liver damage.

HIS – Healthcare Improvement Scotland - A non-territorial NHS Board with a remit to regulate independent healthcare and inspects NHS care in Scotland.

HIV – Human immunodeficiency virus - a virus that attacks cells that help the body fight infection, if untreated it can lead to AIDS (acquired immunodeficiency syndrome).

LARC – Longer Acting Reversible Contraception - highly effective forms of birth control that can last for years at a time. LARC includes the copper intrauterine device (Cu-IUD), hormone containing intrauterine device (LNG-IUD), the contraceptive implant and contraceptive injections.

LGBTQ+ - lesbian, gay, bisexual, transgender, queer or questioning, and more. These terms are used to describe a person's sexual orientation or gender identity.

MSM – Men who have sex with men - this refers to sexual behaviour alone, regardless of sexual orientation (e.g., a person might identify as heterosexual but still be classified as MSM).

NaSH - NHS Scotland's National Sexual Health electronic patient record and online booking system

NHS – National Health Service

NMARG - National Monitoring Assurance and Research Group

OPSS – Online postal self-sampling service

PHS - Public Health Scotland – A non-territorial NHS Board responsible for improving and protecting the health and wellbeing of all of Scotland's people.

PoP - Progestogen-only pill - a method of contraception that contains the hormone progestogen but doesn't contain oestrogen

PrEP - Pre-exposure prophylaxis - medicine that reduces the chances of contracting HIV.

RSHP - Relationships, Sexual Health and Parenthood - taught as part of Health and Wellbeing, which is one of eight areas of the Curriculum for Excellence.

SHPN - The Scottish Health Protection Network - an obligate network co-owned by its stakeholders from across the health protection community in Scotland

SLWG – Short life working group

STI - Sexually Transmitted infection – an infection spread predominantly by unprotected sexual contact

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