



British Association for Sexual Health and HIV

Established 2003 through the merger of MSSVD (est.1922) and AGUM (est.1992)

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MEETING: BASHH SCOTLAND, SPRING BRANCH MEETING 2008
DATE: FRIDAY 16th MAY 2008
VENUE: THE WEST PARK CONFERENCE CENTRE, DUNDEE

OFFICERS: ANDY WINTER, (AW) CHAIR.

ATTENDANCE:

NAME	DESIGNATION	REGION
Alison Blyth	Nurse Practitioner	Fife
Alison Clement	Staff Grade	Tayside
Alison Dick	Nurse	Fife
Andy Winter (chair)	Consultant	Glasgow
Angie Fraser	Specialist Nurse	Highland
Ambreen Butt	Consultant	Aberdeen
Anne Ferrier	Health Adviser	Perth/Dundee
Ann Kemp	MLSO	Aberdeen
Carols Oroz (speaker)	Staff Grade	Edinburgh
Caroline Thomson	Consultant	Edinburgh
Carolyn McDermott	Lead GUM Nurse	Glasgow
Catherine Charles	Clinical Assistant	Perth
Christine Smith	Senior Health Adviser	Lanarkshire
Ciara Cunningham (speaker)	Consultant	Tayside
David Wilson	Health Adviser	Lanarkshire
Dawn Boath	Sexual Health Nurse	Tayside
Dianna Reed (speaker)	Associate Specialist	Tayside
Elizabeth Cockburn	Family Planning Nurse	Perth
Fiona Taylor	Staff Nurse	Edinburgh
Frances Hardy	Specialist Nurse	Aberdeen
Felicity Keating	Clinical Assistant	Edinburgh
Fiona McKinnon	Health Adviser	Highland
Gillian Orange	Cons Microbiologist	Tayside
Gina Martin	GUM	Edinburgh
Gordon McKenna	Consultant	Highland
Gordon Scott	Consultant	Edinburgh
Graham Sharp	Consultant	Glasgow
Hilda Smith	Nurse	Fife
Imali Fernando	Consultant	Edinburgh

NAME	DESIGNATION	REGION
Indranil Banerjee	Consultant	Kirkcaldy
Isla Barton (speaker)	Service Coordinator	Tayside
Jackie Paterson (speaker)	Consultant	Tayside
Jane Reid	GUM	Tayside
Jayshree Dave	Consultant Microbiologist	Edinburgh
Jean Irvine	Consultant	Argyll
Jennifer Blackley	Nurse Specialist	Edinburgh
Joan Kirkwood	Family Planning Nurse	Perth
Karen Matthews	Health Adviser	Edinburgh
Kimberley MacInnes	Staff Nurse	Highland
Kirsty Abu-Rajab	SpR	Glasgow
Keith Williamson	Staff Nurse	Edinburgh
Laura Ellis	Staff Nurse	Edinburgh
Laura Hinton	Doctor	Perth
Laura Jarvis		Perth
Lisa Goodall	ST3	Edinburgh
Liz Kennedy (speaker)	Associate Specialist	Tayside
Lorna Docking	Nurse	Edinburgh
Margaret Shearer	Nurse Practitioner	Perth
Martin Donaghy (speaker)	Clinician HPS	Glasgow
Martin Murchie	Health Adviser	Glasgow
Michelle Wood	GUM	Edinburgh
Moira Crawford	Nurse	Fife
Noreen Mir	Consultant	Glasgow/Clyde
Rachel Thomson	Health Adviser	Aberdeen
Rak Nandwani	Consultant	Glasgow
Rona McCarthy	Clinical Assistant	Dundee
Rona MacDonald	ST3	Glasgow
Roslyn Findlay	Health Adviser	Tayside
Ruth Leslie	Community SH Nurse	Tayside
Ruth Taylor	ST3	Glasgow
Sandra Marquis	Health Adviser	Highland
Shelagh King	Nurse	Borders
Sheena Eaves	Nurse	Fife
Sheena Lawson	Staff Grade	Edinburgh
Sheena McWha	Staff Nurse	Tayside
Susan Brownlie	Staff Grade	Perth
Susan Paxton	Nurse	Fife
Sylvia Rafters	Associate Specialist	Lanarkshire
Tosh Lynch	Clinical Governance Coordinator	Glasgow
Vinuchandran		
Ramachandran Nair	SpR	Aberdeen

APOLOGIES:

NAME	DESIGNATION	REGION
Steve Baguley	Consultant	Aberdeen
Fiona Fergie	Consultant	Glasgow

The branch has only 1 officer (AW). There were no nominations received for Treasurer or Secretary and so this unsatisfactory position would remain. The terms of office for NCCG reps and Audit Officer had completed, with Steve Baguley completing 2 x 2 year terms as Audit Officer. However no-one present wished to take on this role which all agreed Steve was discharging well. AW agreed to circulate nomination papers in the summer and would inform BASHH UK of the local decision to allow those in post to continue until the November 2008 meeting.

CHAIRS REPORT:

- **Business Plan 2008/2009**

This had been submitted for approval to CGC and BASHH Board. The only variation this year was that sufficient funding had been received to avoid obtaining separate sponsorship for the SAS meeting in June 08. Everyone present was happy with the plans remaining as intended for next year with 2 main meetings on Fridays alternating from Edinburgh/Glasgow in the Autumn with a Region in the Spring, along with audit activity and SAS meetings.

- **CGC Report**

Most business discussed was relevant to England. The exception was the final publication of DH Building Regulations for Sexual Health Clinics.

- **Public Health (Scotland) etc. Bill**

BASHH had submitted concerns to the consultation regarding the apparent duty laid on lab directors to disclose personal details of those diagnosed with notifiable virus infections (e.g. Hep B). This has been taken on board.

(please see below response from Dr Malcolm McWhirter, Senior Medical Officer, SEHD):

"Section 16(2) of the Bill provides that the director of a laboratory should pass on such information as is known to the director. Within the specialist sexual health / GUM services, confidential testing is normal, and the laboratory would not be aware of the personal identity of the tested patient and would therefore not be able to pass on the specific identity of a patient linked with Hep B. We will ensure that this is reinforced in guidance in advance of implementation of the Bill (when enacted).

In terms of the present position and progress of the Public Health Bill:

We are currently at Stage 2 and the Bill is being amended. The Committee has already covered Part 1, Part 2 (the Part relating to notification), Part 3 and most of Part 4. It will debate and vote on amendments for the rest of Part 4 and Parts 5-7 (depending on time) tomorrow (15th May), and will also take oral evidence on sun beds (in relation to the amendments that have already been lodged)."

Martin Murchie suggested all HAs considered pro-actively engaging with public health to ensure completion of notification loop.

- **Consultant Recruitment**

No decision had yet been reached. BASHH had submitted a response previously circulated regarding our views as a smaller specialty.

- **Public Health Network HIV**

All this was going well with those present involved in focus groups and questionnaires being completed.

SEXUAL HEALTH STRATEGY:

- **QIS**

Rak Nandwani gave a brief overview. Final standards were published Mar 08 with some considerable differences in numeric targets to the draft standards (eg Hep B vaccination). Assessment visits would commence in April 2009. Self-assessment forms would be ready by Autumn 2008. ISD would supply Boards with some data centrally. However some data would be required to be collected locally, such as PN outcomes for Chlamydia and sexual health of HIV. The standards remain a very powerful tool to highlight local problems especially in areas of trained staff providing services and accommodation. Costings had been undertaken and were surprisingly limited with the most cost pressure identified to do with provision of LARC. The SGHD had removed the requirement for annual updates on the Strategy, with the KCI report and QIS now being the performance management route. Discussion ensued about the PN outcome: NaSH would allow sufficient data to be collected; units not using NaSH would have to use existing standard paper proformas already developed in Scotland to record PN outcome, this could be done on a meaningful sample of patients.

Web link for final QIS standards: <http://www.nhshealthquality.org/nhsqis/4138.html>

- **NSHAC**

Nil Banerjee explained the Abertay review had been reasonably positive but findings were still not publicly available noting the need to maintain leadership, ensure communication and performance management. The rural report was in draft. The continuation of additional funding was not index-linked.

Web link for NSHAC Abertay Review - Agenda item 3 (ninth meeting):

<http://www.scotland.gov.uk/Topics/Health/health/sexualhealth/advisory-committee/minutes/ninthmeeting/Q/editmode/on/forceupdate/on>

- **Lead Clinician Meetings**

Jackie Paterson attended these, with Tayside sharing the lead role; there was a possible agreement that lead GUM physicians from each Board area should attend as it was recognised that GUM was under represented. JP would clarify at the next Lead Clinicians meeting on 9/6/08. AW noted that the Lead Clinicians had specific roles to do with NaSH and would face considerable work in preparing for QIS assessments.

NATIONAL IT PROGRAMME:

AW gave a brief report. This was rolling approximately to time now; NaSH was live in Lanarkshire and Ayrshire with Tayside and D&G coming on over the summer, Borders, Lothian and Glasgow in the Autumn. Highland and Forth Valley had not committed to the system. The User Management Group now included reps from all live boards and those due to go live in next 6 months so its size was slowly enlarging. GUM clinicians involved closely included AW, Alison Currie and Steve Baguley, and Jackie Paterson attended when possible.

ANY OTHER BUSINESS:

- **BASHH Scotland Audit**

Steve Baguley had submitted a brief written report: the 2008 BASHH UK audit would be on quality of sexual history taking; the BASHH 2007/8 Scotland Audit on Contraception in Under 18 year olds in GUM clinics had been presented as a poster to the BASHH UK Spring meeting last week (and to be presented later). Audit plans for 2008/9 Scotland audit were discussed. An audit on how prisoners were seen in GUM clinics was suggested; the problem here was that some services (e.g. Fife) had no prisons locally and so would be disenfranchised. Agreed for SB to circulate suggestions by email.

- **STIEAG**

Concerns were expressed about the absent technical support and user involvement in developing the web site. This appeared to be due to staffing difficulties in ISD. Most important no data could be extracted for the STIBRL gonorrhoea surveillance AW would write to Jim Chalmers prior to the next STIEAG meeting on 22 May 2008.

- **HPS Review of Specialist Virology Clinics**

Gordon Scott had attended a meeting with Prof Tedder who had been asked to conduct an outside review of specialist virology lab provision. He seemed persuaded of maintaining the status quo. AW remained concerned that HPS appeared to regard reference labs as being primarily to provide national data for them rather than fulfil patients and clinicians needs for specialist testing not available locally.

- **Reference Labs**

Jayshree Dave had almost completed the task of finding a Lead Microbiologist for every Health Board (see attachment). She had additional central funds to support supplemental testing for GC PCR but locally had not been allowed to recruit. She had convened a short-life group to look at medico-legal aspects of NAATs for GC (BASHH rep is Steve Baguley). Azithromycin resistance for gonorrhoea was now at around 5%, and national data on this was hoped to be published in JAC soon. She reminded everyone of the free T Pallidum PCR service; AW asked if she could provide a breakdown of uptake of this service by Board to ensure all were using this where appropriate.

- **STIF course updates**

Nil to report. Alison Currie was our rep on the UK STIF organising body.

- **Nursing updates**

(Lorna Docking) NHS NES had agreed to fund four meetings a year to progress sexual health nursing career framework and look at convergence of the multiple University courses in this field.

- **Sexual Health Advisers**

Martin Murchie drew attention to the DH publication 'Developing the Workforce' (see web link) <http://www.ssha.info/pdf/sexual-health-advising-developing-the-workforce.pdf>

Essentially by December 2009 all sexual health advisers from a nursing background (all but 2 in Scotland) needed to be on Part 3 of the NMC register (Public Health).

**Next meeting:
28th November 2008
Edinburgh**