

HIV Action Plan in Scotland

December 2009 to March 2014

November 2009

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Ministerial Foreword

HIV is a major public health challenge for Scotland.

In recent years we have seen a substantial rise in the number of cases of HIV. While part of this rise can be attributed to an increase in testing, we know that there is also a true rise in the number of new transmissions in Scotland.



Respect and Responsibility, the national sexual health strategy, was published in 2005 in order to address sexual ill- health in Scotland. Whilst HIV is part of the strategy, there was a need to specifically re-focus and re-prioritise HIV.

The development of this HIV Action Plan signals a renewed focus on HIV and aims to reduce transmission and undiagnosed infection, to address the health needs of people living with HIV and to effectively coordinate services across the health, social care and voluntary sectors.

This plan promotes the importance of prevention as well as good quality treatment and care and builds on the proposals of the Treatment and Care Needs Assessment commissioned by the Chief Medical Officer for Scotland and developed by the Scottish Public Health Network (ScotPHN).

It is important to recognise that a substantial level of funding is already invested in HIV treatment and care, with a further £9.5 million available each year for the prevention of Blood Borne Viruses (BBV) in Scotland. It is essential that this funding is spent appropriately and this Plan has been created in order to support NHS Boards to more effectively use their existing BBV funding.

The HIV Action Plan covers the period 2009 – 2014 and has been developed in partnership with stakeholders from the statutory and voluntary sector across Scotland. In making successful use of existing resources, expertise and experience I believe that together we can effectively address the challenges posed by HIV in Scotland.

A handwritten signature in black ink that reads "Shona Robison". The signature is written in a cursive, flowing style.

Shona Robison MSP

Minister for Public Health and Sport

Acknowledgements

Thanks should be conveyed to those who have contributed to the HIV Action Plan in Scotland. Many have given much of their time to the development of the plan and we appreciate their dedication and commitment.

Particular thanks should be conveyed to the members of the HIV Action Plan Group (see Appendix 2) and the HIV Executive Leads who have been responsible for the development of the Plan.

Process of Action Plan Development

HIV is a major public health challenge for Scotland.

A loss of priority in recent years has resulted in inconsistent responses to HIV prevention and mixed models of care across Scotland.

In response, the National Sexual Health and HIV Advisory Committee (NSHHAC) proposed the development of an HIV Action Plan in order to provide refocused action on HIV in Scotland.

The Plan was initially envisaged as an HIV Prevention Plan in line with outcome 2.9 in the **Respect and Responsibility Sexual Health Outcomes 2008 – 2011**. However, following a Treatment and Care Needs Assessment by the Scottish Public Health Network (ScotPHN) a decision was made to create an Action Plan that covered both prevention and treatment and care.

The HIV Action Plan builds on the draft proposals developed by the multi-agency HIV Action Plan Group, the Treatment and Care Needs Assessment commissioned by the Scottish Government and produced by the Scottish Public Health Network (ScotPHN) and the extensive feedback received from key stakeholders and individuals, including those living with HIV.

Summary of Actions

Ensuring effective co-ordination of prevention, treatment and care

Action 1

An identified resource whose responsibility spans across NHS Board boundaries will be established to provide support and to facilitate the sharing of experience and expertise between the Boards so that they can most effectively address the prevention and treatment and care needs of their populations.

Action 2

Standards for HIV Prevention, Diagnosis, Treatment and Care, as part of the NHS QIS Implementation and Improvement Programme for HIV, will be developed and implemented.

Action 3

A generic Patient Management System (PMS) involving Scotland's principal HIV Treatment Centres will be investigated and, if appropriate, developed and implemented.

Action 4

NHS Board plans to maintain and improve prevention, diagnosis and treatment and care services and initiatives will be developed and implemented, using the information gathered from the regional needs assessment.

Action 5

The potential for the block purchasing of anti-retroviral therapy (ART) to reduce cost will be assessed.

Action 6

An investigation into the reasons why some people living with HIV do not attend specialist clinical services will be undertaken.

Reducing levels of undiagnosed HIV and transmission in Scotland

Action 7

Systems to monitor risk behaviours and new HIV infections among persons at highest risk of acquiring infection will be reviewed and, if appropriate, developed and implemented.

Action 8

The development and implementation of social marketing materials for MSM.

Action 9

Existing guidance on prevention of HIV transmission in MSM will be tailored to national/local circumstances. New guidance on interventions to prevent and

reduce HIV transmission in MSM will be developed, whilst also recognising the needs of people living with HIV in preventing onward transmission.

Guidance will be implemented at a local and national level.

Action 10

Existing guidance on prevention of HIV transmission in persons originating from areas of high prevalence, particularly African countries, will be tailored to national/local circumstances. New guidance on interventions to prevent and reduce HIV transmission in persons originating from areas of high prevalence, particularly African countries will be developed, whilst also recognising the needs of people living with HIV in preventing onward transmission.

Guidance will be implemented at a local and national level.

Action 11

An exploration of the educational and training needs of the HIV related workforce will be undertaken. Priorities will be identified and educational solutions developed and implemented.

Effective Monitoring of HIV Resources and Improved Accountability

Action 12

Scottish Government will commission an evaluation of BBV prevention services in Scotland.

Action 13

Scottish Government will review the existing BBV Prevention budget spend and produce guidance on the recommended future spend of the BBV Prevention budgets. NHS Boards will provide information on current and proposed future annual spend of the BBV Prevention budget against local priorities as informed by the regional needs assessment (Action 4) the outcomes of Action 12 and Scottish Government guidance.

Action 14

The HIV Action Plan will be delivered using a Programme Management approach, supporting those involved, notably the Regional HIV Facilitation Teams. The Scottish Government, NHS Board HIV Executive Leads, Regional HIV Facilitation Teams and specified national agencies are responsible for delivering identified actions (as cited in Appendix 4).

Section One: Introduction

HIV is a major public health challenge for Scotland.

More people are living with HIV in Scotland than ever before as a result of increased testing, leading to earlier diagnosis, particularly in genitourinary medicine (GUM) clinic settings and of more effective management of those living with HIV. By 2012, the number of people living with HIV and requiring specialist care is likely to increase by 5-13% (some 150-350 persons) per year¹ and the average age of individuals living with HIV will increase over time as effective drug regimens sustain and improve their quality of life. Providing treatment and care for all those who require it is one of Scotland's most pressing HIV challenges².

Despite record numbers of new diagnoses in recent years (refer to HIV Action Plan Epidemiology supporting paper) principally as a result of the **Respect and Responsibility**³ opt-out HIV testing policy, there is evidence of: (i) transmission of infection; (ii) undiagnosed infection; and, (iii) high risk behaviour in certain groups of the population^(4,5,6,7). Thus, effective, evidence informed HIV prevention is key to reducing the risks of HIV transmission.

Whilst HIV was included in the wider context of the actions under **Respect and Responsibility**³, Scotland's first sexual health strategy, there is a need to renew our focus on HIV at both a national and local level. This Action Plan therefore builds on the draft proposals developed by the multi-agency HIV Action Plan Group, the Treatment and Care Needs Assessment commissioned by the Scottish Government and produced by the Scottish Public Health Network (ScotPHN) and the extensive feedback received from key stakeholders and individuals, including those living with HIV.

The HIV Action Plan is a strategic framework which addresses the need for refocused action across Scotland in response to these issues. The overarching aims are to:

- Improve the effective co-ordination of prevention, diagnosis and treatment and care activities across health, social care and voluntary sectors
- Reduce levels of HIV transmission and undiagnosed HIV
- Develop appropriate accountability and reporting arrangements together with increased opportunities to evaluate and research practice.

This Action Plan will facilitate the co-ordination and pursuit of best practice in prevention and models of care across Scotland, whilst at the same time allowing local and regional needs to be identified and addressed. It aims to overcome organisational and professional silos to ensure effective co-ordination and, where necessary, re-design services to improve effectiveness and efficiency. An integrated approach which includes harnessing the distinct and valuable contributions of both the voluntary and statutory sector is core to this Action Plan.

Lessons have been learned from the development and implementation of other strategies such as the Hepatitis C Phase II Action Plan for Scotland.⁸ This has highlighted the value that could come from adopting a similar approach – albeit with more modest funding - for HIV.

This document is a practical plan highlighting what must happen and who must be involved if the overall aims are to be achieved through:

- Integrating HIV prevention, diagnosis and treatment and care
- Reducing HIV transmission and undiagnosed HIV through social marketing, education, service provision and guidance; and
- Improving performance management and accountability.

Section Two: Specific Issues, Actions and Responsibilities

ISSUE

Prevention, Diagnosis, Treatment and Care: Improved co-ordination of HIV services, standards and guidelines.

Effective links between prevention, diagnosis and treatment and care are crucial in the management of HIV. Improving access to, and the provision of, prevention, diagnostic and treatment and care services can contribute to a reduction in the transmission of HIV and a longer survival time for those living with HIV⁹.

Treatment and care services for HIV infected persons in Scotland, generally, are of a very high standard but, in the context of the ever-increasing complexity of managing an aging, multi-ethnic, urban-centric and rapidly growing cohort, some inconsistencies in access to and provision of optimal services are evident across NHS Boards¹.

The lessons learned from the measures taken to reduce HIV transmission among injecting drug users and between HIV positive mothers and their babies should be translated to support access to and the provision of HIV prevention and diagnostic services for high risk groups, i.e. men who have sex with men (MSM) and persons originating from areas of high prevalence, particularly African countries, whilst also considering the needs of those in the general population.

The sexual health needs of people living with HIV should be seen as an integral part of their HIV treatment and care. The application of the NHS Quality Improvement Scotland (QIS) standard on sexual healthcare for people with HIV should ensure this need is met.

When undertaken effectively, HIV prevention activities such as exploring social and sexual cultures, diagnosis and disclosure of HIV status, shared responsibility for protection and the challenging of HIV stigma and discrimination concentrate on influencing sexual attitudes, values and behaviour. This requires co-ordinated efforts across health, social care and voluntary sectors in both sexual health and HIV specific services. The particular prevention activities undertaken will be dependent on the context, area and population within which they are delivered and as such are not specifically listed within this Action Plan.

The great majority of those infected or at high risk of infection reside in Scotland's largest urban areas, particularly within the Greater Glasgow and Clyde and Lothian NHS Boards. As such, these Boards have wide-ranging and frequent experience of HIV and invaluable expertise particularly around effective prevention activities and interventions. It is essential that those NHS Boards with smaller populations of people infected with HIV or at high risk of

HIV transmission are equally able to provide a high standard of prevention, treatment and care and support services.

Regional HIV Facilitation Teams

The Scottish Government will issue guidance which will inform the role and remit of Regional HIV Facilitation Teams. The lead HIV facilitators within the teams will be senior posts, reflecting the importance of this role in implementing the Action Plan and in addressing the needs of NHS Boards and their partners.

The regions will span NHS Boards as below:

- **East** for Lothian, Fife, Borders and Tayside
- **West** for Greater Glasgow and Clyde, Dumfries and Galloway, Ayrshire and Arran, Forth Valley and Lanarkshire
- **North** for Grampian, Highland, Western Isles, Orkney and Shetland

However, NHS Boards have the option to express an alternative preference if they can evidence, in practice, a different regional collaboration.

The Regional HIV Facilitation Teams will

- Be a **supportive** and **collaborative** resource which will support Boards in providing the leadership required for addressing HIV in Scotland
- Have an essential role in ensuring the implementation of the NHS QIS Standards for HIV prevention, diagnosis, treatment and care and in monitoring progress on an ongoing basis.
- Work with, amongst others, Sexual and Reproductive Health, Local Authority and Social Care, Voluntary, Paediatric, Mental Health, Dentistry, Scottish Prison Service, General Practice and service user sectors.
- Create effective partnerships with Primary Care and provide shared support and learning where specialist services are not easily accessible.
- Be responsible for supporting NHS Boards in their implementation of the Action Plan, and in monitoring the progress of implementation including guidelines and other “Best Practice” approaches to prevention, testing, treatment and care and support, through information sharing and collaboration.*
- Access the support of statutory and voluntary organisations as appropriate and facilitate multiagency and professional disciplinary working at local, regional and national levels.
- Provide support for the development and subsequent implementation of a generic Patient Management System (PMS) (if appropriate).

The provision of services for paediatric immunology and HIV in Scotland has been considered separately and a national Managed Clinical Network (MCN) has been proposed in order to improve treatment and care for children and young people with HIV across Scotland.

*Such as those recommended by the MSM Subgroup of NSHAC (Clutterbuck, 2008), from the British HIV Association (<http://www.bhiva.org/>), the National Institute of Clinical Excellence (<http://www.nice.org.uk/>), the Expert Advisory Group on AIDS (<http://www.dh.gov.uk/ab/EAGA/index.htm>) and the British Association of Sexual Health and HIV (<http://www.bashh.org>).

The Regional HIV Facilitation Teams will link with the MCN whilst also investigating the potential for a national network for children and young people infected and affected by HIV in Scotland in order that best practice, expertise and information can be shared on a Scotland-wide basis.

The developments above will help to ensure equitable and optimal prevention, treatment and care and support for all those at risk of HIV and those living with HIV in Scotland.

Guidance developed by the Scottish Government will provide further, more detailed information on the role and remit of the teams, on how they will interact with local networks and on the input of those sectors integral to addressing HIV in Scotland, such as Primary Care, Local Authorities and the voluntary sector.

Action 1

An identified resource whose responsibility spans across NHS Board boundaries will be established to provide support and to facilitate the sharing of experience and expertise between the Boards so that they can most effectively address the prevention and treatment and care needs of their populations.

Action 2

Standards for HIV Prevention, Diagnosis, Treatment and Care, as part of the NHS QIS Implementation and Improvement Programme for HIV, will be developed and implemented.

Action 3

A generic Patient Management System (PMS) involving Scotland's principal HIV Treatment Centres will be investigated and, if appropriate, developed and implemented.

Outcome

These actions will, by improving the co-ordination and effectiveness of HIV prevention activities, by ensuring statutory and voluntary agency working and by providing a supportive sharing mechanism for the Boards ensure that Prevention, Diagnosis, Treatment and Care service provision for HIV infected persons and those at high-risk of acquiring infection throughout Scotland are optimal and equitable.

ISSUE

Prevention, Diagnosis, Treatment and Care: Improved planning of HIV services and reducing the cost of antiretroviral therapy (ART)

By 2012, the number of people living with HIV and requiring specialist care is likely to increase by 5-13% (some 150-350 persons) per year¹ and the average age of individuals living with HIV will increase over time as effective drug regimens sustain and improve their quality of life.

Evidence indicates that early initiation of anti-retroviral therapy (ART) is likely to lead to an increase in the number of people requiring therapy in the long term. The impact of these changes in terms of therapeutic and care costs is likely to be considerable and NHS Boards should endeavour to plan for this likely increase.

Prevention activities across Scotland can be inconsistent and in some instances are neither evidence informed nor targeted at those who are most at risk of infection¹⁰. The NHS Boards and regional HIV facilitation teams, using the knowledge generated via Action 12, should undertake or update a regional needs assessment. The needs assessment should include service mapping and identifying effective HIV prevention activities for those at greatest risk of HIV infection to inform NHS Board clinical planning. It is essential that planning for 2011-2014 incorporates detail on the resources, including costs, required to address the needs of people living with HIV, including those of children and young people

The needs assessments should utilise NSHAC HIV Prevention: Report and Recommendations¹¹ in order to identify appropriate and effective prevention activities and interventions for MSM.

In addition, needs assessments should take into account increases in HIV testing and the prevention of onward transmission and should consider underlying factors such as the issues of stigma, mental health and wellbeing, homophobia, racism, substance misuse and cultural influences/belief systems.

Opportunities should be taken to 'normalise' HIV testing within all populations to address late diagnoses amongst those not considered to be at high risk of HIV infection and to reduce the issues of stigma around HIV testing and diagnosis.

In line with the BHIVA HIV standards and guidelines, routine testing should occur for patients who present with "early sentinel conditions"^{12,13} in order to "recognise infection earlier in its course", to detect suspected primary HIV infection and to help prevent late diagnosis. This should apply to children as well as adults.

These actions must lead to an increase in uptake of HIV testing, especially among MSM and persons originating from areas of high prevalence, particularly African countries, in addition to a lowering in the numbers who remain undiagnosed.

An opportunity to reduce the cost of HIV treatment will be assessed through the improved procurement of ART. By block purchasing such drug treatments, savings can be made to ensure that the above increased demand is at least, in part, offset.

Action 4

NHS Board plans to maintain and improve prevention, diagnosis and treatment and care services and initiatives will be developed and implemented, using the information gathered from the regional needs assessment.

Action 5

The potential for the block purchasing of anti-retroviral therapy (ART) to reduce cost will be assessed.

Outcome

Actions four and five will enable NHS Boards to determine the resources and developments required to address the current inconsistencies in HIV prevention activities across Scotland and the needs of people living with HIV. The implementation of these actions will promote effective prevention activities, the optimal treatment and care of people living with HIV, including children, and will lead to a potential reduction in the cost of ART for NHS Boards.

ISSUE

Treatment and Care: Improved access to specialist HIV care

Many factors influence the engagement of people living with HIV with both clinical and support and care services. A significant number of infected persons (upwards of 1,000 individuals) diagnosed in Scotland have not entered or have defaulted from, specialist care services. The reasons for this and how they might be addressed are unclear.

An investigation by statutory and voluntary organisations on the individuals who have engaged for diagnosis, support and care but not for treatment and clinical follow up is required. The investigation will look at issues such as those around the stigma suffered by those living with HIV that may have the potential to deter individuals from accessing services.

Action 6

An investigation into the reasons why some people living with HIV do not attend specialist clinical services will be undertaken.

Outcome

The findings of the investigation will determine how to attract and retain in specialist clinical care those individuals who do not currently access services.

ISSUE

Improving HIV transmission and risk behaviour surveillance

Existing surveillance systems involving MSM and persons from areas of higher prevalence, particularly African countries, are limited in terms of geographical coverage, accurate detection and/or estimation of new HIV transmissions and the ability to evaluate the impact of interventions designed to prevent high risk behaviour and HIV infection.

Existing systems should be reviewed and where necessary further developed. New systems, including the potential application of sophisticated laboratory tests to, for example, identify the recency of infection among new diagnoses, should be established, if required.

Action 7

Systems to monitor risk behaviours and new HIV infections among persons at highest risk of acquiring infection will be reviewed and, if appropriate, developed and implemented.

Outcome

This action will lead to an improved understanding of the epidemiology of HIV transmission and HIV related behaviour. These data will inform the planning of services and the development of guidance (See Actions 4 and 9-10).

ISSUE

Preventing HIV Transmission among MSM and persons originating from high prevalence, particularly African countries.

Given that HIV disproportionately affects key groups of people it is essential that prevention activities are focussed where they are most likely to have the highest impact in reducing HIV transmission and improving HIV-related sexual health.

Accordingly, in Scotland, such activities will focus on

- All persons living with HIV
- MSM
- Persons originating from high prevalence, particularly African countries.

However, NHS Boards should also ensure that this focus is not to the detriment of prevention activities and testing in the general population.

From data currently available, it is evident that HIV transmission is occurring in Scotland particularly among the MSM community; in 2007, 58% of MSM reported that they had probably acquired their infection in Scotland. In contrast, 12% of heterosexually acquired infection was presumed to have been acquired in Scotland. The majority of heterosexually acquired infection is among those who acquired their infection in high prevalence areas, particularly in Africa (refer to the HIV Action Plan Epidemiology supporting paper).

To raise awareness of HIV and support future interventions targeting MSM, social marketing materials will be developed.

This targeted work is being delivered in the context of wider action in the **Respect & Responsibility 2008-2011**¹⁴ programme to improve HIV awareness among the general population.

Guidance and advice exist on preventing and reducing the transmission of HIV among MSM.[†] Expertise in Scotland exists to review this guidance and to inform the development of new guidance.

[†] Examples include BASHH Guidance, BHIVA Guidelines (<http://www.bhiva.org/cms1222621.asp>) the recommendations of the MSM subgroup of NSHAC, 'Making It Count' (Hickson et al, 2003) and forthcoming NICE Guidance (<http://www.nice.org.uk/> March 2011)

Guidance produced will provide advice for NHS Boards, working with the Regional HIV Facilitation Teams, on how to work to prevent further transmission of HIV among MSM and persons originating from high prevalence, particularly African countries, in Scotland, whilst also recognising the needs of the generic population and people living with HIV in preventing onward transmission. NHS Boards, with the Regional HIV Facilitation Teams, will be responsible for the implementation of the guidance and should tailor interventions to reflect local and regional circumstances.

Action 8

The development and implementation of social marketing materials for MSM.

Action 9

Existing guidance on prevention of HIV transmission in MSM will be tailored to national/local circumstances. New guidance on interventions to prevent and reduce HIV transmission in MSM will be developed, whilst also recognising the needs of people living with HIV in preventing onward transmission.

Guidance will be implemented at a local and national level.

Action 10

Existing guidance on prevention of HIV transmission in persons originating from areas of high prevalence, particularly African countries, will be tailored to national/local circumstances. New guidance on interventions to prevent and reduce HIV transmission in persons originating from areas of high prevalence, particularly African countries will be developed, whilst also recognising the needs of people living with HIV in preventing onward transmission.

Guidance will be implemented at a local and national level.

Outcome

These actions will result in increased awareness of existing and future evidence and guidance on prevention which will contribute to a reduction in the rate of new transmission of HIV among MSM and persons from areas of high prevalence, particularly African countries.

ISSUE

Improving Education and HIV Awareness Raising

Knowledge and guidance on interventions associated with the prevention, diagnosis and treatment and care of people living with HIV is changing constantly. Due to ART, people with HIV are living longer, resulting in more complex health needs.

It is important, therefore, to ensure that gaps in knowledge among the HIV-related workforce, including primary care teams responsible for managing

non-HIV-related conditions in HIV infected and sexually active persons, are addressed. This action is also intended to strengthen related activity within the **Respect and Responsibility Outcomes 2008-11**.¹⁴

Staff should be informed and updated through regular training and knowledge events. The HIV-related workforce will vary between NHS Boards. Regional HIV Facilitation Teams should work to support the Boards and ensure that workforce planning approaches accurately identify those who require education and training.

These training and knowledge events must:

- Ensure an understanding of *up to date* epidemiology of HIV
- Ensure familiarity with issues in high risk groups, notably in men who have sex with men (MSM) and in African communities
- Ensure an understanding of the prevention and testing activities that should be undertaken in high risk groups and in the general population
- Ensure an understanding and familiarity with issues around stigma and discrimination, in addressing prevention and ensuring diagnosis as well as its effects on those living with HIV.
- Demonstrate commitment to equality and diversity.

This should also be informed by a new or recently developed needs assessment, existing training initiatives and accredited training programmes.

Action 11

An exploration of the educational and training needs of the HIV related workforce will be undertaken. Priorities will be identified and educational solutions developed and implemented.

Young People, Education and HIV Awareness Raising

Young people, particularly those at high risk of HIV infection such as young MSM, need to be informed and updated on risks associated with HIV transmission.

Rather than being an action within the HIV Action Plan, this aspect of education is part of the **Respect & Responsibility Outcomes 2008-2011**¹⁴ which address the sexual health and relationships education (SRE) needs of young people, and includes HIV.

Schools, further education, community and other settings which engage with vulnerable young people must input into the development of guidance and support materials and deliver these as part of the commitments to the **Respect & Responsibility Outcomes 2008-2011**¹⁴ programme. In addition to awareness raising, this education should also tackle stigma and discrimination issues.

Outcome

This action will lead to the HIV-related workforce, including those working in Primary Care and other non-specialist services, being more informed about current HIV knowledge and skills.

ISSUE

HIV Resources within BBV Prevention budgets; monitoring and accountability.

Many NHS Boards have been using their BBV Prevention budgets for HIV testing purposes. Greater emphasis is required on the importance of diagnosis in helping prevent onward transmission.

Whilst promoting testing as an essential part of HIV prevention, NHS Boards should also ensure that BBV prevention monies are used for other HIV prevention activities and interventions. The Scottish Government will carry out a short evaluation in order to obtain information on HIV prevention services in Scotland and to understand BBV Prevention spend. NHS Boards should identify the most appropriate prevention activities for their population through the needs assessment process (Action 4).

Recommendations on HIV prevention in MSM specifically are available in the NSHAC MSM Subgroup Report¹¹. NHS Boards should use this resource when identifying effective prevention activities for MSM.

Action 12

The Scottish Government will commission an evaluation of BBV prevention services in Scotland.

Action 13

The Scottish Government will review the existing BBV Prevention budget spend and produce guidance on the recommended future spend of the BBV Prevention budgets. NHS Boards will provide information on current and proposed future annual spend of the BBV Prevention budget against local priorities as informed by the regional needs assessment (Action 4) the outcomes of Action 12 and Scottish Government guidance.

Outcome

Improved budgetary accountability will lead to a more efficient use of BBV Prevention funding.

ISSUE

Improving National and Regional/Local Co-ordination

To ensure that the actions are delivered efficiently, effectively, to timescale and are governed appropriately, national and local accountability structures will be developed.

An HIV Action Plan Governance Board (HIV APGB), comprising all NHS Board HIV Executive Leads and representatives of national agencies responsible for delivering specified actions (see Appendix 4) will be

established to monitor the progress and performance of actions, financial spend and to identify and address high level risks and issues.

NHS Boards, HIV Executive Leads and national agencies (refer to Appendix 4) will be directly accountable to the Scottish Government for the delivery of the Plan, reporting to the HIV Action Plan Governance Board (HIV APGB) which will meet biannually. Once the Regional HIV Facilitation Teams are established, NHS Boards will report to the HIV APGB through their Regional HIV Facilitator. Reporting on financial spend will be direct to the Scottish Government for all organisations. An HIV Action Plan Implementation Group will also be established to support programme delivery, meeting more frequently as a subset of the HIV APGB with respective NHS Board and national organisation leads as required.

Communication links will be established across the entire programme of work as outlined in Appendix 4. It will be essential to link with associated national action plans, committees and networks involved in sexual health, specifically the National Sexual Health and HIV Advisory Committee (NSHHAC) and other areas where appropriate. Communication links with local networks will also be established through NHS Board HIV Executive Leads supported by Programme Management and Regional HIV Facilitation Teams.

Action 14

The HIV Action Plan will be delivered using a Programme Management approach, supporting those involved, notably the Regional HIV Facilitation Teams. The Scottish Government, NHS Board HIV Executive Leads, Regional HIV Facilitation Teams and specified national agencies are responsible for delivering identified actions (as cited in Appendix 4).

Outcome

Accountability structures will ensure the actions are delivered efficiently, effectively and to timescale.

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Glossary of Terms

Appendix One

AIDS	Acquired Immunodeficiency Syndrome
APGB	Action Plan Governance Board
ART	Anti Retroviral Therapy
BASHH	British Association of Sexual Health & HIV
BBV	Blood Borne Virus
BHIVA	British Human Immunodeficiency Virus Association
CHIVA	The Children's HIV Association
CMO	Chief Medical Officer for Scotland
GUM	Genitourinary medicine
HIV	Human Immunodeficiency Virus
HPS	Health Protection Scotland
ID	Infectious diseases
IDU	Intravenous Drug User
Incidence	Number of new cases in the population over a given time
MPCN	Managed Prevention and Care Network
MRC	Medical Research Council
MSM	Men who have sex with men, and including gay and bisexual men
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NSHAC (Now NSHHAC)	National Sexual Health (and HIV) Advisory Committee
Prevalence	Total number of cases in the population at a given time
Respect & Responsibility	Scottish Government's action plan to improve sexual health.
ScotPHN	Scottish Public Health Network
SHIVAG	Scottish HIV and AIDS Group
STI	Sexually transmitted infection
UAI	Unprotected Anal Intercourse
UNAIDS	Joint United Nations Programme on HIV & AIDS

HIV Action Plan Group Membership

Membership

Chair

Mary Cuthbert, Head, Scottish Government Sexual Health and HIV Team

Members - external

Gordon Scott	SHIVAG
David Goldberg	Health Protection Scotland
Lesley Wallace	Health Protection Scotland
Roy Kilpatrick	HIV Scotland
Shirley Fraser	NHS Health Scotland
Dan Clutterbuck	NHS Borders, Chair of NSHAC MSM sub-group
Syed Ahmed	NHS Greater Glasgow and Clyde BBV Coordinator
Sheila Cameron	NHS Greater Glasgow and Clyde Laboratories representative
Bruce Fraser	Gay Men's Health
Martha Baillie	Waverley Care
Lisa McDaid	Medical Research Council Social and Public Health Sciences Unit
Ewen Stewart	Royal College of General Practitioners
Rak Nandwani	CMO Specialist Advisor in GUM
Nick Kennedy	NHS Lanarkshire ID Consultant
Gordon McKenna	NHS Highland GUM Consultant
Paul Flowers	Glasgow Caledonian University
Ailsa Spindler	Terrence Higgins Trust
Iain Ramsay	Learning Teaching Scotland
Nicky Coia	NHS Greater Glasgow and Clyde
John Logan	NHS Lanarkshire
Jim Sherval	NHS Lothian

From January 2009

Ray Fox	NHS Greater Glasgow and Clyde ID Consultant
Gwyneth Jones	NHS Dumfries and Galloway ID Consultant
Ian Robertson	BBV Practitioner Forum

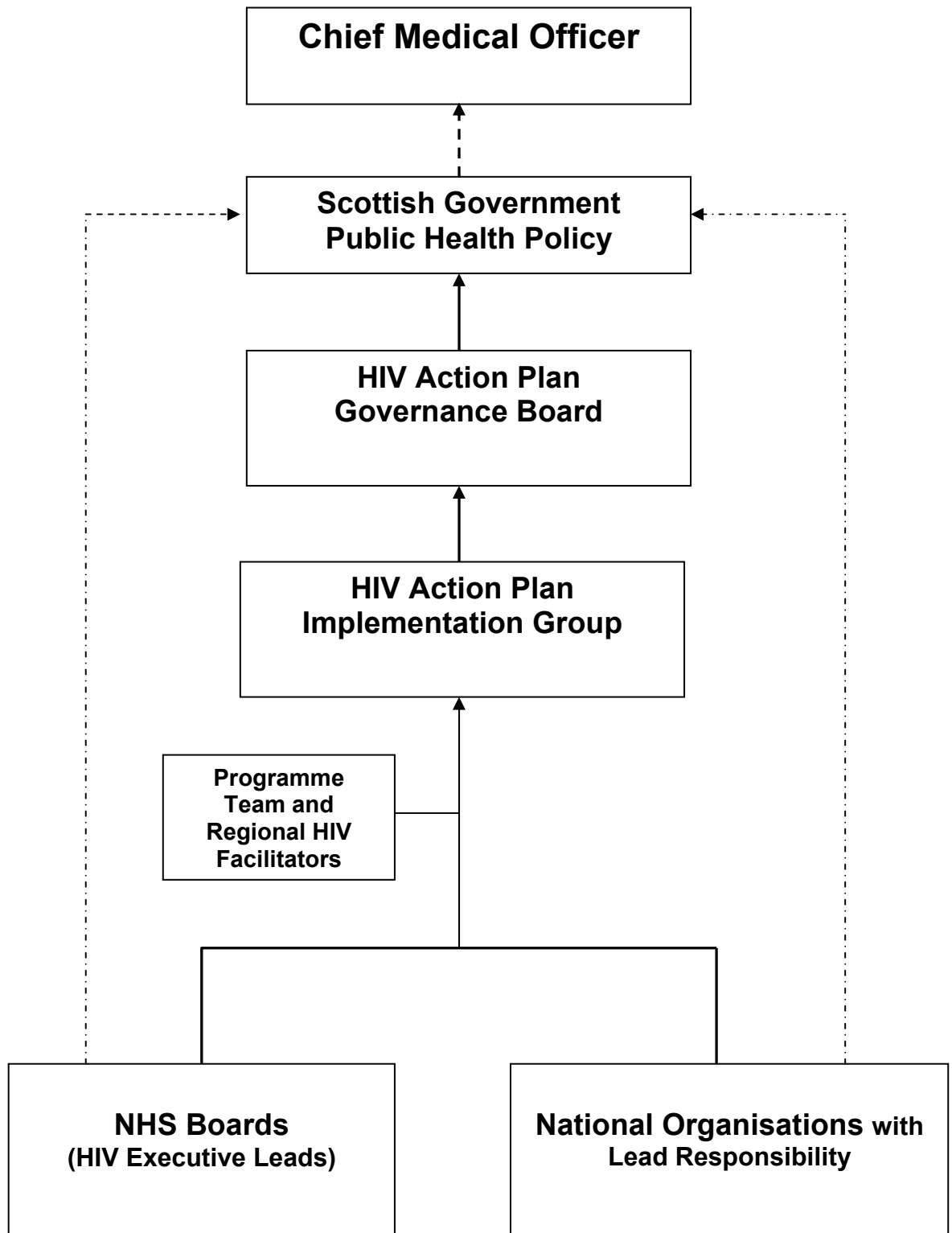
From May 2009

Phil Eaglesham	NHS Health Scotland
Nicola Rowan	Health Protection Scotland

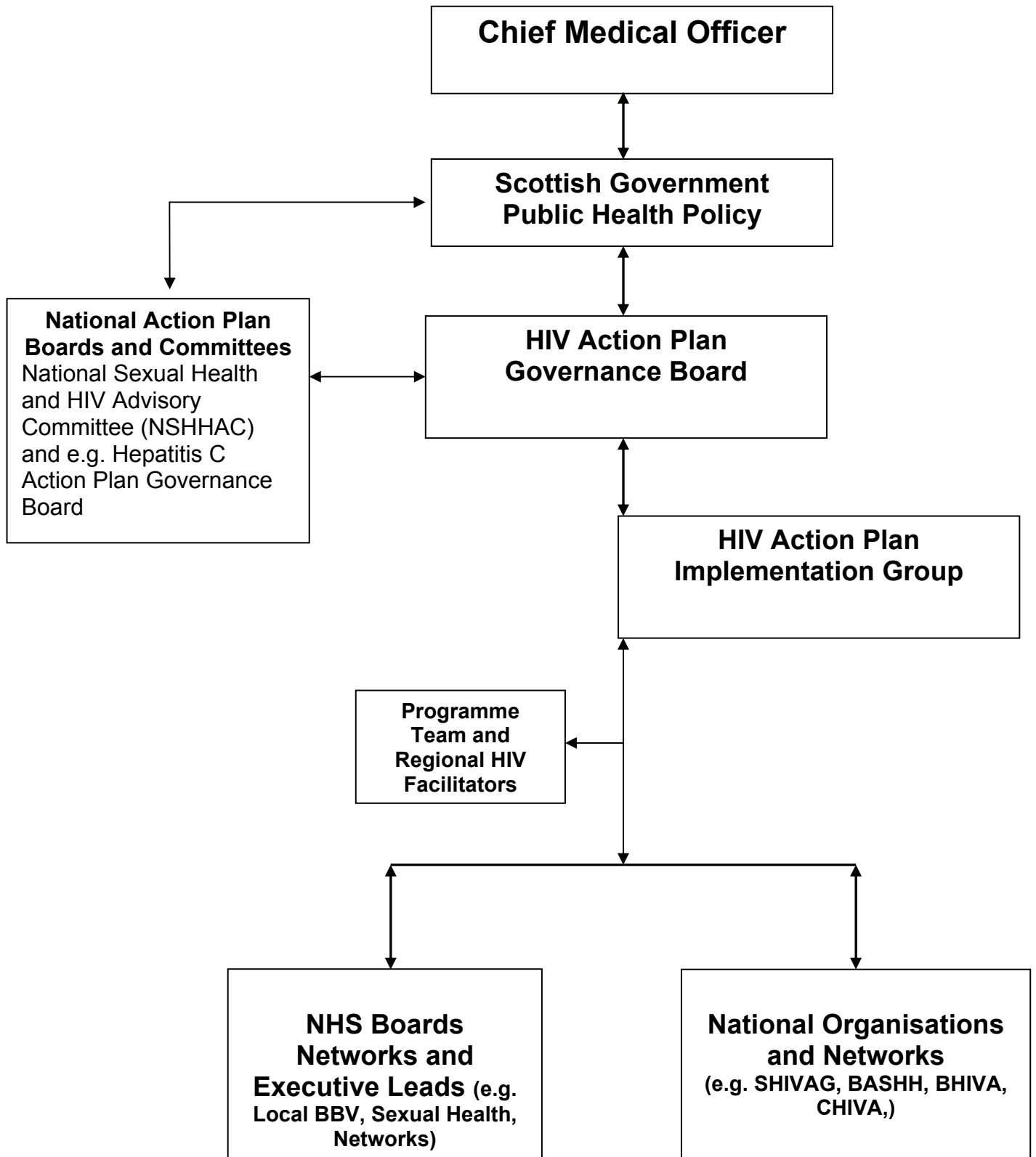
Members – Internal

Dona Milne	Scottish Government Sexual Health and HIV team
Cheryl Paris	Scottish Government Sexual Health and HIV team

Proposed HIV Action Plan Accountability Structure



Proposed HIV Action Plan Communication Structure



Appendix Four: HIV Action Plan Responsibilities

Action	Lead Responsibility	Other Key Agencies	Performance Indicators	Short Term Milestones	Medium Term Milestones	Long Term Milestones	Outcomes
1. <i>An identified resource whose responsibility spans across NHS Board boundaries will be established to provide support and to facilitate the sharing of experience and expertise between the Boards so that they can most effectively address the prevention and care needs of their populations.</i>	NHS Boards (HIV Executive Leads)	Health Protection Scotland Scottish Government NHS Health Scotland	Regional Support Facilitation Teams established	Guidance on Regional HIV Facilitation Teams issued by Scottish Government by January 2010.	Regional HIV Facilitation Teams recruited by July 2010. Regional clinical and public health leads identified by July 2010.	Regional HIV Facilitation Teams steering groups established and first meeting to have taken place by August 2010.	Actions one two and three will, by improving the coordination and effectiveness of monitoring prevention activities, by ensuring statutory and voluntary agency working and by providing a supportive sharing mechanism for the Boards ensure that Prevention, Diagnosis, Treatment and Care service provision for HIV infected persons and those at high-risk of acquiring infection throughout Scotland are optimal and equitable.
2. <i>Standards for HIV Prevention, Diagnosis, Treatment and Care, as part of the NHS QIS Implementation & Improvement Programme for HIV, will be developed and implemented.</i>	Quality Improvement Scotland.	National organisations identified in this HIV Action Plan. Regional HIV Facilitation Teams	NHS QIS Standards for HIV Prevention, Diagnosis, Treatment and Care	Draft standards to be developed and distributed by October 2010	Standards developed and published by March 2011.		

Action	Lead Responsibility	Other Key Agencies	Performance Indicators	Short Term Milestones	Medium Term Milestones	Long Term Milestones	Outcomes
3. <i>A generic patient management system (PMS) involving Scotland's principal HIV Treatment Centres will be investigated and, if appropriate, developed and implemented.</i>	NHS National Services Scotland (NSS) National Information Systems Group	Scottish Government Regional HIV Facilitation Teams	Generic PMS considered subject to agreed approval and funding	Outline business case developed and submitted to e-Health at Scottish Government by Dec 2010.	Subject to approval by e-Health, an outline business case then submitted to NSS.	Subject to approval and agreed funding, Patient Management System developed and implemented by December 2012 and implemented thereafter.	
4. <i>NHS Board plans to maintain and, improve prevention, diagnosis and treatment and care services and initiatives will be developed and implemented, using the information gathered from the regional needs assessment.</i>	Regional clinical and public health leads	NHS Boards NHS Health Scotland The HIV voluntary sector as represented by Scotland's national umbrella HIV organisation, HIV Scotland	Indicators of undiagnosed infection and new transmissions. Measures of ART uptake and effectiveness Measures of non-ART treatment and care (to be decided).	Needs assessment and service mapping by HIV Executive Leads completed by January 2011.	Three year NHS Board plans drafted by June 2011 and finalised by Sept 2011.	Plans implemented during 2011-2014.	Actions four and five will enable NHS Boards to understand the resources and developments required to address the current inconsistencies in HIV prevention activities across Scotland and the needs of people living with HIV.
5. <i>The potential for the block purchasing of anti-retroviral therapy (ART) to reduce cost will be assessed.</i>	National Procurement.	NHS Boards (implementation)	An appreciable reduction in the cost of ART to NHS Boards	Assessment to be undertaken by Dec 2009.	Procurement by April 2010.	n/a	The implementation of these actions will promote effective prevention activities, the optimal treatment and care of people living with HIV, including children and young people, and will lead to a potential reduction in the cost of ART for NHS Boards.

Action	Lead Responsibility	Other Key Agencies	Performance Indicators	Short Term Milestones	Medium Term Milestones	Long Term Milestones	Outcomes
6. <i>An investigation into the reasons why some people living with HIV do not attend specialist clinical services will be undertaken</i>	NHS Health Scotland	Health Protection Scotland NHS Boards The HIV voluntary sector as represented by Scotland's national umbrella HIV organisation, HIV Scotland	The number of people with HIV who are not in contact with clinical or care services	Investigation completed and recommendations drafted by March 2011	NHS Boards with Regional HIV Facilitation Teams to agree recommendations by September 2011	NHS Boards with Regional HIV Facilitation Teams to implement recommendations by March 2012	The findings will determine how to attract and retain in specialist clinical care those individuals who do not currently access services.
7. <i>Systems to monitor risk behaviours and new HIV infections among persons at highest risk of acquiring infection will be reviewed, and, if appropriate, developed and implemented.</i>	Health Protection Scotland	MRC Social and Public Health Sciences Unit (MRC SPHSU). NHS Health Scotland The HIV voluntary sector as represented by Scotland's national umbrella HIV organisation, HIV Scotland	Regional HIV Facilitation Teams satisfaction that sufficient information to inform decision-making is available	Review undertaken and completed by July 2010.	Development and implementation of systems by December 2011	n/a	This action will lead to an improved understanding of the epidemiology of HIV transmission and HIV related behaviour. These data will inform the planning of services and the development of guidance (See Actions 4 and 9-10).
8. <i>The development and implementation of social marketing materials for MSM.</i>	NHS Health Scotland (development and evaluation) NHS Boards (implementation)	Scottish Government	An increased awareness amongst MSM around HIV prevention, diagnosis and transmission.	The development of materials targeted at men who have sex with men by March 2010.	Implementation of materials targeted at men who have sex with men by May 2010.	Evaluation of these materials in 2011-14	These actions will result in increased awareness of existing and future evidence and guidance on prevention which will contribute to a reduction in the rate of new transmission of HIV among MSM and persons from areas of high prevalence, particularly African countries.

Action	Lead Responsibility	Other Key Agencies	Performance Indicators	Short Term Milestones	Medium Term Milestones	Long Term Milestones	Outcomes
<p>9. Existing guidance on prevention of HIV transmission in MSM will be tailored to national/local circumstances. New guidance on interventions to prevent and reduce HIV transmission in MSM will be developed, whilst also recognising the needs of people living with HIV in preventing onward transmission. Guidance will be implemented at a local and national level.</p>	<p>NHS Health Scotland (review and contribution)</p> <p>NHS Boards (implementation)</p>	<p>MRC SPHSU and academic institutions.</p> <p>The HIV voluntary sector as represented by Scotland's national umbrella HIV organisation, HIV Scotland</p>	<p>An increase in access to interventions which are informed by best available evidence as reducing levels of HIV transmission among MSM.</p>	<p>Review of and contribution to guidance by Dec 2010</p>	<p>Guidance to be implemented during 2011-2014</p>	<p>Further review of evidence in 2014.</p>	<p>These actions will result in increased awareness of existing and future evidence and guidance on prevention which will contribute to a reduction in the rate of new transmission of HIV among MSM and persons from areas of high prevalence, particularly African countries.</p>

Action	Lead Responsibility	Other Key Agencies	Performance Indicators	Short Term Milestones	Medium Term Milestones	Long Term Milestones	Outcomes
<p>10. <i>Existing guidance on prevention of HIV transmission in persons originating from areas of high prevalence, particularly African countries, will be tailored to national/local circumstances. New guidance on interventions to prevent and reduce HIV transmission in persons originating from areas of high prevalence, particularly African countries will be developed, whilst also recognising the needs of people living with HIV in preventing onward transmission. Guidance will be implemented at a local and national level.</i></p>	<p>NHS Health Scotland (advice on contribution) NHS Boards (implementation)</p>	<p>MRC SPHSU and academic institutions. African health projects in voluntary sector.</p>	<p>An increase in access to interventions which are informed by best available evidence as reducing levels of HIV transmission among persons originating from areas high prevalence, particularly African countries.</p>	<p>Review of and contribution to guidance by Dec 2010.</p>	<p>Guidance to be implemented during 2011-2014</p>	<p>Further review of evidence in 2014.</p>	<p>These actions will result in increased awareness of existing and future evidence and guidance on prevention which will contribute to a reduction in the rate of new transmission of HIV among MSM and persons from areas of high prevalence, particularly African countries.</p>

Action	Lead Responsibility	Other Key Agencies	Performance Indicators	Short Term Milestones	Medium Term Milestones	Long Term Milestones	Outcomes
<p>11. An exploration of the educational and training needs of the HIV related workforce will be undertaken. Priorities will be identified and educational solutions developed and implemented.</p>	<p>NHS Education Scotland (development of educational solutions)</p> <p>NHS Boards (Implementation of solutions)</p>	n/a	<p>Increased knowledge and its application in the HIV-related workforce, including Primary Care, in preventing and reducing transmission of HIV.</p>	<p>An identification of workforce, education and training needs based on a client/patient centred approach by October 2010.</p>	<p>Development of educational solutions by March 2012, subject to funding and solutions determined.</p>	<p>The uptake and monitoring of education and training priorities for the HIV workforce. From March 2012 subject to funding and solutions determined.</p>	<p>This action will lead to the HIV-related workforce, including those working in Primary Care and other non-specialist services, being more informed about current HIV knowledge and skills.</p>
<p>12. Scottish Government will commission an evaluation of BBV prevention services in Scotland</p>	<p>Scottish Government (Commission)</p> <p>NHS Health Scotland (Evaluation)</p>	<p>NHS Boards</p> <p>Health Protection Scotland</p>	<p>Identification of core BBV prevention activities</p>	<p>Investigation completed and recommendations drafted by March 2010</p>	<p>Final report signed off by NHS Boards by June 2010</p>	<p>NHS Boards with Regional Support Facilitators to implement recommendations by March 2011</p>	<p>Improved budgetary accountability will lead to a more efficient use of funding.</p>

Action	Lead Responsibility	Other Key Agencies	Performance Indicators	Short Term Milestones	Medium Term Milestones	Long Term Milestones	Outcomes
<p>13. <i>Scottish Government will review the existing BBV Prevention budget spend and produce guidance on the recommended future spend of the BBV Prevention budgets. NHS Boards will provide information on current and proposed future annual spend of the BBV Prevention budget against local priorities as informed by the regional needs assessment (Action 4) the outcomes of Action 12 and Scottish Government guidance.</i></p>	<p>Scottish Government (BBV prevention budget review and guidance) NHS Boards (Current and future spend)</p>	<p>HIV Executive Leads of NHS Boards</p>	<p>Monitoring of the BBV prevention and diagnosis budget spend in line with Scottish Government guidance.</p>	<p>Detailed BBV prevention budget report for 2009/2010 by May 2010. BBV prevention budget reports reviewed by September 2010.</p>	<p>Guidance will be issued to NHS Boards by December 2010.</p>	<p>Report on previous year's spend by May of each year. Report on proposed future spend by January of each year.</p>	<p>Improved budgetary accountability will lead to a more efficient use of BBV Prevention funding</p>
<p>14. <i>The HIV Action Plan will be delivered using a Programme Management approach, supporting those involved, notably the Regional HIV Facilitation Teams. The Scottish Government, NHS Board HIV Executive Leads, the Regional HIV Facilitation Teams and specified national agencies are responsible for delivering identified actions.</i></p>	<p>Health Protection Scotland</p>	<p>Organisations and networks which have lead responsibility for the delivery of actions.</p>	<p>Project management delivery of HIV Action Plan.</p>	<p>Performance management approach defined by February 2010 and process agreed by April 2010.</p>	<p>Establishment of APGB by April 2014.</p>	<p>Implementation of Performance Management approach from Dec 09-March 2012.</p>	<p>Accountability structures will ensure the actions are delivered efficiently, effectively and to timescale.</p>



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