Public Health Scotland

Ending HIV Transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan 2023-26

Scottish Health Protection Network HIV Transmission Elimination Delivery Plan Implementation Group: Mid Plan Progress Report

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Version history

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Executive Summary

Introduction

Scottish Government published a comprehensive **HIV Transmission Elimination Delivery Plan** (2023-26) in March 2024[1] to address targets and recommendations proposed in 2022.[2] Its vision was to achieve zero people acquiring HIV within Scotland by 2030.

The Scottish Health Protection Network (SHPN) Sexual Health and Blood Borne Virus (SHBBV) HIV Transmission Elimination Delivery Plan Implementation (HIV TEDI) group (Appendix 1) hosted by Public Health Scotland (PHS), provides collective oversight on the progress of the plan published by Scottish Government, by and on behalf of a wide range of stakeholders with responsibility for the delivery, support, evaluation and monitoring of actions across Scotland.

Good progress has been made towards Scotland's ambitious 2030 goal. In the year to December 2023, the number of people diagnosed with HIV infection for the first time in Scotland was 126, representing a sustained fall (Table 1).[3] This is in the context of overall HIV testing recovering to pre COVID-19 levels in sexual health services. Provisional data for 2024 suggests a similar number of first ever diagnoses have been recorded. In 2023, the number of newly diagnosed infections thought to be transmissions within Scotland continued to decline to 37 (Table 2)[3] and provisional data suggests that we will see a further reduction in the 2024 figure, with the annual HIV in Scotland report due to be published in autumn 2025. This brings us within sight of the 2030 target, meaning that zero HIV transmissions within Scotland may be a real possibility.

This possibility means that reviewing the approach to ending HIV transmission in Scotland is even more pressing, with consideration of the important recent changes in HIV epidemiology in Scotland, the United Kingdom (UK) and globally. Changes in global geopolitics affecting access to antiretroviral (ARV) treatment for HIV and to

HIV prevention could also reverse the progress made and addressing the effects of these changes must be considered an immediate priority.

Table 1: People diagnosed for the first time with HIV Scotland in 2023

	Number/proportion	Trend
Number of people diagnosed with HIV for the first time in Scotland[a]	126	↓
Proportion of first ever diagnoses heterosexually acquired	49%	↑
Proportion of first ever diagnoses in gay, bisexual and other men who have sex with men (GBMSM)	27%	↓
Number of people thought to have acquired HIV recently[b]	12	↓

Table 2: People diagnosed for the first time with HIV in Scotland in 2023, who after investigation were thought to have acquired HIV in Scotland

	Number/proportion	Trend
Number of people diagnosed with HIV for the first time in Scotland who were thought to have acquired HIV in Scotland[c]	37	↓
Proportion of heterosexually acquired HIV acquisitions thought to have occurred in Scotland heterosexually acquired	27%	↓
Proportion of HIV acquisition thought to have occurred in Scotland in gay, bisexual and other men who have sex with men (GBMSM)	38%	↓
Number of people thought to have acquired HIV recently[b]	5	↓

a. Defined as people diagnosed for the first time in Scotland (ie: with first time confirmed HIV antibody positive test)

b. Recently acquired HIV according to HIV antibody avidity testing, which identifies HIV infection acquired within the last 3-4months

c. Defined as the number of people diagnosed for the first time in Scotland who, after investigation, were thought to have acquired HIV in Scotland

Progress

At the midpoint of the initial **HIV Transmission Elimination Delivery Plan (2023-2026),**[1] in preparing this report, the HIV TEDI group has collectively reviewed progress and makes recommendations on how the plan might be implemented during the remainder of 2025-26. In addition, this begins the process of considering what changes and updates could be considered for the next phase of planning from 2026 onwards.

This process has been undertaken rapidly and relatively soon after publication, reflecting both the wish to maintain momentum and the magnitude of epidemiological and geopolitical change that has occurred since the plan was published. It also recognises the volume of high-quality academic research, audit, evaluation, service review, expert consensus and guidance development completed or about to be completed across Scotland since the beginning of the plan. Some of this work was presented at the British Association of Sexual Health and HIV (BASHH) Annual Conference held in Edinburgh in June 2025. Other work will be submitted to other national and international conferences over 2025, shared through professional networks and platforms, or published in academic journals. Sharing and reflecting on these findings will be a critical part of refining the priorities from 2026 onwards.

In addition, it is recognised that many of the most important interventions required to achieve HIV transmission elimination are also required for the elimination of hepatitis C and to address the risk of hepatitis B across Scotland. Therefore, ongoing work is required to continue to build upon the joined-up approach already established to address all blood borne viruses (BBVs), and where relevant other sexually transmitted infections (STIs) as part of a comprehensive strategic approach in line with the **Sexual Health and Blood-Borne Virus Action Plan 2023-26**.[4]

This progress review has been undertaken through a number of lenses:

- What has been achieved to date?
- What do key stakeholders know now that they did not know in 2023?

- What has changed?
- Which revised priorities are to be recommended by the HIV TEDI group to Scottish Government going forward to 2030?

This mid plan report sets out 'pillar interventions' for consideration. These are the interventions which are critical to HIV transmission elimination, either in terms of a direct effect on the prevention, diagnosis or onward transmission of HIV, or in supporting or disseminating other important interventions. Without them, Scotland's ability to achieve transmission elimination is limited. Some of these are achievable within current available resource, some require a re-allocation and reprioritisation of resource, and some require significant additional investment if they are to be implemented.

Scottish Government has demonstrated a welcome commitment to additional investment, in announcing the roll-out of opt-out testing for HIV, hepatitis B and hepatitis C in Emergency Departments (EDs) in the **Programme for Government 2025-2026**[5] in line with HIV TEDI group recommendations and the academic research, pilots and options appraisal undertaken on this topic area as actions in the delivery plan. The initial roll out will include NHS Greater Glasgow and Clyde (GGC), NHS Lothian and NHS Grampian.

What do stakeholders know now that they did not know in 2023?

- New ways to provide pre-exposure prophylaxis (PrEP) for anyone, including quick start oral PrEP dosing options for all users
- How to deliver online PrEP (ePrEP) safely
- The educational needs of the health and social care workforce
- Where opportunities to test for HIV have been missed in the past
- The indicator conditions that should be prioritised for HIV diagnostic testing
- Options appraisal of the costs, impact and practicalities of opt-out BBV testing in EDs in some areas

Achievements

- Successfully delivered and evaluated stigma campaign
- 11,413 people accessed PrEP in Scotland since 2017 (by the end of 2023)[3]
- Launch of pilot of the ePrEP clinic in Glasgow
- Early pilots of PrEP clinics in general practice and PrEP for trans and nonbinary people
- Priority HIV indicator conditions identified and an action plan for indicator condition testing developed.
- New monitoring of opt-out BBV testing in drugs services and prisons developed
- Pilots of ED opt-out testing in NHS Lothian, NHS Grampian and NHS Highland
- HIV Champions network established with representation from each territorial health board

What has been achieved?

At the mid-point of the current Scottish Government plan, considerable progress has been made towards the high-level goals through primary, secondary and tertiary prevention interventions.

Important foundations have been established in workforce education, building on the successful public anti-stigma campaign in 2023. These include the development of TURAS education modules for clinicians on the recognition and diagnosis of HIV and HIV stigma with work underway to develop an HIV testing module and HIV pre-exposure prophylaxis (PrEP) education resource.

Expanding access to HIV PrEP through replacing the previous eligibility criteria with more equitable suitability guidance has influenced guidelines at UK level.[6] An important pilot study of an online PrEP (ePrEP) clinic will be completed in 2025[7] and small pilots of PrEP delivery through general practice[8] and for trans and non-binary people[8] aim to address barriers affecting PrEP equity and access in the face of changing epidemiology. Academic research into developing evidence based recommendations for implementation of BBV opt-out testing in secondary care settings,[10] which includes a review of potential missed opportunities for earlier HIV diagnosis in secondary care settings,[11] a comprehensive evidence review and expert consensus workshop on indicator condition testing for HIV and an options appraisal on ED opt-out testing[12] will help to establish the most effective combination of approaches both to diagnosing people who are living with HIV who are unaware of their status, and to identify people who are aware of their status but are not accessing HIV care.

Work is underway through a range of platforms to share information and education to turn ideas into action; as well as educational modules for clinicians outlined above, a comprehensive approach to education of the health and social care workforce including the development of a digital information hub is in development and will be live in 2025.

Key to the approach is the recruitment of an HIV Champion in every territorial NHS board in Scotland. These champions, from a range of clinical, public health and

health improvement backgrounds, provide the link between nationally developed actions and local interventions.

Since 2016, as part of its response to the largest HIV outbreak in 30 years among people who inject drugs, Glasgow City Health and Social Care Partnership (HSCP), NHS Greater Glasgow and Clyde (NHS GGC) and other partners have been advocating for and working towards piloting the first sanctioned **Safer Drug Consumption Facility** (SDCF) in the UK. This opened in Glasgow in January 2025 and must also be noted as a potentially important step in addressing the risk of transmission of HIV and hepatitis B and C in people who inject drugs.

What were the targets set?

HIV transmission elimination is defined as the point when there are zero individuals acquiring HIV within Scotland, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status.

Interim targets: By the end of 2025 the number of people diagnosed for the first time with HIV in Scotland is 100 or fewer, and those with recently acquired HIV infection (within the previous 3-4 months) is 20 per year or fewer, both in the context of HIV testing levels returning to at least equivalent of that pre-COVID-19.[2]

However, our optimism is cautious. While there has been a continued decline in the number of people with a first ever diagnosis of HIV in Scotland, due largely to a reduction in first ever diagnoses in gay, bisexual and other men who have sex with men (GBMSM) which has been sustained over several years, the number of first ever diagnoses in people who have acquired HIV through heterosexual sexual intercourse has risen slightly since 2019.[3] As a result, of 126 first ever HIV diagnoses recorded in Scotland in 2023, 62 (49%) were heterosexually acquired (33 males and 29 females), 34 (27%) were among GBMSM, and fewer than five were among people who inject drugs.[3] When considering transmissions which have occurred in Scotland, it is important to note that in 2023, of the 37 people thought to have acquired HIV in Scotland, 14 (38%) were GBMSM and 10 (27%) were thought to have acquired HIV

through heterosexual sexual intercourse, representing a decline in both groups compared to 2022. For the remaining cases, the route of transmission remains under investigation.[3]

What has changed?

From the HIV Transmission Elimination Delivery Plan[1]:

...'However, there is uncertainty regarding HIV epidemiology in the years to 2030 due to a range of global factors including the performance of global and national economies, climate change, migration pressures and immigration policy all of which may influence HIV epidemiology internationally and within Scotland'

The epidemiology of HIV is changing, rapidly and quite dramatically, throughout the UK. As in Scotland, other UK nations have seen similar changes in newly reported diagnoses in people who have acquired HIV through heterosexual sexual intercourse and in the number of people previously diagnosed outside the UK.[13] Small increases in new diagnoses in GBMSM have also been observed in England, after several years of dramatic decline.[13] Although numbers are small, HIV transmissions are also observed across the UK in GBMSM who have previously accessed PrEP.

The delivery plan outlined a dynamic approach to HIV transmission elimination, recognising that agility and flexibility would be required in adapting and prioritising different interventions as the number of new transmissions fell. This will be required now rather than in the distant future, to address and maintain the decreasing number of transmissions within Scotland, while acknowledging and responding to the changing epidemiology in terms of underlying risk factors.

Although discussions within the HIV TEDI group have been based on the notion of an epidemic which in epidemiological terms is in the ‘end stage’, that is where the number of HIV transmission is very low and approaching zero, it is recognised that this needs to be considered in parallel with the current global situation. Addressing the likelihood of much larger numbers of people living with untreated HIV across the

globe, and the future implications of this in terms of the risk of people in Scotland acquiring HIV at home or abroad, is an important element of STI and BBV pandemic preparedness.

The previously highly successful focus on HIV transmissions in GBMSM[14] must continue but the focus needs to widen to address other populations, addressing the needs of those GBMSM who are not currently engaged with testing and prevention, and to recognise and understand changes in gender identity and sexual networks in young people.[15] Major geopolitical changes, including cuts to international funding for HIV treatment and prevention, are already beginning to dramatically change the epidemiology of HIV worldwide and Scotland is unlikely to be unaffected by these influences.[16,17] Clinical experience already suggests that with the expectation of a massive reduction in availability of antiretroviral (ARV) drugs across the world in 2025,[16] millions more people are living with untreated HIV, more people will arrive in, or return to, Scotland with untreated HIV, whether they are aware of their status or not. The impact of the reductions in international funding already implemented is a reality and modelling suggests an additional 4·43–10·75 million people will acquire HIV worldwide by 2030.[17] The same funding changes will have a similarly dramatic effect on treatment and prevention of tuberculosis (TB) in low and middle-income countries,[18] which often co-exists with HIV, meaning that it is critically important that these issues are addressed in parallel.

Inequity of access, driven by stigma as well as other factors, means that the availability of and access to HIV prevention, testing, treatment and care is already much greater for GBMSM as a whole than for other groups including people exposed through heterosexual sexual intercourse, and people who inject drugs. Lack of awareness of and education about HIV and risk is a significant barrier within all populations. Ethnicity, social exclusion, gender diversity and other factors place additional barriers for people most likely to be exposed to risk of HIV transmission, whatever the route/s of exposure.[19,20] These factors also create inequity of access among GBMSM; there is evidence of differential awareness of, and access to, PrEP amongst GBMSM from different social groups, and anecdotal evidence suggests that 'PrEP fatigue', plus a (factually accurate[14]) perception of a reduced risk among GBMSM may be leading to reduced or non-use of PrEP among those who have

previously accessed it. It is also recognised that there are significant populations of GBMSM who have never accessed sexual health services or HIV testing, and/or have little or no PrEP awareness. These groups may represent a critically important population in our efforts to eliminate transmission.

The ability to 'flex' prevention approaches to address this change in epidemiology, whilst also maintaining prevention provision for existing populations, is constrained by fiscal challenges. Current interventions for groups other than GBMSM are creative and responsive, but small-scale and are currently delivered with short term funding.

What does the HIV TEDI group recommend as priorities going forward?

Priorities have been refined and clarified based on actions already defined, with the identification of national 'pillar interventions' to support local work to continue to reduce HIV transmission. These take forward the multiple strands of work identified in the delivery plan but attempt to crystallise those interventions that are most critical to success. A number of the actions within the plan were intended to establish the foundations for interventions to be taken forward at a later date and the pillar interventions build on these important developments. Some interventions are already underway; others are 'proposed', meaning ready to progress rapidly with the appropriate additional resource; others are 'to be developed', at a less advanced planning stage and meaning that further work is required to establish the most cost-effective and practical route to achieving our aims. In some instances, these build upon the academic research and other work which is completed or approaching completion and the work required is to interpret, prioritise and apply the findings into actions for implementation. These are summarised below.

The decision to be made in Scotland in 2025 is whether there is collective commitment to make the additional investment in these pillars (with associated costs) or risk not achieving HIV transmission elimination by 2030.

Primary prevention

Stop and challenge stigma

Pillar intervention underway: Development of an information hub for the health and social care workforce. This contributes toward the aim of zero stigma in the health and social care workforce, providing a single route to education and information on HIV to support multiple actions addressing stigma and HIV education. Further development of the hub should be a priority following the initial planned launch in late 2025.

PrEP access: people

Pillar intervention proposed: Roll-out a national ePrEP clinic. Implement an integrated online PrEP service, based on the ePrEP clinic pilot (pending full evaluation), to deliver PrEP follow-up care across Scotland, leveraging shared central resource, supporting self-management and potentially increasing access to PrEP and creating capacity in sexual health services for people with more complex PrEP needs. Additional capacity will also allow clinics to better address PrEP equity and the need to re-engage PrEP users who have discontinued PrEP but still need it.

PrEP access: places

Pillar intervention to be developed: Explore additional settings for PrEP provision, to increase access to PrEP for people in need of HIV prevention who experience barriers to accessing PrEP through sexual health services. This will support PrEP equity by focussing on the needs of underserved groups.

Secondary prevention

Partner notification

Pillar intervention proposed: Explore the potential for enhanced and/or new pathways for partner notification (PN) to contribute to case finding and identify candidates for

HIV prevention based on the findings of the national audit undertaken in 2024-25.[21] Based upon the national audit of PN undertaken in 2024-25, 15% of people newly diagnosed within Scotland in 2023 were tested as a result of PN.[21]

Indicator condition testing

Pillar intervention underway: Implementation of the Indicator Condition (IC) Testing Action Plan. As a first step, ensuring that everyone presenting with one of the identified priority ICs (STI and other BBVs, community acquired pneumonia, unexplained weight loss or diarrhoea) is tested for HIV. While these ICs have been identified as the priority ICs in the HIV TEDI IC action plan, work to increase HIV testing in other important ICs such as TB will continue as part of a national discussion to ensure TB is prioritised.

Targeted opt-out BBV testing

Pillar intervention proposed: An expansion of opt-out testing, focussing on implementing and sustaining opt-out BBV testing in key settings including prisons, drugs and alcohol services and specialist sexual health services.

Mass opt-out BBV testing

Pillar intervention proposed: Roll-out opt-out testing in EDs in health boards with the highest prevalence and consider further expansion thereafter, depending on evidence of effectiveness. Based on a Glasgow Caledonian University (GCU) and PHS study funded by Scottish Government to identify the optimal secondary health care settings in which to provide opt-out testing for HIV, Hepatitis B and Hepatitis C in Scotland[10, 11] and an options appraisal[12] undertaken in 2024-25. Scottish Government has announced the implementation of this recommendation in the **Programme for Government 2025-26**.[5]

Tertiary prevention

Holistic person-centred treatment and care

Pillar intervention proposed: Implement the Positive Voices survey of people living with HIV across all services in Scotland for 2025. Provision of central research support to allow clinics to take part of the survey is proposed for 2025.

Engagement and re-engagement with care

Pillar intervention to be developed: Scope and implement re-engagement exercise through national HIV data system and HIV clinical services. Multiple barriers to engaging or re-engaging with care exist, many relating to HIV stigma. A systematic approach to the provision of peer support may provide a route to supporting engagement and re-engagement with care.

Learning from each HIV transmission in Scotland

Pillar intervention planned: Identify missed opportunities for prevention and testing in people diagnosed for the first time in Scotland and barriers to engagement with care in those new to Scotland who were diagnosed elsewhere. Investigate every HIV transmission thought to have occurred in Scotland as a sentinel case and collate and share findings.

Monitoring and evaluation

Programme management

Pillar intervention proposed: Key to the implementation of the delivery plan is to progress a proposal by PHS for a programme management approach to BBVs at a national level to support local delivery. This approach was approved by SHPN SHBBV Strategic Leads in early 2025 and will be taken forward in 2025-26.

Comprehensive data and refined definitions

Prevalence data is key to informing our overall approach and informing future priorities, including any expansion of opt-out BBV testing in ED beyond NHS GGC, NHS Lothian and NHS Grampian.

Pillar intervention proposed: an Unlinked Anonymous Seroprevalence Testing Programme for BBVs to be conducted to understand undiagnosed prevalence in the community across Scotland, evidence progress towards transmission elimination and inform the potential for expanding opt-out BBV testing in ED.

Enhance HIV surveillance by developing automated approaches

Pillar intervention proposed: Support and sustain full implementation of the National Sexual Health IT System (NaSH) HIV module. Support for local health boards and services is required to utilise the benefits of NaSH for national reporting and for programme management for HIV transmission elimination is an immediate priority.

Key current gaps

In the process of reviewing the progress made, a number of gaps that have been identified since the publication of the original plan, consisting of practical, financial or structural barriers to progress, or changes in epidemiology or the prevention landscape. These will require particular attention in the latter half of the current delivery plan, to finalise actions to be taken forward from 2026 onwards.

Primary prevention:

Primary care

Additional engagement with, and support for, colleagues in primary care, including the general practice, nursing and dental clinician workforce, to contribute to HIV transmission elimination. This is a particular priority in light of epidemiological and geopolitical changes.

PrEP options

Capacity and models of care to deliver alternative PrEP options, including consideration of injectable cabotegravir PrEP (CAB-LA) approved by Scottish Medicines Consortium (SMC) in February 2025.[23]

PrEP 'fatigue'

Work is required to better understand and address the reasons for PrEP discontinuation in people who are at continued risk of HIV acquisition.

Condom use

Addressing the evidence around declining condom use in a range of populations including young people and adolescents and maintaining the availability and access to condoms as a primary prevention method across Scotland.

Online postal self-sampling service for STIs and HIV

Although progress has been made towards the development of a national online postal self-sampling service (OPSS), blood testing including HIV tests is only available in 4 health boards and services are delivered locally. The existing project has been taken as far as is possible within current cost and logistical limitations. If a national ePrEP clinic is to be delivered across Scotland, a new approach to OPSS will be required.

Need for and routes to engagement

Understanding the need for and routes to engagement for prevention interventions with groups who remain at the highest risk of HIV, including GBMSM who have no previous engagement with sexual health services, women and men originating from high prevalence countries (including but not only asylum seekers and refugees) and people who inject drugs

Secondary prevention

Indicator condition testing

A significant expansion is needed of HIV testing in primary care, prioritising testing in those with indicator conditions.

Gaps in offer/acceptance of opt-out testing

Better understanding of and ways to address the reasons behind practitioners not offering or attendees not accepting BBV opt-out testing in a range of settings is required.

Tertiary prevention

Engagement and re-engagement in care

Better data to support engagement and re-engagement with care for people living with HIV, including people who have been diagnosed before returning to Scotland, or arriving in Scotland for the first time is a priority. At the end of 2023, PHS[3] estimated that approximately 1,100 people were thought to be living with HIV in Scotland and were not accessing care (defined as the number of individuals who have been diagnosed with HIV and who are not known to have died or left Scotland and who have not attended services for up to nine years). Work is underway, however, to refine the calculation of the cohort of people diagnosed and living with HIV using data linkage exercises, including datasets which would offer an indication of people having accessed other NHS services. This will inform the removal of data on those individuals for whom there is no evidence that they remain in Scotland.

Background

Prior to the publication of the 2023-26 delivery plan,[1] work towards HIV transmission elimination (HIVTE) in Scotland was already underway. A dedicated short life HIV Transmission Elimination Oversight Group (HiTEOG) was formed in 2022 and produced a comprehensive report published on 1st December 2022.[2] A further short life working group of the Scottish Health Protection Network (SHPN) Sexual Health and Blood Borne Virus (SHBBV) Strategic Leads considered the HiTEOG recommendations and advised on prioritisation of implementation, culminating in the 2023-26 delivery plan.[1]

With the publication of this plan, an HIV Transmission Elimination Delivery Plan Implementation (HIV TEDI) group (Appendix 1) became a standing subgroup of SHPN SHBBV Strategic Leads, with oversight of the agreed actions to be taken forward. Other key SHPN SHBBV subgroups supporting SHBBV delivery are tasked with taking forward actions from the plan. The HIV TEDI group meets three times per year, providing oversight and monitoring for the delivery plan, hosted by Public Health Scotland (PHS) and reporting to the SHPN Co-ordination Group and the Sexual Health BBV Oversight Committee (SHaBOC), chaired by the Minister of Public Health.

From September 2024, a full time National HIVTE Coordinator employed by PHS supported the delivery of the delivery plan. In September 2024, every NHS territorial health board in Scotland nominated an HIV Champion (Appendix 2) to lead on HIV transmission elimination, supporting local clinical, public health, other health and social care and third sector colleagues in planning local delivery and providing an interface between nationally developed ‘once for Scotland’ interventions and local data, intelligence and realities on the ground. HIVTE Champions meet regularly to update on national progress, data and research outputs and to provide expertise and input to projects in development to ensure that they are relevant and applicable right across Scotland.

To ensure progress is maintained, a core team including the National HIVTE Coordinator, Co-Chairs of HIV TEDI, and Scottish Government colleagues meet

twice monthly to ensure progress of the various actions and to address barriers to implementation.

The reinstatement of Scottish Government NHS board visits (action 34) in 2025, to review all actions in the SHBBV Action Plan is also supported by a data pack including local HIV data. This allows NHS board reporting against actions outlined in the HIVTE Delivery Plan and the identification of local exemplary practice and/or barriers to progress.

Review of progress and future priorities

HIV TEDI has reviewed and reflected on: what has been achieved to date; what do stakeholders know now that they did not know in 2023; and what has changed?

With this knowledge the priorities going forward to 2030 can be redefined. The description of our priorities has been simplified to help make them clearer and more understandable, with ‘pillar interventions’ identified to support delivery.

Some of these are well underway and can be completed within the current funding envelope. Others with a fully established evidence base, pilot study or delivery plan are proposed to be taken forward in 2025-26. The remainder of the interventions will be planned and developed over 2025-26, with the establishment of detailed implementation plans and finalised costs to allow an assessment of what is feasible and affordable to progress from 2026 onwards.

What has been achieved?

A detailed action log, overseen by HIV TEDI and the HIV coordinator over the course of the project, is condensed and summarised in tables 1-4.

Table 1: Progress and next steps primary prevention

Action	Progress	Next Steps
Action 1: A proposal will be developed to address educational needs across the Health and Social Care sector, to be delivered in conjunction with other key actions.	Tier 3: Improving the detection and diagnosis of HIV in non-HIV specialties (within the healthcare workforce) • NHS Education for Scotland (NES) have been funded by the Scottish Government to develop a coordinated approach to HIV workforce education in non-HIV speciality settings • HIV Workforce Education Network established to support best practice and consistent approaches • Development of e-learning to improve knowledge and understanding of the critical nature of HIV testing and the interventions available for the early detection and diagnosis of HIV in non-HIV specialities, • Launch **of Recognition and Diagnosis of HIV e-learning module** • Development of HIV testing crib sheet for healthcare staff	Tier 3: Launch of e-learning suite for healthcare staff on TURAS Learning Platform including: • HIV stigma module • HIV testing module • Pre-exposure prophylaxis (PrEP) in Scotland education resource Lead: NES with PHS

Action	Progress	Next Steps
	Tier 2: Health and Social Care Workforce • **Waverley Care** has been funded by the Scottish Government to provide Scotland's health and social care workforce with a digital hub to access a range of accessible and engaging resources on HIV prevention, testing, treatment and stigma • Project Reference group established • Survey developed for health and social care Workforce • Stakeholder engagement plan in development	Launch of digital to engagement with health and social care workforce Lead: Waverley Care with HIV Coordinator, HIV Champions and Scottish Government
Action 2: A comprehensive anti-stigma campaign to the general public and groups with higher prevalence of HIV, to be delivered via social, web, out-of-home and TV media.	Anti Stigma Campaign • The national HIV anti stigma campaign funded by the Scottish Government and led by Terrence Higgins Trust (THT): **Stigma is more harmful than HIV** was launched in Autumn 2023 • Partners for this campaign included Scottish Government, THT, Waverley Care, Our Positive Voice, The University of Strathclyde, NHS Greater Glasgow and Clyde (GGC), PHS and Scottish Drugs Forum (SDF)	Anti-stigma work through Fast Track Cities Lead: Waverley Care (see action 1) Short life working group established to scope out the requirements for monitoring HIV stigma and discrimination aligned with UNAIDS Target (see action 32) Lead: PHS

Action	Progress	Next Steps
	• Campaign evaluation underway to assess reach and impact of the campaign	
Action 3: To review the potential costs and benefits of a HIV Testing Week.	Work to commence 2025/26 • Scoping work undertaken through action 14 and action 21	Develop a scoping paper to review evaluation of other countries testing weeks and cost - benefit of conducting a Scottish testing week. Lead: Scottish Government
Action 4: Work with education policy to develop and update teaching resources as appropriate.	**Relationship, Sexual Health and Parenthood (RSHP) National Resource** • **HIV** and **stigma** are included within Scotland's national resource to support educators to inform young people about HIV including their understanding of HIV facts while exploring the impact of HIV stigma	Review and update RSHP national resource (as appropriate in line with review process) Scope wider curriculum to develop and update teaching resource Lead: HIV Coordinator and Scottish Government in partnership with SHPN SHBBV Scottish Sexual Health Promotion Specialists (SSHPS)

Action	Progress	Next Steps
Action 5: Review BASHH/BHIVA guidelines on PrEP suitability for appropriateness of use in Scotland, endorsing and working with PHS to publish an addendum if appropriate and required. NES will review, update and disseminate training materials*.	• An additional standalone group was not required in addition to Scottish National Complex Pre-Exposure Prophylaxis (PrEP) Mutli Disciplinary Team (MDT) meeting • Draft PrEP suitability guidance for Scotland was shared via SHPN Sexual and Reproductive Health (SRH) Clinical Leads in January 2023 • Revised PrEP suitability guidance has been adopted by clinicians and services. • Awareness of revised suitability guidance and revised dosing guidance within the **British Association for Sexual Health and HIV (BASHH)/British Association for HIV (BHIVA) Guideline**[22] at National PrEP MDT and with PrEP Clinical Leads	Publication of revised PrEP suitability guidance for 2025 on Right Decision Service Platform. An expanded version of the guidance has been developed to incorporate injectable Cabotegravir (CAB-LA) PrEP has been drafted. Lead: HIV Coordinator and Scottish Government with SRH Clinical Leads (*see action 1 for workforce education and action 9 for public facing and professional information)
Action 6: Review existing evidence and evaluate pilot projects to establish the number of individuals likely to initiate PrEP.	• Number of individuals likely to initiate PrEP: Unable to provide accurate estimates from existing data	Data on demographics and uptake will be part of the evaluation of any pilot projects and can be extrapolated if required.

Action	Progress	Next Steps
Action 7: PrEP Workshop to be carried out to identify further PrEP actions.	• Multisector workshop held in March 2023 • Workshop brought together key stakeholders to explore and develop PrEP care models for the diverse needs in Scotland • **PrEP Diverse Care Models report** developed and informing PrEP delivery plan actions[9] • Workshop models considered for PrEP pilots for example NHS Grampian PrEP in primary care pilot.[8]	Report recommendations considered as part of HIV TEDI actions
Action 8: ePrEP pilot to be funded and taken forward in Scotland	• Develop and pilot ePrEP clinic,[7] a digital clinical care pathway for PrEP provision consisting of an online medical questionnaire (ePrEP consultation) and HIV/STI postal self-sampling. The **ePrEP clinic** is intended to be an added option for established users with standard monitoring needs is anticipated to help cope with PrEP demand and address some of the challenges faced when providing/accessing PrEP. • Demonstrated satisfactory concordance between the information collected in the ePrEP Consultation and standard PrEP	Recruitment (ongoing) of participants for the ePrEP feasibility study in NHS GGC. This study will run until September 2025. Work with Waverley Care and THT to explore opportunities to use the ePrEP clinic in community and non-medical settings to facilitate access and support users. Lead: GCU The provision of online postal self-sampling service (OPSS) though either a new national solution, or alternative local solutions, will be

Action	Progress	Next Steps
	consultations, resulting in comparable prescribing decisions. • Worked with the provider of Scotland's national sexual health electronic patient record system (NaSH) to create the ePrEP Consultation. • Operationalised the ePrEP Feasibility 'Pilot' Study, a proof-of-concept study in which we are offering PrEP users the option to use the ePrEP Clinic for one of their PrEP appointments. The research team is assessing feasibility, acceptability and will perform a costing analysis. • Established a working group consisting of colleagues from Glasgow Caledonian University (GCU), Waverley Care and THT, exploring opportunities to use the ePrEP clinic in community/non-medical settings to facilitate access, and support use.	required if ePrEP is to be delivered across Scotland.
Action 9: The development of public and professional facing information on PrEP to	Professional facing information • A small group review group has been established to review and update the PrEP professional education materials hosted on NES Turas Platform.	Update and dissemination of PrEP learning materials on NES Turas Platform Lead: NES and PHS

Action	Progress	Next Steps
reflect the revised prescribing guidance	Public facing information • Work is ongoing to review the public facing PrEP information on NHS Inform (**prep.scot**) to reflect revised guidance. • Waverley Care are developing a resource that explains the new prescribing guidance as it relates to the trans community.	Update and promotion of public facing information on NHS Inform Lead: HIV Coordinator, Third Sector and HIV Champions Launch of Waverley Care resources Lead: Waverley Care
Action 10: Further exploration of the potential for Primary Care and Community Pharmacy to contribute to the PrEP delivery, which may take the form of a workshop or short-life working group. Also to review PrEP licencing status and potential to widen prescribing options to pharmacies and general practice.	HIV PrEP provision in primary care: Feasibility project • NHS Grampian has been funded by the Scottish Government to undertake a project to explore the acceptability and feasibility of HIV PrEP provision in primary care. • Phase 1: Teaching for primary care teams and qualitative interviews with primary care staff following teaching to explore local feasibility.[8]	Phase 2: Development of pathways for PrEP provision with six identified practices Lead: NHS Grampian

Action	Progress	Next Steps
	PrEP Licencing • Discussions are ongoing with Scottish Government Pharmaceutical colleagues around the licencing status of PrEP.	Further work required with SMC to consider prescribing options in pharmacies and general practice A priority is to progress the work required to support rural areas and health and social care partnerships with no access to specialist sexual health services

Action 11: Outreach models for populations who have barriers to PrEP access in SHS and/or a higher prevalence of HIV infection will be considered by HIV TEDI with pilots taken forward when feasible	• **PrEP Diverse Care Models Report**[9] developed and informing PrEP delivery plan actions (see action 7)
	• NHS GGC: PrEP for People who inject drugs (PWID) service.[24]
	• Local health boards working with third sector organisation to pilot outreach clinics for example:
	  ○ NHS Lothian: Outreach sexual health clinic for trans and non-binary people (See action 12)
	  ○ NHS GGC: Scoping outreach models for the Black African Community
	• Limitations in development, implementation and sustained outreach models due to resource constraints
		Further work required to pilot and sustain models
		Lead: NHS Boards

Action	Progress	Next Steps
Action 12: Develop a PrEP care intervention for transgender people.	NHS Lothian outreach sexual health clinic pilot for trans and non-binary people launched in October 2024 offering STI testing, contraception and baseline PrEP assessments.	Review of outreach clinic data and support clinic (as appropriate). Pilot runs until October 2026. Lead: NHS Lothian

Table 2: Progress and Next Steps Secondary Prevention

Action	Progress	Next Steps
Action 13: A national Online Postal Self-Sampling service involving central procurement of test kits and national coordination of test order and delivery with some centralised results management will be developed.	• 11 health boards providing postal self-sampling service for gonorrhoea and chlamydia (4 local systems) • 7 health boards using NaSH Excelicare online platform for OPSS. • 4 health boards are testing for HIV and syphilis in addition to gonorrhoea and chlamydia (4 local systems) • After four years of sustained effort, the existing project has been completed as far as is possible within current cost and logistical limitations.	Report submitted to Scottish Government with options going forward. Local and national challenges remain with current approach. Equity issues in terms of access to HIV and STI testing have not been resolved by the current Action. A national ePrEP clinic will require a national OPSS solution either as originally envisaged or an alternative if it is to reduce, rather than increase equity issues. Lead: Scottish Government
Action14: Establish the capacity for and costs of BBV testing in Scottish laboratories.	BBV testing capacity and costs survey developed Linked with Scottish Microbiology Virology Network (SMVN) to support completion.	BBV testing capacity and costs will be used to consider current and potential models for delivery and to plan testing interventions Lead: PHS with SMVN
Action 15: Support the delivery of a Target Operating Model (TOM) to include opt-out BBV	• Revised **Guidance to support opt-out blood borne virus testing in Scottish prisons** published (March 2025)[25]	Work with Scottish Prisons Service (SPS) and Prison Healthcare to support sustain implementation of opt-out BBV testing delivered locally by health boards.

Action	Progress	Next Steps
testing for Scottish Prisons.	• PHS has been working with key stakeholders to scope out implementation of programme management approach (see action 33) to increase implementation across Scottish prisons including development of BBV Testing in Prison Bulletin and BBV Testing in Prison Learning Event. • High Intensity Test and Treat Pilot (HITT) carried out with Hepatitis C Trust at HMP Edinburgh, HMP Addiewell and HMP Shotts.	Lead: NHS Boards, supported by PHS, HIV Champions, SHBBV coordinators and clinical teams. Scope and cost HITT Interventions in Scotland based on pilots in Lothian, Lanarkshire and Glasgow Support SPS Prison Officer Induction through National Prisons Network to include information on BBVs to support BBV prevention, testing and care Lead: NHS National Services Scotland (NSS) National Prison Care Network, HIV Coordinator, SHBBV Coordinators
Action 16: Monitor BBV test coverage among people who inject drugs in Scotland through an automated approach that	• GCU was funded to establish this monitoring initiative, drawing on previous research.[26] • In collaboration with BBV and Drugs Teams at PHS, national data on people prescribed opioid agonist therapy (OAT) in Scotland	This approach to monitor BBV test coverage among people prescribed OAT will be included within the PHS SHBBV Data Monitoring Plan.[28] This will be a priority in the programme management approach to BBV. Lead: GCU with PHS

Action	Progress	Next Steps
can be applied nationally in the future.	were linked with available BBV testing data held at PHS for the period 2014 to 2023. • Findings from the initiative have been presented at national and local meetings (including Scottish Government NHS board visits) to inform action to increase BBV testing coverage among people in specialist drug services • National Hepatitis C (HCV) specific data have been published in **PHS surveillance report** in January 2025,[27] with HIV specific data to be published in the Annual HIV Surveillance Report Autumn 2025.	Regular near real time updates of testing data to be shared across all health boards for benchmarking, troubleshooting and learning Lead: PHS with NHS boards
Action 17: Scottish Government to provide funding for small pilots of opt-out testing in Emergency Departments.	• Three Emergency Department (ED) opt-out BBV testing pilots funded by the Scottish Government: NHS Grampian, NHS Highland and NHS Lothian • These pilots aimed to explore the feasibility of opt-out testing for BBVs in local EDs • Options appraisal undertaken to develop evidence-based recommendation for mass ED testing in Scotland[12]	Report will be used to guide approach to opt-out ED testing in Scotland. Scottish Government announced roll out of ED opt-out testing within Programme for Government[5]. Initial roll out will include NHS Lothian, NHS GGC and NHS Grampian. Lead: Scottish Government and NHS health board

Action	Progress	Next Steps
	• Report provided to Scottish Government with options and costs for opt-out ED BBV testing in Scotland	PHS will work with NHS boards and GCU to co-ordinate consistent implementation, monitoring and evaluation.
Action 18: PHS to scope and cost an Unlinked Anonymous Seroprevalence Testing programme for BBVs including HIV.	PHS have been working with Biorepository, Microbiology and Virology Laboratories to scope out and cost potential options for unlinked anonymous seroprevalence testing programme in Scotland.	Unlinked anonymous seroprevalence testing programme project scoping submitted to Scottish Government for consideration Lead: PHS
Action 19: A project to highlight indicator conditions to healthcare workers to be developed.	Indicator condition (IC) project • Literature review of published and unpublished data • Expert consensus building workshop and recommendations (October 2024) • Development of Indicator Condition Action Plan • Proposal developed for HIV IC information to be included on NHS Inform on relevant ICs sections • NES **Recognition and Diagnosis of HIV e-learning module** launched (see action 1)	Public facing information on HIV IC under development on NHS Inform National laboratory informatics system (LIMS) Proposal to be agreed and implemented (see action 22) Scope out and influence national guidelines to include reference to the link between HIV and indicator condition and recommend testing as part of investigation or follow up

Action	Progress	Next Steps
	• Development of HIV IC testing crib sheet for healthcare staff as part of NES Recognition and Diagnosis of HIV e-learning module (see action 1)	National resources to support indicator condition testing to be developed Work with HIV Champions to support local implementation of action plan (see action 24) including IC Toolkit (guidance, awareness, training and pathways). Lead: HIV Coordinator, HIV Champions and Scottish Government
Action 20: Investigate missed opportunities for testing in people diagnosed in Scotland and inform the future testing strategy.	GCU and PHS study funded by Scottish Government (September 2023-June 2025) 'Where and how should we provide testing to reduce undiagnosed BBV in Scotland?' to identify the optimal secondary health care settings and detailed intervention pathways in which to provide opt-out testing for HIV, Hepatitis B and Hepatitis C in Scotland. This study includes 3 parts: • A scoping review of evidence based (36 papers) • A retrospective cohort analysis of secondary health care-utilisation in the 5 years pre diagnosis for people newly diagnosed late	Full study currently at write up stage for full publication and report to Scottish Government. Further dissemination at SHPN meetings and national conferences prior to publication. Lead: GCU and PHS

Action	Progress	Next Steps
	with HIV, Hepatitis B and Hepatitis C. This provides data on healthcare interactions which may have been missed opportunities for earlier diagnosis.[11] • Focus groups with key stakeholders, including people with lived experience. • This evidence is triangulated to develop a recommended intervention for providing opt-out BBV testing in secondary care settings, ED and Medical Assessment Units (MAUs), and inform future testing strategy in Scotland.[10] • The findings from the analysis on Hepatitis C have been published in PHS Hepatitis C[27] and Hepatitis B surveillance reports in 2025.[29] HIV data will be included in PHS Annual HIV surveillance report Autumn 2025.	
Action 21: Review modalities and pathways to HIV testing by all providers.	Survey to map current testing options in Scotland including the modalities and pathways within each setting developed disseminated to key stakeholder	Survey results to be collated to provide a comprehensive overview of BBV testing in Scotland (in conjunction with BBV Testing Data and establishing BBV Testing Capacity (see action 14) Lead: PHS with SHBBV Coordinators

Action	Progress	Next Steps
Action 22: Develop a system of standardised laboratory prompts through the national laboratory informatics system	National Laboratory Informatics Systems (LIMS) • Initial scoping undertaken to scope out the potential options to unify and standardise prompts through national LIMS and order communication system to prompt testing based on individual test requests, results and logic criteria	Proposal to be developed with National LIMS Programme Board and key stakeholders Work with HIV Champions to support local implementation (see action 19) Lead: HIV Coordinator and Scottish Government
Action 23: Review and collate local HIV PEP care pathways to confirm that these are consistent with current BASHH-BHIVA guidelines in all NHS Boards.	Complete • All territorial health boards have post exposure prophylaxis (PEP) pathways in place consistent with current BASHH-BHIVA Guidelines	

Table 3: Progress and Next Steps Tertiary Prevention

Action	Progress	Next Steps
Action 24: A funded National Coordinator post to oversee coordination of this Delivery Plan and to work with locally identified HIVTE Champions at NHS Board level towards delivery of actions to support elimination.	• HIV National Coordinator appointed and in post (September 2024) • HIVTE Champions identified in each board • HIV Champions Network established • Programme management approach (see action 33)	HIV Coordinator to work with HIVTE Champions to support implementation of actions at HIV TEDI board level Implement programme management approach with SHPN SHBBV and key stakeholders Lead: PHS, HIV Coordinator Consideration is required now regarding the coordination and implementation of the plan beyond 2026 through continuation of current fixed-term posts and structures or alternatives.
Action 25: Take forward a nationally approved HIV Late Diagnosis protocol.	• Late diagnosis protocol developed • Late diagnosis and mortality forms live on NASH to mirroring BHIVA data collection.	Support implementation of national late diagnosis protocol at board level. Lead: NHS boards

Action	Progress	Next Steps
Action 26: To develop a proposal to collate and report key findings from local reviews of late HIV diagnosis to understand missed opportunities for diagnosis, with the aim of improving HIV testing services.	• National Scotland Late Diagnosis, Morbidity and Mortality Review MDT meeting established to present late diagnosis cases and share practice to inform HIV testing services • Late diagnosis and mortality appendix developed on NASH HIV Module to mirror BHIVA data collection.	Support National Late Diagnosis, Mortality and Morbidity Review meeting. Support territorial health boards to implement and sustain HIV NASH Module Late Diagnosis and Mortality Appendix PHS to collate data from NASH HIV module appendix to support National Late Diagnosis, Mortality and Morbidity MDT meeting. Lead: PHS and NHS boards with HIV Clinical Leads
Action 27: Consider a protocol for the investigation of all new diagnoses of HIV.	• Work to commence 2025/26 • Numbers of new diagnoses mean that detailed investigation of every case constitutes a significant workload. • Work will build on learning from late diagnosis protocol actions 25 and action 26. • Consideration to be given to collating learning from every new diagnosis, with a more comprehensive investigation and	Explore existing practice and protocols within health boards and potential for sharing of best practice and standardised recording. Lead: PHS and NHS boards

Action	Progress	Next Steps
	collation of findings in cases where people are thought to have acquired HIV in Scotland.	
Action 28: Local care pathways to be documented. (To document defined local care local pathways to support rapid entry into specialist HIV care after a positive test or access to primary combination prevention (if increased transmission risk identified) after a negative HIV test result.)	Planned for beyond 2025-26 • Access to primary prevention (including PrEP) after a negative HIV test result will be addressed through workforce education and information provision (see action 1 and 9).	Formal review to be undertaken linked to: • National protocol re non engagement with monitoring and/or care • Actions re re-engagement with care • National best practice re rapid testing • Costs sensitive prescribing guidance Lead: Scottish Government with HIV Clinical Leads
Action 29: To provide feedback to HIV care and treatment services when individuals relocate and enter care elsewhere	Work to commence 2025/26: • HIV data development (See action 32) • PHS working in collaboration with SHPN networks to scope and agree underlying key definitions (e.g. those no longer engaged with HIV specialist services).	HIV data developments as outlined in SHBBV Data Monitoring Plan[24] Agree key definitions aligned to SHBBV Data Monitoring Plan[24]

Action	Progress	Next Steps
(notably in another UK nation): Improvements to current systems to be considered.	• Workforce planning document collated by HIV Clinical Leads	Lead: PHS with HIV Clinical Leads
Action 30: Undertake a national Scotland-wide audit of HIV contact tracing.	• National Scotland wide audit undertaken • Findings from the initiative have been presented at national SHPN SHBBV HIV Clinical Leads group to inform action to increase BBV testing coverage among people in specialist drug services • Findings presented at BASHH annual conference June 2025.[21]	Findings from audit to be used to inform future actions Lead: Sexual and Reproductive Health (SRH) Clinical Leads

Table 4: Progress and Next Steps Monitoring and Evaluation

Action	Progress	Next Steps
Action 31: Development of a proposal for genotypic testing and phylogenetic analysis to support HIV transmission elimination activities.	Work to commence 2025-26 • PHS microbiology are scoping out proposal for this work.	Lead: PHS
Action 32: PHS to develop a monitoring and evaluation plan to support progress towards HIV transmission elimination and address identified surveillance gaps through developing existing or establishing new approaches/systems	• Development of HIV Indicators • HIV Indicators published in SHBBV Data Monitoring Plan[28] • SHBBV Management Information Data Dashboard developed for each territorial health board including HIV Data (See action 33). • Monitoring HIV Stigma and Discrimination Short Life Working Group established • HIV data developments: • Development of NaSH HIV Module for automated collection of accurate and timely data complete with implementation by health boards ongoing • Development work ongoing to capture all HIV testing data via Electronic	Ongoing HIV data developments Lead: PHS Support and sustain full implementation of NASH HIV Module Lead: Scottish Government with PHS and NHS boards

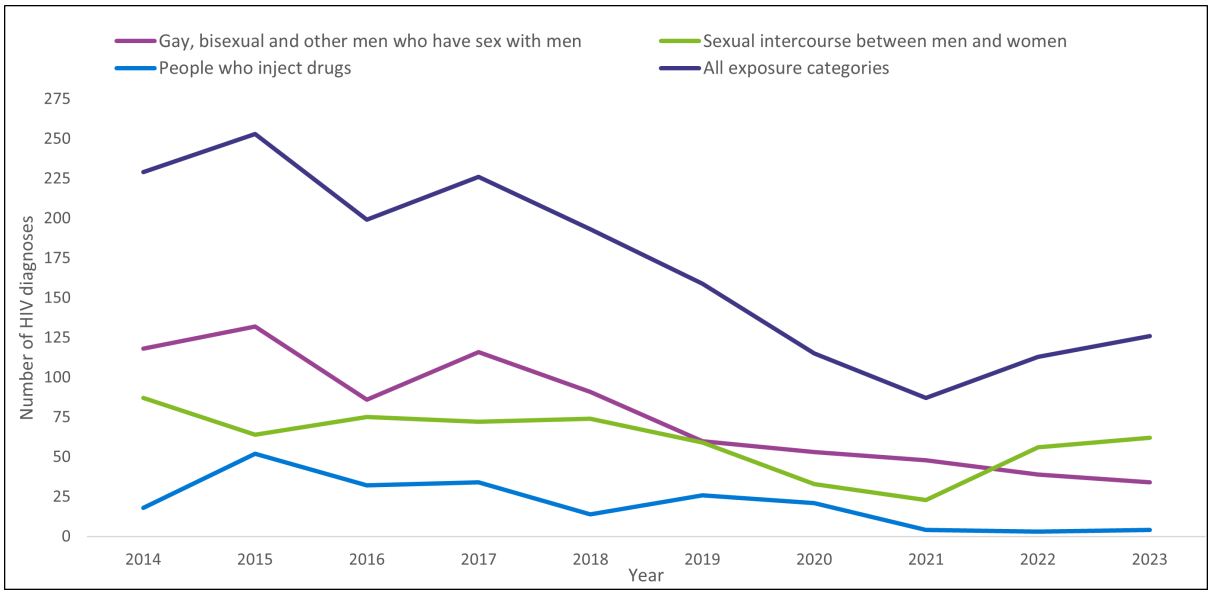
Action	Progress	Next Steps
	Communication of Surveillance Scotland (ECOSS) • HIV modelling work ongoing, supported by GCU, to measure HIV incidence and the impact of HIV PrEP among GBMSM.[30] • Needle Exchange Surveillance Initiative (NESI) funded to conduct a national bio-behavioural survey of people who inject drugs across Scotland in 2025-2026, which will provide up-to-date intelligence on prevalence of HIV (including undiagnosed) infection and uptake of key interventions in this population group.	
Action 33: Develop and implement a communication and reporting plan to disseminate data and intelligence to drive decisions for action at both national and local level	• SHBBV management information data dashboards developed for each territorial health board • SHBBV Data Monitoring Plan including HIV indicators published June 2025 (see action 32)[28] • Programme management approach	SHBBV Data Monitoring Plan incorporated in communication and reporting plan. Implement programme management approach with SHPN SHBBV and key stakeholders Lead: PHS

Action	Progress	Next Steps
Action 34: As per the SHBBV Action Plan, the Scottish Government will reinstate NHS Board Visits and reporting against actions outlined in this Delivery Plan will form part of these visits	• PHS data pack developed for each board visit including HIV Indicators • Pre visit proforma developed including HIV actions and interventions • Board visits underway in 2025	PHS to provide data pack with HIV indicators for each board visit Lead: PHS Calendar of board visits to continue to include reporting on HIV actions Lead: Scottish Government

What has changed?

Reviewing and interpreting the most recent epidemiological data against the objectives published in 2022 continues to inform the plans for the next phase of work towards 2030 HIV transmission elimination goals.

Figure 2: Number of first ever HIV diagnoses by mode of acquisition, Scotland, 2014-2023[3]



First ever diagnoses

Data for 2023[3] shows that there were 126 first ever diagnoses in Scotland (Figure 2) and provisional data for 2024 indicates a similar number of first ever diagnoses. Achieving the interim elimination target set in 2022 of 100 or fewer first ever diagnoses per year by the end of 2025[2] depends on a continuing downward trajectory so it is still unclear whether this target will be achieved. The figure of 100 diagnoses would represent a greater than 60% reduction since 2010 and at least a 40% reduction compared with the 2019 baseline by the end of 2025.

The 2023 figure represents a 21% reduction from 2019; therefore, Scotland is half-way there. This is in the context of HIV testing recovering to pre COVID-19 levels in sexual health services with updated figures on national testing levels expected in

Autumn 2025 (the figures for 2021 and 2022 were lower, these at least partly reflected much lower levels of HIV testing during and post COVID-19). First ever diagnoses in 2023 were distributed across Scotland, with the largest numbers in NHS GGC (27%, 34/126), followed by NHS Grampian (16%, 20/126) and NHS Lothian (13%, 16/126).[3] In common with the picture across the UK, the greatest proportion were heterosexually acquired (49%, 62/126 - 33 males and 29 females), 27% (34) were among GBMSM, and fewer than five were among people who inject drugs. Of all first ever HIV diagnoses recorded in 2023, 59% (20/34) of those among GBMSM were thought to have been acquired out with Scotland compared to 84% (52/62) acquired through heterosexual sexual intercourse. Of the 37 HIV acquisitions thought to have occurred in Scotland in 2023, 14 (38%) were among GBMSM and 10 (27%) had been acquired through heterosexual sexual intercourse, representing a decline in both groups compared to 2022[3] (Table 5).

Table 5: Total number of reports of first ever HIV diagnoses by year of report, mode of acquisition and likely area of exposure, Scotland, 2014-2023[a]

	Area of exposure[b]	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gay, bisexual and other men who have sex with men	**Within Scotland**	92	109	70	89	59	38	41	26	27	14
	Total first ever[c]	118	132	86	116	91	60	53	48	39	34
Sexual intercourse between men and women	**Within Scotland**	*	*	*	22	31	16	*	*	25	10
	Total first ever[c]	87	64	75	72	74	59	33	23	57	62
People who inject drugs	**Total first ever[c]**	*	*	32	34	14	*	*	*	*	*
	Within Scotland	144	182	144	145	111	85	78	38	67	37

	Area of exposure[b]	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
All exposure categories	**Total first ever**[c,d]	229	253	199	226	193	159	115	87	113	126

a. Due to active follow-up, data on Scotland's national HIV database are constantly changing. Figures presented in this table may differ slightly from those previously published.

b. 'Area of Exposure' is based on information provided by the patient at the time of test or during subsequent follow-up. Prior to 2018, an individual was presumed to have been infected in Scotland if, after investigation, no evidence existed to the contrary. Diagnoses under investigation are excluded from all categories except the total. Area of exposure data only apply to first ever diagnoses.

c. Total includes diagnoses currently under investigation. Figures for transmission within Scotland are suppressed due to low numbers and are excluded.

d. Total includes diagnoses out with the three main risk groups.

* Indicates values that have been suppressed due to the potential risk of disclosure and to help maintain confidentiality.

Recently acquired infection

HiTEOG Report 2022[2]

In the context of HIV testing levels returning to at least equivalent of that pre-COVID-19, HiTEOG proposes that the number of people diagnosed for the first time with recently acquired HIV infection (within the previous 3-4 months) in Scotland should be 20 per year or fewer by 2025 If achieved, this would be consistent with an approximate halving of diagnosed recently acquired infection in Scotland between 2019 and 2025.

In 2023,[3] data on recently acquired HIV infection were available for 99 (79%) of 126 first ever HIV diagnoses; of these, 12 (9%) were recorded as having acquired HIV recently (i.e. within the previous three to four months), fewer than 5 of these were thought to have been acquired in Scotland. This represents a two-thirds decrease in the total number of recently acquired infections and exceeds the 2025 interim target. This may reflect a real reduction in the number of HIV transmissions occurring within Scotland, or possibly a failure to diagnose infection in a timely manner.

Late diagnoses

HiTEOG Report 2022[2]

The 100 first ever HIV diagnoses per year by the end of 2025 will comprise a combination of people with incident HIV (acquired within the previous 12 months identified with the assistance of avidity and negative testing) and detection of people with longer-established previously undiagnosed HIV. With potentially as many as 500 people living with established undiagnosed infection in Scotland approximately 60-70 people with prevalent HIV need to be diagnosed each year in the years to 2030

The aim of the delivery plan was to focus on HIV detection strategies to prevent onward transmission, although preventing mortality and morbidity related to late HIV diagnosis is a major ancillary benefit. Significant increases in testing would mean the detection of people with longer established previously undiagnosed HIV, as well as identifying those who were previously diagnosed but are not currently under care. With potentially as many as 500 people living with established undiagnosed infection in Scotland, it was anticipated that approximately 60-70 people with prevalent HIV would need to be diagnosed each year in the years to 2030. In 2023,[3] 20 of 126 (16%) first ever diagnoses were made at a late stage of infection, over half of which were at a very late stage (55%, 11/20), that is with advanced HIV disease. This is the lowest proportion of first ever diagnoses recorded as late diagnoses since 2015.

Although this figure is encouraging, it is not clear whether it indicates that the number of people in Scotland who have longstanding HIV infection but remain undiagnosed is smaller than anticipated, or whether an increase in testing, particularly mass opt-out testing in Emergency Departments (EDs), might identify significantly more people with late-stage infection.

Outline of the revised priorities going forward

Primary prevention:

Stop and challenge stigma

The aim is to end all HIV related stigma across Scotland, starting with zero stigma in the health and social care workforce. This also includes consideration of self-stigma where this might be linked to culture, community, religion or risk behaviours. This builds on the successful public stigma campaign (action 2) and the work by NES to develop e-learning materials (action 1) in 2025-26.

The pillar intervention is already underway with Waverley Care commissioned by Scottish Government to develop a digital learning hub to support the health and social care workforce in addressing stigma, directing people to HIV testing and PrEP. A survey to identify the training needs of the workforce has been completed, with over 1200 responses from across the health and social care workforce. The digital learning hub will be live for World Aids Day 2025 and will be further developed over 2026, supporting and linking with other actions including PrEP awareness, indicator condition testing and opt-out testing in EDs.

Experience in Manchester[31] demonstrates that education on HIV stigma can be successfully mandated across the NHS workforce. Further work is required to consider and advocate for mandating education where possible, with a parallel focus on engaging social care colleagues and those in the private care sector. Work is also underway to identify ways in which to monitor HIV stigma within the workforce and that experienced by people living with HIV (action 2 and action 33).

PrEP access: people

Recognising recent changes in HIV epidemiology, the need to ensure PrEP equity is required. Publication of revised PrEP Suitability Guidance (Action 5), which has recently been redrafted to include guidance on injectable cabotegravir PrEP, will support clinics in ensuring that anyone at increased risk of acquiring HIV is able to access PrEP and will assist with local implementation of revised 2025 BASHH/BHIVA UK PrEP Guidelines.[6,22]

The proposed pillar intervention is to roll-out a national ePrEP clinic. This will be contingent on a national OPSS solution (see action 13). The ePrEP clinic pilot research project[7] (action 8) is nearing completion and will be completed in 2025-26. Based on the research findings, a costed proposal for a national ePrEP clinic should be developed from 2026 onwards. The ePrEP Clinic has been developed with awareness of the need to avoid introducing or exacerbating PrEP inequities, but it is for ongoing PrEP supply and monitoring, not PrEP initiation, and so does not address the wider societal and structural barriers affecting those not yet accessing PrEP. However, there is further exploratory work underway looking at pathways through which the ePrEP Clinic could be used to increase reach. The primary aim is to address capacity issues within existing services and help to relieve pressure on clinics, providing additional capacity to provide PrEP for a range of groups at risk, to ensure that people for whom access is difficult can get the PrEP they need, and to support those who have discontinued PrEP but still require it, to re-engage with care. There is also evidence that a significant proportion of GBMSM who are newly diagnosed with HIV have either never accessed sexual health services, or have not done so for several years, so have not undertaken HIV testing or accessed PrEP. Despite our great success with prevention in GBMSM, they remain the demographic group with the highest prevalence of HIV in Scotland by a significant margin. Further work is required to ensure that GBMSM access HIV testing and that HIV testing, wherever and however it is done, provides pathways to PrEP access. Providing alternative PrEP options, including injectable PrEP, for those who are unable to take oral PrEP tablets, is an additional capacity issue. Injectable cabotegravir (CAB-LA) was approved by the Scottish Medicines Consortium (SMC) in February 2025.[23] There is international evidence that injectable PrEP offers advantages in terms of

PrEP equity and may carry significant advantages in acceptability[32] allowing some users in diverse populations to remain on PrEP.[33] It may be a potential option to reduce the barriers to PrEP uptake and adherence in groups that we know to be under represented in the current PrEP cohort.[34] However, injectable PrEP requires two-monthly injections and additional laboratory (viral load) testing and is significantly more costly than oral PrEP tablets. There is currently little or no capacity for the delivery of injectable PrEP in specialist sexual health services across Scotland and cost means that access to CAB-LA will be very tightly restricted. Further consideration will be given to the extent to which CAB-LA can and should be provided as a PrEP option in Scotland.

PrEP access: places

PrEP is currently available only through NHS specialist sexual and reproductive health services or online through private providers. The need to provide alternative ways to access PrEP is detailed in the **PrEP Diverse Care Models Report**[9] (action 7), completed in 2023, which identifies that people in some areas of Scotland and some demographic groups have great difficulty accessing PrEP. There are practical and licensing barriers to the provision of PrEP out with specialist sexual health services. Providing a national ePrEP clinic, although primarily aimed at improving capacity and choice, should improve access for some people. Other ways of exploring routes of delivery (action 11), recognising digital barriers to care, to ensure that everyone who could benefit from PrEP can access it, include pilots of primary care provision[8] (action 10) and through an outreach clinic for trans and non-binary people (action 12). The published evidence for the success of alternative services in expanding access (rather than offering alternatives for those who access PrEP already) is mixed and the results of local pilots will help to define the best ways to increase access to PrEP for people in need of HIV prevention who experience barriers to accessing PrEP through sexual health services. PrEP delivery in outreach settings is highly likely to be much more resource-intensive than existing specialist clinic or ePrEP provision, so careful consideration must be given to ensure that alternative PrEP delivery options genuinely reach populations who do not access PrEP through existing routes and that they offer value for money.

A national ePrEP clinic will, if implemented, provide some additional capacity within services, but additional resource will be required if this plurality of provision is to be realised once pilots are completed. Ensuring that anyone who might benefit form PrEP is aware of it will be supported by educational material on PrEP developed by NES and PrEP resources developed by third sector organisations. Building on workforce education through the information hub and developing more public awareness of PrEP is also required.

Secondary prevention

Partner notification

As the number of new diagnoses and transmissions in Scotland reduces, identifying and testing each person at risk of having been exposed to HIV assumes great importance. Case finding approaches, including partner notification and identifying those with symptoms that may be due to HIV are key priorities.

Pillar intervention proposed: Explore the potential for enhanced and/or new models of partner notification (PN) to contribute to case finding and identify candidates for HIV prevention based on the findings of the national audit undertaken in 2024-25.[21] Based upon the national audit of PN undertaken in 2024-25, 15% of people newly diagnosed within Scotland in 2023 were tested as a result of PN.[21] Despite this success, there was evidence of a variation in practice and outcomes between services and a number of important national standards were unmet at national level. Sharing, developing and ensuring best practice across Scotland may offer a route to further improvement in outcomes.

HIV indicator condition testing

Indicator condition (IC) testing means ensuring that anyone in Scotland who has symptoms that might be due to HIV or is diagnosed with a condition that is associated with a higher prevalence of HIV (such as an STI), is offered testing, whichever health provider they see. The aim is that testing for HIV is part of routine care and as commonplace as testing for other conditions such as diabetes. Stigma

currently acts as a barrier to testing both in the offer of testing from healthcare professionals and the uptake of testing from patients.

The pillar intervention is to implementation the IC testing action plan (action 19), which has provided comprehensive evidence informed approach to testing in ICs. This is supported by action 1, providing e-learning packages to support testing for the clinical workforce. In 2025-26 HIV TEDI will progress with implementation of the action plan within currently available resources, including developing prompts to test on local and national laboratory informatics systems (LIMS) (action 22), embedding testing in local referral pathways for relevant conditions and providing information for the public on testing through NHS Inform. This should be supported, from 2026 onwards, by decision support tools through the Health Improvement Scotland (HIS) Right Decision Service (RDS). Recognising an important gap in the current plan, engagement with and support for colleagues in primary care, including the general practice, nursing and dental clinician workforce, is required in parallel with this and from 2026 onwards, HIV TEDI Executive Team will develop a proposal to Scottish Government for support to increase HIV testing in primary care settings.

Targeted opt-out BBV testing

Opt-out testing for HIV and other BBVs has been established for decades in certain settings, for example antenatal services, with very high uptake and reduced stigma. In other places, such as sexual health services, opt-out testing is routine but offer and uptake is variable with variations in practice, clinical pathways and reporting. The pillar intervention is to propose an expansion of opt-out testing.

Building on action 15: Support the delivery of a Target Operating Model (TOM) to include opt-out BBV testing for Scottish Prisons, which included the publication of revised **Guidance to support Opt-out Blood Borne Virus Testing in Scottish Prisons**[33] published in March 2025, this will include strengthening and sustaining routine testing on admission and transfer through a programme management approach already underway in 2025-26. The High Intensity Test and Treat (HITT) Model has been piloted in HMP Edinburgh, HMP Addiewell and HMP Shotts and will soon be undertaken in Glasgow. Further scoping and support is required to

implement and sustain high uptake of routine opt-out testing and regular HITT interventions within Scottish Prisons according to local capacity.

Increasing rates of opt-out BBV testing in drugs services and in sexual health services should be prioritised. Identifying reasons for variation in offer and uptake of testing between different services and health boards and standardising definitions, recording, reporting and data collection as part of the proposed programme management approach (action 33) to BBV will allow sharing of best practice and identification of practical and resource related barriers to opt-out testing. The programme management approach will monitor markers such BBV test coverage among particular populations or service settings (eg. people resident in prisons, specialist sexual health services) which will be included within the PHS SHBBV Data Monitoring Plan.[28] Regular near real time updates of testing data can be shared across all health boards and services for benchmarking. The data will be triangulated with other data sources including to provide a comprehensive overview of progress. Troubleshooting and learning will be shared in various formats and at relevant service events. In addition, the publication of revised targets for hepatitis C testing by Scottish Government in June 2025 will help to drive forward the required developments and identify and address variation across Scotland.

Mass opt-out BBV testing

Mass opt-out testing approaches, including BBV testing in Emergency Departments (EDs), are high-profile, high-cost, high-impact interventions. They have additional benefits in that people with undiagnosed hepatitis B and C, as well as those with HIV, are diagnosed and can access treatment and care. The numbers of people diagnosed with viral hepatitis (B and C) through this approach are anticipated to be significantly greater than those diagnosed with HIV. ED testing has been successfully introduced in very high prevalence areas in England,[35] with approaching 2 million tests performed by the end of 2023 and hundreds of new diagnoses of BBV.[36] The programme is currently expanding to include a further 46 EDs in high prevalence areas. In establishing the appropriate approach in Scotland, small pilots of around 10,000 tests each were conducted in NHS Grampian, Lothian and Highland in 2024-25 and collation of the outcomes and learning is underway. A GCU and PHS study

(action 20) funded by Scottish Government (September 2023-June 2025) 'Where and how should we provide testing to reduce undiagnosed BBV in Scotland?' was undertaken to identify the optimal secondary health care settings and detailed intervention pathways in which to provide opt-out testing for HIV, Hepatitis B and Hepatitis C in Scotland.[10,11] A comprehensive options appraisal of ED testing in Scotland has also been completed in 2024-25, detailing the costs and benefits of introducing opt-out ED testing in some or all health boards in Scotland.[12] The proposed pillar intervention is to roll-out opt-out testing in ED in health boards with the highest prevalence and consider further expansion thereafter.

The Scottish Government has committed to take forward this proposal in **the Programme for Government 2025-26**[5] - Rolling out ED opt-out testing for BBVs such as HIV and hepatitis B and C in the areas of highest diagnosed prevalence, and elsewhere as the evidence develops and supports this. The initial roll out will include NHS GGC, NHS Lothian and NHS Grampian. Funding will be used to provide testing and support for patients.[5]

Introducing opt-out ED testing across Scotland is a major investment and a critical gap in the information is a lack of data on the true prevalence of HIV, hepatitis B and C in our population. To inform decisions on implementation of this programme, an Unlinked Anonymous Seroprevalence Testing Programme for BBVs is proposed to inform decisions by Scottish Government on expansion of opt-out ED BBV testing to other sites from 2026.

Although the implementation of opt-out testing in ED in Lothian, GGC and Grampian will be an enormously helpful and welcome step, it is important to recognise that research into potential missed opportunities for earlier HIV diagnosis in secondary care settings (action 20) (presented at the BASHH Annual Conference, Edinburgh in June 2025)[10,11] demonstrates that opt-out testing in ED will identify only a minority of people living with HIV who are unaware of their infection. Other testing actions proposed, including improving existing models of targeted opt-out testing and indicator condition testing in all settings, most importantly primary care, must also increase if Scotland is to reduce rates of undiagnosed HIV.

Tertiary prevention

Holistic person-centred treatment and care

Safe, holistic, cost-effective long-term treatment and care for people living with HIV is a key objective of the SHPN SHBBV HIV Clinical Leads group. Excellence in care not only improves the health and quality of life of people living with HIV, but is a critical part of prevention activity, ensuring that people access and remain in care, so that they receive antiretroviral therapy that ensures HIV cannot be transmitted through sex (Undetectable = Untransmittable).

Implementation of a national HIV Late Diagnosis protocol (Action 25) and establishing a National Late Diagnosis, Mortality and Morbidity Review MDT meeting (the first held in March 2025) (action 26) are key to identifying the reasons for delayed HIV diagnosis, supporting clinical and academic research into missed opportunities for testing (action 20). A national audit of HIV contact tracing (Action 30) was successfully completed and shows the effectiveness of partner notification in identifying people who have been exposed to HIV but are unaware of their status.[21] Holistic care includes the '4th 90' – ensuring that people living with HIV have a good quality of life, free of the experience of stigma.

The pillar intervention proposed: Implement the Positive Voices survey of people living with HIV across all services in Scotland for 2025. The Positive Voices survey[37] has been conducted across clinics in England in 2017 and 2022, collecting the views and experience of over 4500 people living with HIV. Attempts were made to include Scottish services in 2022, but challenges relating to research ethics approvals and capacity prevented this. Provision of central research support to allow clinics to take part of the survey is proposed for 2025. A further pillar intervention attached to monitoring and evaluation includes the implementation of the NaSH HIV module, which is critical to efficiency within clinical services.

HIV engagement and re-engagement with care

At the end of 2023, PHS estimated that approximately 1,100 people were living with HIV in Scotland and had been diagnosed with HIV but were not accessing care. 448 (40%) of these had not attended for up to two years, 298 (27%) for 3-4 years, 203 (18%) for 5-6 years and 160 (14%) for 7-9 years.[3]

The pillar intervention requires development to scope and implement a re-engagement exercise through national HIV data system and HIV Clinical Services. Through further work by PHS to redefine the diagnosed cohort 'threshold', there is scope to identify and re-engage with those no longer attending services (i.e. out with the 18 month attending window), but for whom there is evidence of NHS activity (ie people contacting or using NHS services) through linkage with other databases. Changes to epidemiology mean that as well as focussing on people diagnosed in Scotland, and transmissions within Scotland, the focus must also include people who acquire HIV outside Scotland and who return to Scotland or arrive in Scotland having been diagnosed elsewhere. Multiple barriers to engaging or re-engaging with care exist, many relating to HIV stigma. Peer support is provided in some clinics in Scotland but a systematic approach to the provision of peer support may provide a route to supporting engagement and re-engagement with care.

Learning from each HIV transmission in Scotland

Eliminating HIV transmission in Scotland remains the core ambition, in spite of the many challenges involved. In anticipation of the prospect of very small numbers of HIV transmissions occurring within Scotland, consideration of a protocol for the investigation of all new diagnoses of HIV (action 27) is required. Current numbers mean that detailed investigation of every new diagnosis remains a significant workload, but in light of the rapid changes in ART availability across the world, the increasing likelihood of people from Scotland acquiring HIV outside Scotland, and the possibility of barriers to care preventing people diagnosed outside Scotland from engaging with care, identifying the possibilities for prevention, testing and partner notification in every case and learning from these assumes even greater importance. Clinical management and recording of interventions occurs in all services and the

partner notification audit provided evidence of this, but pressure on clinical services is significant and maintaining these very high intensity interventions is highly challenging in services with many competing priorities.

Work to be taken forward in 2025-26 includes action 28: Local care pathways to be documented (to document defined Board level care pathways to support rapid entry into specialist HIV care after a positive test or access to primary combination prevention (if increased transmission risk identified) after a negative HIV test result. Collation of local intelligence to inform changes remains informal.

The pillar intervention planned will combine actions 27 and 28 to: Identify missed opportunities for prevention and testing in people diagnosed for the first time in Scotland and barriers to engagement with care in those new to Scotland who were diagnosed elsewhere. Investigate every HIV transmission thought to have occurred in Scotland as a sentinel case and collate and share findings.

Monitoring and evaluation

Programme management

Key to the implementation of the delivery plan, as well as other strategic priorities including hepatitis C elimination, will be programme management supported by PHS at a national level to support local delivery. This brings together the multiple strands of data reporting, monitoring, epidemiological intelligence and reporting on and delivery of actions. This approach was proposed to and approved by SHPN SHBBV Strategic Leads in March 2025 and will be taken forward in 2025-26. Programme management includes sharing regular operational testing data for benchmarking, trouble shooting, learning and improvement to support progress towards national testing and other targets and will be applied across a range of interventions, prioritising BBV testing in prison settings (already underway) and drugs services and progressing the roll out of ED opt-out testing, IC testing and other areas.

Comprehensive data and refined definitions

A comprehensive data monitoring plan (action 32) was published in June 2025.[28] This includes refined definitions, reflecting the learning and changes in epidemiology since 2023 and will inform communication and reporting to HIV TEDI, HIV Champions and through local Board visits (action 33). Further development of HIV transmission elimination metrics will include priority work on prevalence estimates, the undiagnosed cohort, current cohort definitions and modelling. High quality prevalence data is key to informing the overall approach and making informed decisions on future priorities.

The proposed pillar intervention is an Unlinked Anonymous Seroprevalence Testing Programme for BBVs to be conducted to further understand undiagnosed prevalence in the community. A costed proposal has been developed and is included in Scottish Government SHBBV funded priorities for 2025-26.

PHS are also progressing with the development of a proposal for genotypic testing and phylogenetic analysis to support HIV transmission elimination activities (action 31), and with action 29: To provide feedback to HIV care and treatment services when individuals relocate and enter care elsewhere (notably in another UK nation).

Enhance HIV surveillance by developing automated approaches

HIV surveillance can also be enhanced by utilising administrative and clinical systems and developing automated approaches which reduce workload and improve reliability.

The proposed pillar intervention is to support and sustain full implementation of the National Sexual Health IT System (NaSH) HIV module. National investment by Scottish Government funded the development of a module attached to the NaSH by HIV Clinical Leads and PHS from 2021, to support HIV clinical care and data collection on diagnosis, treatment, care as well as late diagnosis, mortality and demographic information. This development was technically completed in 2024 but local and national logistics, technical and supplier issues have prevented full implementation across all health boards. Comprehensive reporting of progress

towards 95;95;95 targets,[38] morbidity and mortality, late diagnosis and retention in care all depend upon the completion of the module and it is central to achieving HIV transmission elimination. PHS have drafted a paper outlining for Scottish Government the required support for local health boards and services in order to utilise the benefits of NaSH for national reporting and programme management is an immediate priority.

Glossary

Acronym	Definition
ARV	Antiretroviral
BASHH	British Association of Sexual Health and HIV
BBV	Blood borne virus
BHIVA	British HIV Association
cab-LA	injectable cabotegravir PrEP
ECOSS	Electronic Communication of Surveillance Scotland
ED	Emergency Department
ePrEP	Online pre exposure prophylaxis
EoSSVC	East of Scotland Specialist Virology Centre
HCV	Hepatitis C
HIS	Healthcare Improvement Scotland
HITT	High Intensity Test and Treat
HIV TE	HIV Transmission Elimination
HIV TEDI	HIV Transmission Elimination Delivery Plan Implementation Group
HSCP	Health and Social Care Partnership
HiTEOG	HIV Transmission Elimination Oversight Group
GBMSM	Gay, bisexual men and other men who have sex with men
GGC	Greater Glasgow and Clyde
GCU	Glasgow Caledonian University
IC	Indicator condition

Acronym	Definition
LIMS	Laboratory informatics management systems
MAU	Medical Assessment Unit
MDT	Multidisciplinary team
NaSH	National Sexual Health IT System
NES	NHS Education for Scotland
NESI	Needle Exchange Surveillance Initiative
NSS	NHS National Services Scotland
OAT	Opioid agonist therapy
OPSS	Online Postal Self Sampling Service
PHS	Public Health Scotland
PrEP	Pre exposure prophylaxis
PN	Partner notification
RDS	Right Decision Service
RSHP	Relationship, Sexual Health and Parenthood
SDCF	Safer Drug Consumption Facility
SDF	Scottish Drugs Forum
SG	Scottish Government
SHaBOC	Sexual Health BBV Oversight Committee
SHBBV	Sexual Health and Blood Borne Viruses
SHPN	Scottish Health Protection Network
SPS	Scottish Prisons Services
SSHPS	Scottish Sexual Health Promotion Specialists
SMC	Scottish Medicines Consortium

Acronym	Definition
SMVN	Scottish Microbiology and Virology Network
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
THT	Terrence Higgins Trust
TOM	Target Operating Model
UAT	Unlinked Anonymous Seroprevalence
UK	United Kingdom

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Thank you to all members of the HIV TEDI Group (Appendix 1) and the HIV Champions (Appendix 2) for contributing to this report and the work described within it.

Further information

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Appendix 1: HIV TEDI Membership

Table 1 HIV TEDI Group Membership

Name	Member or observer	Remit on Network	Organisation
Alan Eagleson	Member	Representative Third Sector, THT	THT
Alison Rodger	Member	Representative Academia, GCU	GCU
Amanda Bradley-Stewart	Member	Representative Microbiology, PHS	PHS
Andy McAuley	Member	Representative PHS/GCU; Co-Chair SHPN BBV Prevention Leads; SHPN - SHBBV Strategic Lead	GCU/PHS
Beth Cullen	Member	Representative BBVSTI Team, PHS	PHS
Brian Paris	Observer	Representative SHPN Manager, PHS	PHS
Caroline Kelleher	Member	Representative SHPN Project Support Officer, PHS	PHS
Caroline Pretty	Member	Representative Population Health Resilience and Protection Division, Scottish Government	Scottish Government

Name	Member or observer	Remit on Network	Organisation
Cathy Steer	Member	Representative HIV Transmission Elimination Champion, NHS Highland	NHS Highland
Christopher Biggam	Observer	Representative Group Administrator, GCU	GCU
Claire Part	Member	Representative GP, NHS Tayside	NHS Tayside
Claudia Estcourt	Member	Representative Academia, GCU	GCU
Dan Clutterbuck	Member	Co-Chair; Representative NHS Lothian; Co-Chair SHPN SHBBV Strategic Leads	NHS Lothian
Daniel Carter	Member	Representative NHS Greater Glasgow and Clyde; SHBBV Strategic Lead	NHS Greater Glasgow and Clyde
Daniela Brawley	Member	Representative Chair of the SHPN HIV Clinical leads; HIV Clinical Lead for NHS Grampian	NHS Grampian
Donna Thain	Member	Representative Deputy SHBBV Strategic Lead for NHS Tayside; HIV Transmission Elimination Champion - NHS Tayside	NHS Tayside

Name	Member or observer	Remit on Network	Organisation
Duncan McCormick	Member	Representative BBV Consultant in Public Health Medicine, PHS; Co-chair SHPN SHBBV Strategic Leads	PHS
Elizabeth Kent	Member	Representative HIV Transmission Elimination Champion, NHS Dumfries and Galloway	NHS Dumfries and Galloway
Emer Appleton	Member	Representative Population Health Resilience and Protection Division, Scottish Government	Scottish Government
Fiona Quinn	Observer	Representative Population Health Resilience and Protection Division, Scottish Government	Scottish Government
Gill Hawkins	Member	Representative Scottish Government (Senior Medical Officer, Health Protection and Public Health), Scottish Government	Scottish Government
Grant Sugden	Member	Representative Waverley Care, Third Sector Representative; Co-Chair SHPN SHBBV Coordination Network	Waverley Care

Name	Member or observer	Remit on Network	Organisation
Helen Sandilands	Observer	PA to Senior Medical Officer SHBBV, Scottish Government	Scottish Government
Ian Bell	Member	Representative SHPN Senior Service Delivery Manager, PHS	PHS
Ingrid Young	Member	Representative Academia, University of Edinburgh	University of Edinburgh
Isabel Steele	Member	Representative HIV Transmission Elimination Champion, NHS Western Isles	NHS Western Isles
James Taylor	Member	Representative HIV Transmission Elimination Champion, NHS Borders	NHS Borders
Jill Shepherd	Member	Representative Deputy Scottish Clinical Virology Consultants Group Representative, East of Scotland Specialist Virology Centre (EOSSVC); NHS Lothian, Labs	EoSSVC
Jocelyn Skaaning	Member	Representative HIV Transmission Elimination Champion, NHS Ayrshire and Arran	NHS Ayrshire and Arran

Name	Member or observer	Remit on Network	Organisation
John Logan	Member	Representative SHPN SHBBV Strategic Lead for NHS Lanarkshire	NHS Lanarkshire
Julie Craik	Member	Representative Co-Chair SHPN-SHBBV Coordination Network; HIV Transmission Elimination Champion, NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde
Julie Heslin McCartney	Member	Representative Third Sector, Scottish Drugs Forum	SDF
Kate Templeton	Member	Representative Scottish Clinical Virology Consultants Group Representative EoSSVC: NHS Lothian Labs	EoSSVC
Kathleen Jamieson	Member	Representative HIV Transmission Elimination Champion, NHS Shetland	NHS Shetland
Kirsti Jones	Member	Representative - HIV Transmission Elimination Champion - NHS Orkney	NHS Orkney
Kirsty Abu-Rajab	Member	Representative - HIV Transmission Elimination Champion - NHS Forth Valley	NHS Forth Valley
Kirsty Roy	Member	Representative - Consultant Lead on HIV and STIs, PHS	PHS

Name	Member or observer	Remit on Network	Organisation
Lisa Allerton	Member	Representative - HIV Transmission Elimination Champion - NHS Grampian	NHS Grampian
Lorraine Connor	Observer	Representative - PA to Duncan McCormick	PHS
Lorraine Fleming	Member	Representative - HIV Coordinator	PHS
Mark Steven	Member	Representative - HIV Transmission Elimination Champion - NHS Fife	NHS Fife
Morgan Callaghan	Member	Representative - Population Health Resilience and Protection Division, Scottish Government	Scottish Government
Naomi Bulteel	Member	Representative - HIV Transmission Elimination Champion - NHS Lothian	NHS Lothian
Nicola Steedman	Member	Co-Chair; Deputy Chief Medical Officer, Scottish Government	Scottish Government
Nicky Coia	Member	Representative - Co-Chair Scottish Sexual Health Promotion Specialists Group; representative NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde

Name	Member or observer	Remit on Network	Organisation
Parveen Chishti	Member	Representative - PHS BBVSTI Team	PHS
Paul Flowers	Member	Representative - University of Strathclyde, Academia	University of Strathclyde
Penny Gillies	Member	Representative - HIV Transmission Elimination Champion - NHS Grampian (Deputy for Lisa Allerton)	NHS Grampian
Rebecca Metcalfe	Member	Representative - Co-Chair SHPN Scottish Lead Clinicians for Sexual and Reproductive Health, NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde/GCU
Rebekah Carton	Member	Representative - Population Health Resilience and Protection Division, Scottish Government	Scottish Government
Scott Jamieson	Member	GP Representative	NHS Tayside
Sharon Hutchinson	Member	Representative - Co-Chair SHPN SHBBV Strategic Leads , Public Health Scotland /Glasgow Caledonian University	PHS/GCU

Name	Member or observer	Remit on Network	Organisation
Susan Carson	Member	Representative - HIV Transmission Elimination Champion - NHS Forth Valley	NHS Forth Valley
Susan Fairley	Member	Representative - SHPN Service Delivery Manager, PHS	PHS
Trish Tougher	Member	Representative - HIV Transmission Elimination Champion - NHS Lanarkshire	NHS Lanarkshire

Appendix 2: HIVTE Champions

Table 2 HIV Transmission Elimination Champions

Name	Remit	Organisation
Lorraine Fleming	HIV Coordinator	PHS
Cathy Steer	HIV Transmission Elimination Champion - NHS Highland	NHS Highland
Julie Craik	HIV Transmission Elimination Champion - NHS Greater Glasgow and Clyde	NHS Greater Glasgow and Clyde
Trish Tougher	HIV Transmission Elimination Champion - NHS Lanarkshire	NHS Lanarkshire
Mark Steven	HIV Transmission Elimination Champion - NHS Fife	NHS Fife
Susan Carson	HIV Transmission Elimination Champion - NHS Forth Valley	NHS Forth Valley
Kirsty Abu-Rajab	HIV Transmission Elimination Champion - NHS Forth Valley	NHS Forth Valley
James Taylor	HIV Transmission Elimination Champion - NHS Borders	NHS Borders
Lisa Allerton	HIV Transmission Elimination Champion - NHS Grampian	NHS Grampian

Name	Remit	Organisation
Penny Gillies	HIV Transmission Elimination Champion - NHS Grampian	NHS Grampian
Jocelyn Skaaning	HIV Transmission Elimination Champion - NHS Ayrshire and Arran	NHS Ayrshire and Arran
Elizabeth Kent	HIV Transmission Elimination Champion - NHS Dumfries and Galloway	NHS Dumfries and Galloway
Naomi Bulteel	HIV Transmission Elimination Champion - NHS Lothian	NHS Lothian
Kristi Jones	HIV Transmission Elimination Champion - NHS Orkney	NHS Orkney
Kathleen Jamieson	HIV Transmission Elimination Champion - NHS Shetland	NHS Shetland
Donna Thain	HIV Transmission Elimination Champion - NHS Tayside	NHS Tayside
Isabel Steele	HIV Transmission Elimination Champion - NHS Western Isles	NHS Western Isles

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