2002-03

AIDS
(Control) Act Report

NHS
Greater Glasgow

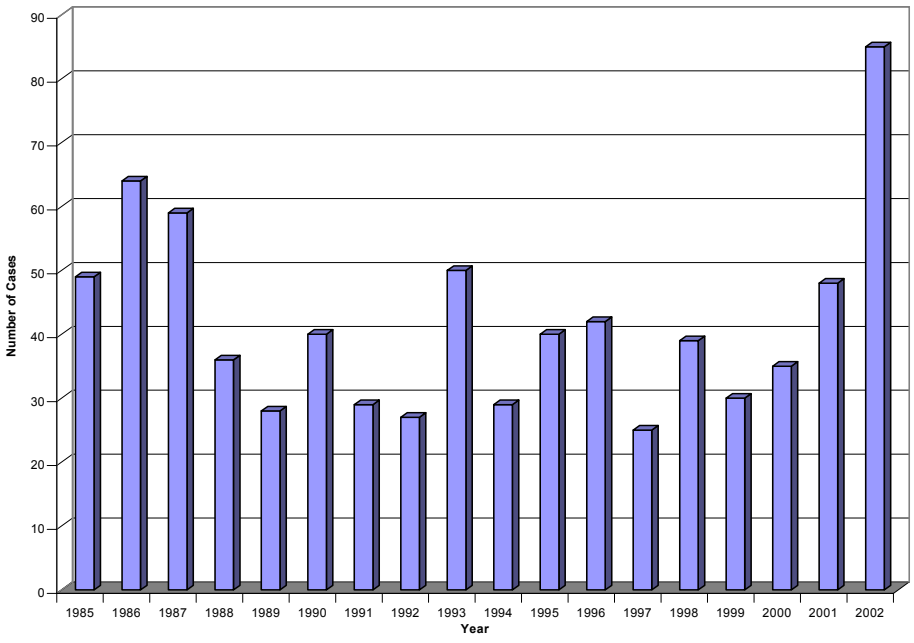
1. Introduction

This is the 16th annual AIDS (Control) Act Report. It provides an update on the numbers of people with HIV infection and AIDS in Greater Glasgow up to the end of March 2003 and the current levels of HIV in the population.

1.1 New Cases of HIV Infection

During the 12 months to 31 March 2003, 85 people resident in Greater Glasgow were newly reported to have HIV infection (see **Appendix I**). This compares with 48, 35, 30 and 39 cases in 2001-2002, 2000-2001, 1999-2000, and 1998-1999 respectively. **Figure 1** shows the number of new cases has fluctuated between 25 and 50 since 1988 and this is the first year since 1988 that there has been a significant increase in new cases. Of the 85 cases, 28 were probably acquired by sexual intercourse between men, 47 from sexual intercourse between men and women, none from injecting drug use, 3 from mother to child transmission and 7 from other or uncertain routes. As last year, the largest group of new cases was amongst heterosexuals – 55% of the total new cases reported. The total number of cases of HIV recorded in Greater Glasgow now stands at 753, of whom 501 (66%) are not known to be dead.

Figure 1 – Annual Number of New Diagnoses of Infection in Greater Glasgow NHS Board Residents.

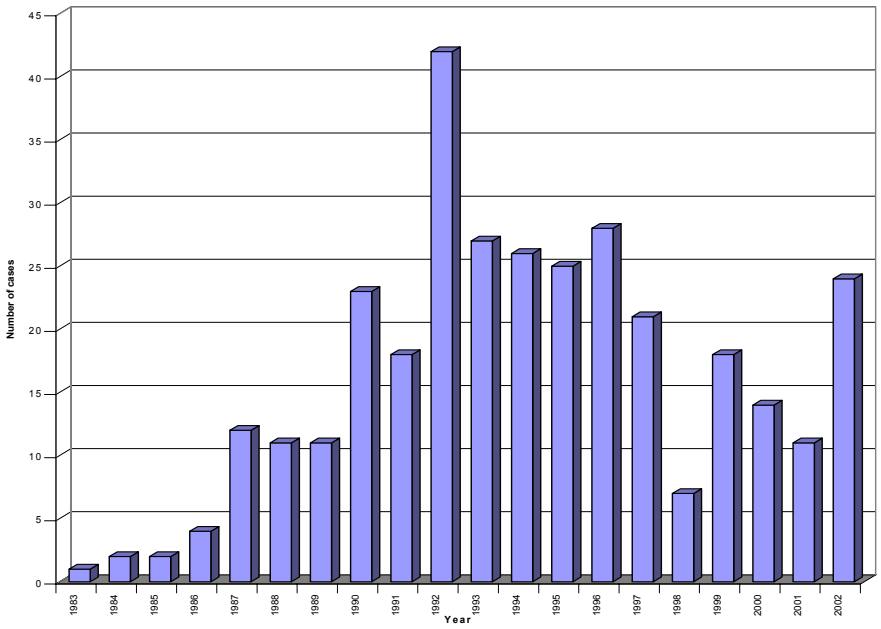


There has been a sharp rise in heterosexual cases and a marked decline in injecting drug use as a route of transmission. Men who have sex with men are still at significant risk of contracting HIV. Since the dramatic decline in the numbers of new cases in the early 1990s, the incidence of new cases had been fairly stable at around 20 new infections a year. However, despite the health promotion and prevention measures in place numbers have started to increase in the last few years.

1.2 Cases of AIDS

There were 24 new cases of AIDS reported during the year (**Figure 2**), all of whom live in the Greater Glasgow area (**Appendix 4**). This represents more than double the number compared to 2001-2002. For many becoming seriously ill was the first they knew they had HIV infection and late presentation resulted in some patients being simultaneously diagnosed with both HIV and AIDS defining illness. Among all known cases of AIDS in Greater Glasgow, there were 6 deaths during the year, which is similar to the year before. This compares with a peak of 32 deaths in 1994-1995 and reflects the efficacy of antiretroviral therapies.

Figure 2 – New Cases of AIDS



1.3 Children

During the reporting period 3 new cases of HIV infection among children were identified. All resulted from perinatal transmission. In total 10 children are known to be HIV infected, ranging in age from 8 weeks to 17 years. Five of the children receive HAART and the other

five currently receive no treatment. During the reporting year no child commenced treatment, there were no new cases of AIDS and no child required inpatient care.

While the Guthrie Card tests give a very accurate indicator of the overall level of HIV among pregnant women, because they are anonymous and carried out after the baby is born, they cannot identify which women are infected. It is now clear that diagnosing HIV in the mother before birth enables treatment that can prevent infection in the baby. HDL (2002) 52 'Offering HIV Testing to Women receiving antenatal care' instructed all health boards in Scotland to introduce routine antenatal HIV screening no later than April 2003. Greater Glasgow NHS Board convened a multidisciplinary group to examine the issues and make recommendations on implementation. All staff involved in the process of offering HIV testing to pregnant women were trained by the end of April 2003 and antenatal HIV testing has been offered to all women receiving antenatal care since July 2003.

2. Treatment and Care Returns

Specialist services for people with HIV infection in Greater Glasgow are provided by the Department of Infection and Tropical Medicine and the Department of Genitourinary Medicine at the Brownlee Centre, a purpose built infectious diseases unit at Gartnavel Hospital, which is part of the North Glasgow Trust. Children with HIV receive specialist care at the Royal Hospital for Sick Children, Yorkhill. In addition the neonatal paediatric department of the Princes Royal Maternity Hospital offers treatment and follow-up of children born to HIV positive women. These women generally receive obstetric care through the Glasgow Women's Reproductive Health Service.

2.1 Finance

The following tables indicate the HIV/AIDS Treatment and Care spending broken down by category.

Table 1 – Hospitals

Provider	Spend 2002/2003
North Glasgow Trust	3,242,888
Yorkhill NHS Trust	31,717
Total	3,274,605

Table 2 – Other statutory Sector

Provider	Spend 2002/2003
Primary Care Trust	105,575
Total	105,575

Table 3 – Voluntary/Non-statutory sector

Provider	Spend 2002/2003
Private London Hospital (extra-contractual funding)	£103,660
Total	£103,660

Total Spend 2001-2002	3,483,840
Total Spend 2002-2003	3,452,123

2.2 Accessibility

Adult inpatient and outpatient services are located at the Brownlee Centre, which is part of the Gartnavel General site, in the west of the city. The clinic is located on a major bus route and a short walk from local train services. There are no exceptional problems with accessibility to HIV/AIDS services, however, a number of the treatment cohort are from outwith Greater Glasgow NHS Board area and can travel for up to 2-3 hours to the clinic. There has been an increase in the numbers of HIV positive Asylum Seekers and refugees attending for care, and they can experience difficulties, as they are unlikely to have independent transport and often lack funds to pay for public transport. Body Positive Strathclyde, a voluntary organisation, have a people carrier that can be booked by any organisation or individual to take people to and from appointments. Clinics are run during normal office hours, but patients have expressed a wish for early evening clinics, which would better accommodate their lifestyle. Barriers are due to restrictions in laboratory working and pharmacy dispensing to normal office hours. North Glasgow Trust is addressing the feasibility of operating late clinics. Yorkhill is similarly central with good transport links.

Table 4 – Services with open access.

Service	Open access is available?
GUM	✓
HIV Testing	✓
Counselling	✓
Needle Exchange	✓

Open access is provided at GUM services at the Sandyford Initiative on a walk in basis from 8.30 a.m. to 10.00 a.m. All clients are triaged by an experienced nurse/practitioner or a sexual health advisor which means that no-one with an immediate problem is turned away. HIV testing is available at both the Sandyford Initiative, both generic GUM and at the Steve Retson Project and through the CAST (Counselling and Support Team) at the Brownlee Centre. Depending on the location of the test, results are available either the same day (Steve Retson Project only), the next day or within two days. Counselling is available for women and men at the Sandyford Initiative via the health advisors listening ear service on a same day basis according to need, and at the Brownlee Centre on a similar basis.

Patients attending the Brownlee Centre have access to members of a multidisciplinary team including a dietician, physiotherapist, pharmacist, occupational therapist and health advisor. Although appointments can be made, they are not needed to obtain these services.

The Steve Retson Project similarly provides open access sexual health services including counselling and testing for gay and bisexual men. Waiting times rarely exceed one week for a routine booked appointment

Needle exchange facilities in the city are also open access during their opening times.

The number and length of hospital attendances are described in tables 5 and 6. In Table 5, the total number of outpatient attendances represents only contacts with clinicians and not with other members of the multidisciplinary team. The total cohort of patients attending for care rose by 17% in the reporting period to 442, consequently the number of outpatient attendances with the doctor also rose overall when compared with the previous year – 2418 against 2318. Over half of the new patients were from countries outwith the UK. These patients brought new challenges of interpretation, different health beliefs and the trauma of previous persecution. Complexity of care has also increased along with quantity, as patients more commonly presented with advanced disease and co-infections of hepatitis, Tuberculosis and STIs.

Table 5 – In-patient, Day-patient and Out-patient details

Provider	No of in-patient episodes	No. of day-patient episodes	No. of out-patient attendances
Infectious Diseases	112	27	1662
GUM	13	4	756
Total	125	31	2418

Table 6 describes the number of bed nights required by HIV patients and the average length of stay for these patients. The number of bed nights increased by 12.5% compared with 2001-2002. This reverses the trend of a decrease in the number of bed nights and can be attributed to the overall increase in the HIV cohort, and the increase in those with AIDS defining symptoms. The number of patients requiring admission also increased from 62 to 79.

Table 6 – Average length of stay for patients with HIV

Provider	Total bed nights	Total No. of HIV/AIDS patients	Average length of stay
Infectious Diseases	1248	68	18.35
GUM	57	11	5.18
Total	1305	79	16.52

2.3 Drug Therapy

Table 7 details the drug costs for Greater Glasgow. Glasgow GPs do not prescribe antiretroviral drugs for HIV patients. 69% (n=303) of the patients attending for care are currently receiving antiretroviral therapy. Of these, all but 6 receive a combination of three or more drugs.

Table 7 – Drug Costs

Drugs	Brownlee Centre		Yorkhill	
	Cost	No. of patients	Cost	No. of patients
Anti-retroviral therapies	1,726,845	303	31,717	5
Others	190,176	-	-	-
Total	1,917,021	-	31,717	-

Table 8 describes the number of patients at each disease stage and the percentage of those receiving combination therapies. The majority of patients who are symptomatic or have AIDS are receiving treatment in comparison with less than half of those who are asymptomatic. Viral load testing is universally available to all patients. Overall 81% of those on treatment had an undetectable viral load (<50 copies/ml). During the reporting year 1,803 viral load tests were carried out at a total cost of £97,975. There is an increasing demand for viral load testing for three main reasons:

- The numbers of new cases has doubled compared to previous years
- There is a higher proportion of people with HIV from outwith the UK who present at a later stage of disease and who require immediate treatment

- People with resistant strains of HIV and who are on failing or changing drug regimes require close monitoring.

Table 8 – Stage of disease and therapy

Stage of disease	No. of patients	No. currently receiving combination therapy	Percentage receiving combination therapy
E1 (Asymptomatic)	165	59	36%
E2 (Symptomatic)	158	132	83.5%
E3 (AIDs	119	112	94%

2.4 Primary Care Involvement

In this reporting year there has been little further progress in involving GPs in the treatment and care of people with HIV. Some GPs provide practical or psychological support, medical certificates and routine care for recurrent illness such as chest infections and skin conditions, but the concept of 'shared care' in terms of GPs involvement in discussions or treatments of HIV positive patients remains elusive. Although not quantified, HIV consultants report that many GPs take an encouraging interest in the complex decisions their patients face regarding antiretroviral treatment and work well in sharing the burden of care for other associated medical conditions.

82% of patients are registered with a GP and 62% of these have given consent for their GP to be informed of their HIV status. The remaining patients are either not registered, or it is not know if they are registered, with a GP.

Patients, particularly those in the GUM cohort, remain concerned about levels of confidentiality in Primary Care however a significant number of GPs and nursing staff have attended STIF (Sexually Transmitted Infection Foundation) courses and it is hoped that this training will assist them in providing sexual health care to their patients and increase awareness about the issues around HIV.

2.5 Community Care

Glasgow City Council continues to employ specialist social work staff within the Counselling And Support Team (CAST) at the Brownlee Centre and a community team of staff. The social work team at the Brownlee Centre and staff of the Positive Accommodation Team merged into one team in January 2002. The team consists of one Senior Social Worker, four social

workers, one homemaker and one clerical assistant. The team is known as the Brownlee Community Team, with bases at Granite House, Stockwell Street and the Brownlee Centre, Gartnavel Hospital.

The team addresses a wide range of social problems encountered by people living with HIV, especially those who are seriously ill or continue to have problems with alcohol/drug dependency. The team offers confidential advice, counselling and support on emotional issues and advocates on behalf of clients to other agencies such as Housing and the Department of Work and Pensions. Comprehensive Community Care Assessments are carried out and specific care plans are initiated.

198 people aged 18-64 were referred to the Social Work Unit between 1st April 2002 and 31 March 2003. The number of clients requiring ongoing assessment has increased from 100 to 172 for the same period.

Work with Children and Families has also increased, this increase being primarily generated by the number of asylum seekers and refugees.

A small number of Greater Glasgow residents have HIV-related dementia and continue to require nursing home care and intensive/diverse home care packages. However, there is a shortage of adequate and appropriate facilities for such people in Glasgow. The Palliative Care Team and the inpatient ward at the Brownlee have provided excellent sources of support, but the lack of adequate funding for hospice places following the withdrawal of Milestone House remains problematic.

There are also three HIV liaison nurses who, in addition to providing nursing support in the clinic setting, provide domiciliary visits for HIV positive patients who are too unwell to attend in person. This includes supporting patients in their treatment decisions and providing terminal care if required.

3. Prevention and Non-Treatment

The Health Board's Prevention Strategy is based on the understanding that HIV infection is almost always passed on in one of three ways:

- unprotected penetrative sexual intercourse
- from an infected mother to her baby during her pregnancy or around birth
- inoculation with blood from an infected person

The aims of all the HIV prevention work in Greater Glasgow are therefore:

- To prevent transmission between men who have sex with men
- To prevent transmission between men who have sex with women and women who have sex with men.
- To prevent transmission as a result of injecting drugs
- To prevent transmission from needlestick injury
- To prevent transmission from HIV positive pregnant women to their babies

3.1 Budget Monitoring

Table 9 reports the total HIV prevention allocation and the actual spend in the Greater Glasgow Health Board Area.

Table 9 – Total Allocation and spend

Year	Total Prevention Allocation	Total Prevention Spend
2002-2003	1,560,208	1,597,098
2001-2002	1,737,583	1,737583

Table 10 breaks down the actual expenditure of the prevention budget by category. Although there is currently no separate allocation for people from sub-Saharan Africa, two of the voluntary organisations are working with these groups.

Greater Glasgow NHS Board funds several voluntary and non-statutory agencies who provide services and support to people affected and infected with HIV/AIDS.

Table 10 – Expenditure by Target Population

Target Populations	Total Expenditure
Gay and Bisexual Men	£458,475
People with links to high prevalence countries (sub-saharan Africa)	No separate allocation
Women partners of men in the above groups	No separate allocation
People with HIV and AIDS	£44,153
Injecting Drug Users	£536,355
Other:	£558,114
• Laboratory	£193,325
• Training	£49,608
• Health Promotion	£126,431
• Generic GUM Services (Health Advisor etc)	158,000
• Evaluation, Monitoring and Research Officer	£30,750
Total	£1,597,098

3.2 Gay and Bisexual Men

The Steve Retson Project (SRP) provides specialist health services to men who have sex with men. The project is based at the Sandyford Initiative and has outreach clinics at the Glasgow Lesbian Gay and Bisexual Transgendered Centre. There were 3,373 attendances in the reporting year, both new and rebooked clients, which represents a 48% rise on the previous year. One of the aims of the project is to increase HIV testing among men who have sex with men. To facilitate this and remove some of the barriers to taking a test, there is a same day HIV testing service one day a week. There has been a substantial increase in HIV testing among gay men in the last three years (46%). Table 11 illustrates this and outlines the figure for numbers of tests for a) men who have sex with men attending GUM clinics in Glasgow and b) men who have sex with men giving a postcode within the GGHB area. This shows that the GUM clinics and the SRP are testing a large number of gay men from outwith the health board area.

Table 11 – HIV Testing in Glasgow

	1999	2000	2001	2002	% Rise (3 years)
Number of gay men testing at GUM/SRP clinics	560	631	775	906	62
Number of gay men with GGHB postcode	439	447	575	642	46

The SRP also run a Peer Education Project. A team of paid outreach workers visit commercial gay venues in Glasgow with the aims of increasing gay men's knowledge of sexual health, increasing awareness of and attendance at the SRP, and gathering information on expressed health needs to shape the SRP service offered. To the end of March 2003 1,177 contacts had been made and, after personal relationships, the second most frequent topic discussed was HIV.

PHACE Scotland has a Gay Men's Service that provides a range of HIV prevention services.

Outreach work – takes place in public sex environments throughout Glasgow and provides information and support to men at risk of contracting HIV and other STIs. A total of 196 hours of outreach was undertaken and 207 contacts made

Safer Houses Scheme – ensures that all of Glasgow's gay venues act as health promoting environments according to set criteria. These include:

- Free and consistent availability of condoms and water-based lubricant
- Consistent availability of leaflets and/or resources on HIV and safer sex
- Information on local HIV and sexual health services and
- Information on regular health events and safer sex nights.

During the year 219,752 condoms and 231,562 sachets of lubricant were distributed.

Resources are produced as part of the scheme, and in the reporting year five new postcards were created targeting gay and bisexual men. The topics covered were safer oral sex, safer anal sex, coming out, sexual health MOT and positive love and sex.

During the year 4930 of these resources were taken from Gay venues.

Health days, events and training are organised throughout the year, some of which link in with key events such as World Aids Day, Pride and Freshers Week.

Strathclyde Gay and Lesbian Switchboard provide a confidential telephone counselling, support and information service for gay men, lesbians and bisexual people in the West of Scotland. One of their main aims is to raise awareness about sexual health issues including safer sex and HIV. In 2002-2003 safer sex was raised or discussed with 46% of those contacting Switchboard.

3.3 People with HIV and AIDS

Body Positive Strathclyde is a self-help organisation for people infected and affected by HIV. Members can access a drop-in facility where in addition to a safe environment to relax and chat, other members and staff are available to offer informal support. In addition there are formal support groups, outreach work, one-to-one support, an information centre, transport and complementary therapies. These support services, particularly the group work were used extensively by a group of HIV positive asylum seeking women in the latter half of the reporting year. The Quality of Life project offers people living with HIV the opportunity to explore education, training and employment choices.

The HIV/AIDS Carers and Family Support Group continue to provide practical and emotional support to people affected indirectly by HIV. A telephone and in person support service is offered as well as respite caravan breaks.

PHACE Scotland also provides a support and advocacy service for people living with BBVs. 153 clients accessed the Welfare Rights service and £332,182 in income was generated for service users. The Advocacy Service supports people with issues such as disclosure, isolation and emotional and practical difficulties. On average 25 people per month are supported through this service.

3.4 Injecting Drug Users

Needle Exchange services were provided by 5 different service models during 2002-2003:

- The Glasgow Drug Problem Service (GDPS)
- Community Pharmacy Needle Exchange Service
- Glasgow Drug Crisis Centre
- Base 75
- Physical Health Team (Hostel Setting)

GDPS Needle Exchange. There has been a gradual decline in GDPS needle exchange activity with the numbers of needles and syringes distributed dropping from over 30,000 in 1992 to fewer than 10,000 in 2003.

Originally exchanges were provided in 6 geographic locations – Possil, Gorbals, Pollock, Castlemilk, Parkhead and Easterhouse. However, due to falling demand for this type of service, only the latter four remained open during the reporting period with limited service provision.

Pharmacy Needle Exchange. 15 Community Pharmacies throughout the city participated in the above scheme. The service was available to clients on a drop-in basis during the pharmacies' normal opening hours. Approximately 600,000 needles and syringes were issued in 2002-2003 a 13% increase on the previous year.

Glasgow Drug Crisis Centre provides a 24-hour needle exchange based in the premises at West Street. During 2002-2003, over 5,000 clients used the service making approximately 35,000 visits, and there was an 11% increase in the numbers of needles and syringes issued compared to the previous year.

Base 75 is a drop in centre for street prostitutes and operates 6 evenings a week. As many prostitutes also use drugs, the Needle Exchange is provided as an integral part of the clinical services on offer. In the reporting year, there were 6,211 contacts with an average of 20 clients per clinic. There was a 15% decrease in the numbers of needles and syringes provided to this client group, however they may be accessing needle exchange in other settings. Many women do not wish to carry dirty needles with them when they are going to work, therefore the return rate has always been much lower than in the other needle exchange facilities in the city.

Homeless Setting. Money has been secured through new homelessness allocation to fund the Physical Health Team (PHT). Following a study conducted by SCIEH that showed that sharing of needles in hostels was almost universal, the Prevention Sub-Committee of the

Joint Forum for Bloodborne Viruses recommended that needle exchange be provided in the hostel setting. Consequently, from December 2002 the remit of the PHT was extended to provide harm reduction services.

Table 12 details the number of needles and syringes distributed and returned during the period. This is likely to be an underestimate, as the GDPS database is no longer maintained. The high return rate in the hostel setting is probably at the expense of other needle exchanges, however, the overall return rate has fallen in this year. All hostels now have cin bins in place therefore it is likely that this accounts for some of the decline. Despite the fact that almost 1 million needles and syringes were distributed in this year, the total number of injecting episodes is estimated to be between 7-12 million a year. As the total number supplied falls short of that required to eliminate the re-use and sharing of needles it is likely that the transmission of HIV and particularly hepatitis C will continue in this group.

Table 12- Needle Exchange Data in Greater Glasgow 2001-2002

Service	Needles/syringes Issued	Needles/syringes Returned	Percentage Return Rate
GDPS	Not available	Not available	Not available
Pharmacy	601,675	464,912	77%
Glasgow Drug Crisis Centre	327,520	190,428	58%
Base 75	50,211	9,671	19.3%
Hostel Setting*	17,945	16,187	90%
Total	997,351	681,198	68%

* Data from December 2002 to April 2003

Substitute methadone programmes are also available. The primary aim of the daily oral methadone dose is to enable opiate injectors to stop or reduce injecting and thereby reduce the many risks around injecting, including the transmission of bloodborne viruses. There were approximately 6,000 people being prescribed methadone during the year and the main services are provided by:

- GP Shared Care Scheme. Approximately 300 GPs are involved in the scheme, prescribing for over 4,000 patients
- The Department of Infection and Tropical Medicine treats residential patients and some outpatients for up to three months.
- The Women's Reproductive Health Service treat female injecting drug users both during and shortly after pregnancy.

- Glasgow Drug Crisis Centre prescribes methadone to ex-residents for a short period after they leave.

A key feature of the Greater Glasgow programme is that most patients swallow their daily dose of methadone under the supervision of the pharmacist. This ensures the correct dose is taken, but also that illegal diversion and fatal overdose is minimised.

Table 13 – HIV Prevention Monitoring: 2002-2003 Out-turn

	Planned Profile	Actual Outturn
Half 1	468,063	477,756
Half 2	1,092,145	1,119,342

3.5. Agency Monitoring

Table 14 reports the amount and percentage expenditure from the ringfenced prevention budget spent in each named sector.

Table 14 – Expenditure by Sector

Sector	Amount	Percentage (of total budget)
STATUTORY HEALTH	1,332,874	83%
Health Promotion, family planning/sexual health, primary care, community care, education	345,526	21%
Substance misuse	461,105	29%
GUM	66,250	4%
Other statutory health	459,993	29%
VOLUNTARY/NON-STATUTOR	264,225	17%
LOCAL AUTHORITIES	0	-
PRISONS	0	-
OTHER	0	-
TOTAL PREVENTION SPEND	1,597,098	100%

3.6 Effectiveness Monitoring

The effectiveness of HIV prevention work in Greater Glasgow is evaluated in several ways. Careful monitoring of the prevalence of HIV cases is possible as a result of the surveillance system provided by SCIEH. The Joint Forum for Bloodborne Viruses oversees the implementation of the HIV strategy, and membership of the forum includes representatives from both statutory and voluntary agencies. Staff at the health board departments of Public Health, Health Promotion and Planning and Community Care carry out monitoring and evaluation of individual initiatives. This includes ensuring that reports are received and reviewed and that problems and successes are fed back to the organisations concerned. Regular meetings are also held to discuss progress and direction.

Some of the organisations are able to effectively self-monitor and evaluate their activities and have excellent data collection and reporting systems. The intention is that through

guidance from the Joint Forum, close working with the Research and Development Officer, and the introduction of standard Service Level Agreements all organisations will be able to critically evaluate their activities and modify or adapt to meet the needs of existing and potential clients.

3.7 Co-ordination

In Glasgow, HIV is strategically managed through the Joint Forum for Bloodborne Viruses and its associated sub committees, which includes the HIV Treatment and Care sub-group and the Prevention sub-group. Greater Glasgow NHS Board strives to ensure that voluntary sector and patient representation is included in planning mechanisms. Diagram 1 illustrates the inter-relationships with the other health board committees that have a remit for Bloodborne Viruses.

Diagram 1 – Joint Forum for Bloodborne Viruses and Inter-relationship with other committees

Currently the chair of the West of Scotland HIV and BBV Network, or a deputy, attends the Joint Forum meeting. Members of Body Positive Strathclyde attend the HIV Treatment and Care sub-group; a member or worker from C-Level attends the Hepatitis Treatment and Care sub-group and the Gay Men's Services Manager from PHACE Scotland and the Peer Education Co-ordinator from C-Level attend the Prevention sub-group.

The voluntary sector organisations co-ordinate their activities through the West of Scotland HIV and BBV Network. There is also co-ordination with the statutory sector. For example, workers from PHACE Scotland attend the Police and LGBT Community Safety Forum and are also represented on the Steve Retson Stakeholders group. Other organisations link in with the co-ordinating committees relevant to their area of expertise, for example the HIV/AIDS Carers Support Group attend the Carers UK Group.

3.8 Consumer Involvement

There is a Community Access Officer based at the Sandyford Initiative with specific responsibility for patient/public involvement. Consumers are encouraged to contribute to the on-going evaluation of the services provided by both core GUM and the client-specific projects such as the Steve Retson Project. A variety of methods are utilised including the provision of general comments boxes and involvement in specific user groups. In contrast the user involvement and consultation structures at the Brownlee Centre are generally under-developed and perhaps reflects the lack of strong community organisation around HIV.

3.9 Training

The GUM staff are well supported in their training and there have been no particular problems in medical and nursing staff attending relevant training courses. Specialist Registrars and consultants have had unrestricted study leave to attend International conferences and meetings such as the British HIV association. GUM and primary care staff, including GPs, have been attending the Sexually Transmitted Infections Foundation (STIF) courses throughout the year. Two of these courses were run in the reporting period.

A half time health advisor was appointed during the year to take forward the remit of BBV training for NHS staff and other organisations. Initially his main occupation was training the midwives prior to the introduction of antenatal HIV screening, but he has also delivered training to homeless and addiction agencies.

In addition, the health board employs a sexual health promotion training officer and an addictions training officer who have responsibility for training staff and clients in partner agencies.

The voluntary organisations coordinate their own training programmes for staff and volunteers and often attend relevant training at each others organisations. For example, any spare places on the training provided by Switchboard for their volunteers, is often attended by volunteers from the Steve Retson Project.

The voluntary organisations also provide training on HIV awareness and other subjects to external agency staff and clients.

Appendix 1

AIDS (CONTROL) ACT 1987: STATISTICS ON NEWLY REPORTED HIV INFECTED PERSONS

NHS Board: ***Greater Glasgow***

1 April 2002 to 31 March 2003 (as at 31 March 2003)

Signed: 

Name: **Dr Syed Ahmed**

Tel. No. : **0141 201 4917**

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	28	0	28
Sexual intercourse between men and women	15	32	47
Injecting drug use (IDU)	0	0	0
IDU and sexual intercourse between men	0	0	0
Blood factor (eg haemophiliac)	0	0	0
Blood/Tissue transfer (eg transfusion)	0	1	1
Mother to child infected	1	2	3
Other/undetermined	3	3	6
TOTAL	**47**	**38**	**85**

Notes:

1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.

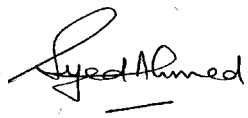
2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2002/2003 reports by NHS Boards under the AIDS (Control) Act 1987.

Appendix 2

AIDS (CONTROL) ACT 1987: STATISTICS ON NEWLY REPORTED HIV INFECTED PERSONS

NHS Board: ***Greater Glasgow***

Cumulative to 31 March 2003

Signed: 

Name: **Dr Syed Ahmed**

Tel. No. : **0141 201 4917**

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	361	0	361
Sexual intercourse between men and women	77	90	167
Injecting drug use (IDU)	102	59	161
IDU and sexual intercourse between men	10	0	10
Blood factor (eg haemophiliac)	23	0	23
Blood/Tissue transfer (eg transfusion)	6	4	10
Mother to child infected	4	4	8
Other/undetermined	9	4	13
TOTAL	**592**	**161**	**753**

Notes:

1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.

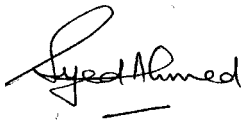
2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2002/2003 reports by NHS Boards under the AIDS (Control) Act 1987.

Appendix 3

AIDS (CONTROL) ACT 1987: STATISTICS ON NEWLY REPORTED HIV INFECTED PERSONS

NHS Board: ***Greater Glasgow***

Number of cases NOT KNOWN TO BE DEAD; Cumulative to 31 March 2003

Signed: 

Name: **Dr Syed Ahmed**

Tel. No. : **0141 201 4917**

How person probably acquired the virus	Male	Female	Total
Sexual intercourse between men	235	0	235
Sexual intercourse between men and women	51	83	134
Injecting drug use (IDU)	57	32	89
IDU and sexual intercourse between men	4	0	4
Blood factor (eg haemophiliac)	14	0	14
Blood/Tissue transfer (eg transfusion)	3	3	6
Mother to child infected	4	4	8
Other/undetermined	8	3	11
TOTAL	**376**	**125**	**501**

Notes:

1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.

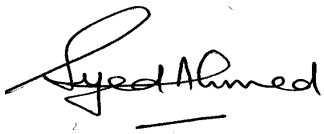
2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2002/2003 reports by NHS Boards under the AIDS (Control) Act 1987.

Appendix 4

AIDS (CONTROL) ACT 1987: STATISTICS ON REPORTED AIDS CASES AND DEATHS

NHS Board: ***Greater Glasgow***

Year ending 31 March 2003

Signed: 

Name: **Dr Syed Ahmed**

Tel. No. : **0141 201 4917**

Period	People with AIDS -	First reported from this NHS board	Known to be resident of this NHS board
1 April 2002 to 31 March 2003	**- reported to, and accepted by SCIEH in period**	**24**	**24**
	numbers of cases known to have died in period	**6**	**6**
Cumulative to 31 March 2003	**- cumulative number reported to, and accepted by SCIEH in period**	**323**	**253**
	numbers of above known by 31 March 2002 to have died	**203**	**155**

Notes:

1. This form should be completed as part of the reports made by NHS Boards under the AIDS (Control) Act 1987.

2. The form should be completed from information supplied by SCIEH