

2003-04

AIDS
(Control) Act
Report

NHS

Greater
Glasgow

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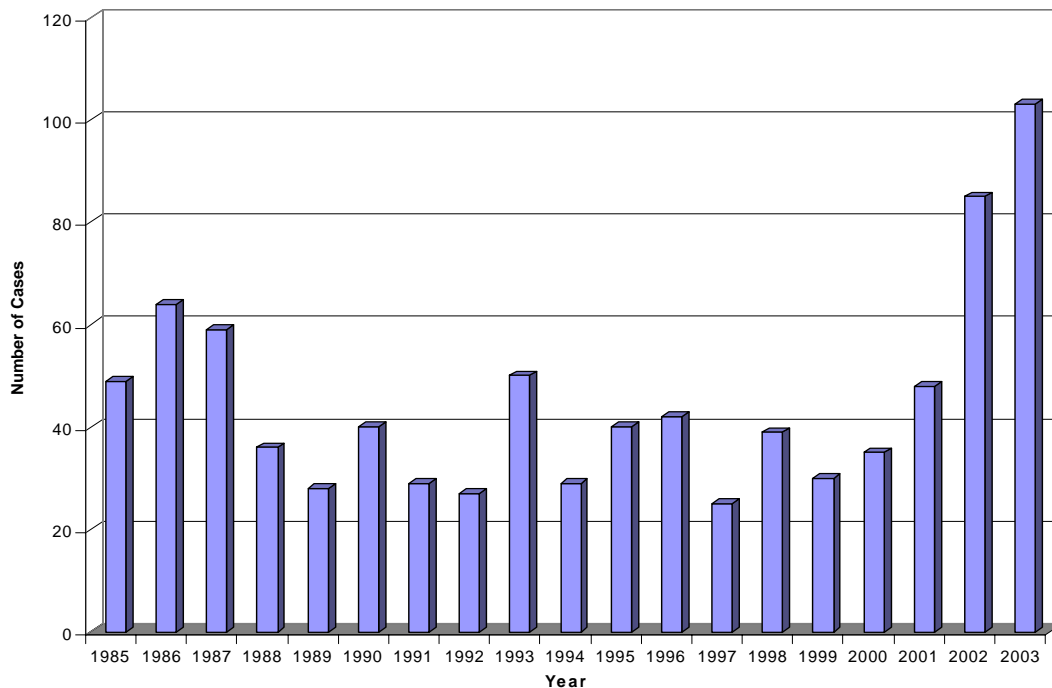
1. Introduction

This is the 17th 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 2004.

1.1 New Cases of HIV Infection

During the 12 months to 31 March 2004, 103 people resident in Greater Glasgow were newly reported to have HIV infection (see **Appendix I**). This compares with 85, 48, 35, 30 and 39 cases in 2002–2003, 2001–2002, 2000–2001, 1999–2000, and 1998–1999 respectively. **Figure 1** shows that the number of new cases has fluctuated between 25 and 50 since 1988 but that there has been a significant increase in new cases in the last few years. Of the 103 newly reported cases, 27 were probably acquired through sexual intercourse between men, 57 from sexual intercourse between men and women, 3 from injecting drug use, 2 from mother to child transmission and 14 from other or uncertain routes. As last year, the largest group of new cases was amongst heterosexuals – 55% of the total new cases reported. At the end March 2003, the total number of cases of HIV recorded in Greater Glasgow stood at 857, of whom 599 (70%) were not known to be dead. (See **Appendix 3**)

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

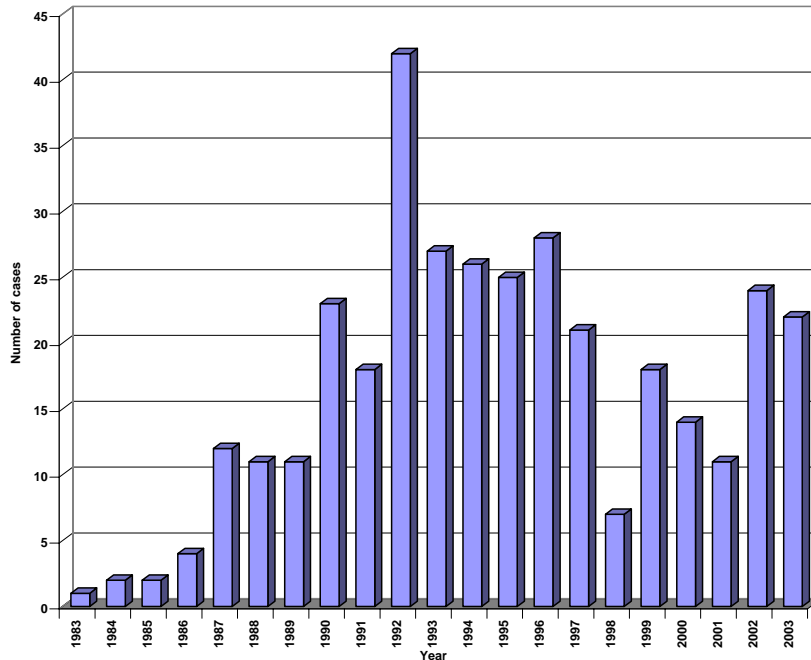


There has been a sharp rise in heterosexual cases, however, men who have sex with men are still at significant risk of contracting HIV. Since the dramatic decline in the numbers of new cases amongst men who have sex with men in the early 1990s, the incidence of new cases had been fairly stable at around 20 new infections a year. However, despite the health promotion and prevention measures in place, numbers amongst this group have started to increase in the last few years. As in previous years, infection acquired through injecting drug use remains very low.

1.2 Cases of AIDS

There were 22 new cases of AIDS reported during the year (**Figure 2**), 19 of who live in the Greater Glasgow area (**Appendix 4**). Clinicians report a 35% increase in AIDS related events compared to 2002–2003 and this rise is almost exclusively due to patients presenting with an AIDS defining illness and a low CD4 count at the time of diagnosis. Among all known cases of AIDS in Greater Glasgow, there were 5 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, even amongst those presenting at an advanced disease stage.

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, 12 children are known to be HIV infected, ranging in age from 13 weeks to 18 years. Eight of the children receive HAART and the other four currently receive no treatment. During the reporting year there were three cases of AIDS. There were also attendances for counselling and follow-up of infants born to sero-positive women.

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. In 2003, the Guthrie tests identified that 8 HIV positive women gave birth in Glasgow. 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' advised all health boards in Scotland to introduce routine antenatal HIV screening. Antenatal HIV testing has been offered to all women receiving antenatal care in Greater Glasgow since August 2003. In this time period, 8 women, not previously known to be HIV positive were identified through the screening programme. All were offered appropriate treatment and care and were referred onto HIV specialists for on-going treatment of their HIV.

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 Division. 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 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 2003/2004
North Glasgow Trust	£3,858,013
Yorkhill NHS Trust	£33,628
Total	£3,891,641

Table 2 – Other statutory Sector

Provider	Spend 2003/2004
Primary Care Trust	£108,214
Total	£108,214

Table 3 – Voluntary/Non-statutory sector

Provider	Spend 2003/2004
Private London Hospital (extra-contractual funding)	£103,660
Total	£103,660

Total Spend 2002–2003	£3,452,123
Total Spend 2003–2004	£4,1035,15

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. 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. 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 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.

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

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.

2.3 HIV Testing

During 2003, 6147 residents of GGNHSB had a named HIV test carried out. Of these, 60% (3701) were male and 40% (2434) female. The majority were tested in the GUM clinic setting and were aged 20–40 years of age.

2.4 Outpatient Activity

The Brownlee Centre cares for adult patients from the West Coast of Scotland, and the figures presented are for the entire cohort, however approximately 80% of these patients are Greater Glasgow residents. In the reporting year the total cohort attending the Brownlee Centre was 523 (176 GUM and 347 Infectious Diseases). This represents an 18% rise on the previous year's figure.

109 patients attended for the first time in the reporting year. Of these 64 were new diagnoses, 31 transferred from other areas (mainly UK) and 14 were previously diagnosed but were not in care in the last year. 49 of the new patients were already taking or were started on antiretrovirals in the reporting year. Just over 40% of the new patients were from countries outwith the UK, mainly countries in Africa. These patients brought new challenges of interpretation, different health beliefs and the trauma of previous persecution. Complexity of care continues to be an on-going concern along with quantity, as new patients more commonly presented with advanced disease (42% with a CD4 count of <200) and co-infections of hepatitis, Tuberculosis and STIs.

The rise in the cohort numbers led to a corresponding rise in the number of overall outpatient attendances with the entire multidisciplinary team – 3062 against 2418, a 21% increase when compared with the previous year. This figure includes all medical attendances, including nurse led interventions.

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, consequently the total does not correspond to 3062.

In addition to medical interventions, psychiatric attendances also show a slight increase compared to the previous year (668 vs 621) but demonstrate a 40% rise on 2001–2002. There were also 967 attendances with AHP (dietetics and physiotherapy).

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	117	55	1742
GUM	36	26	774
Yorkhill	6	13	67
Total	159	94	2583

Table 6 describes the number of bed nights required by HIV patients and the average length of stay for these patients. Compared with the previous year, the number of patients requiring admission has increased from 79 to 90. Associated with this, the number of bed nights has increased by just over 30% and the average length of stay has also increased by approximately 5%. The increase can be attributed to the overall rise in the HIV cohort, the greater numbers with AIDS defining symptoms and the increase in late presentations.

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	1794	73	24.6
GUM	157	17	9.2
Yorkhill	124	6	6
Total	2075	96	21.6

2.5 Drug Therapy

Table 7 details the drug costs for Greater Glasgow. Glasgow GPs do not prescribe antiretroviral drugs for HIV patients. 69% (n=362) of the patients attending for care are currently receiving antiretroviral therapy. All but 4 receive a combination of three or more drugs. Of the 362 patients receiving therapy, 77% (n=278) are Greater Glasgow residents.

Table 7 – Drug Costs

Drugs	Brownlee Centre		Yorkhill	
	Cost	No. of patients	Cost	No. of patients
Anti-retroviral therapies	£2,215,131	278	£33,628	5
Others	£216,378	-	-	-
Total	£2,431,509	-	£33,628	5

Table 8 describes the number of adult patients attending the Brownlee, 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.

Table 8 – Stage of disease and therapy

Stage of disease	No. of patients	No. currently receiving combination therapy	Percentage receiving combination therapy
E1 (Asymptomatic)	248	114	46%
E2 (Symptomatic)	162	140	86%
E3 (AIDs)	113	106	94%

Viral load testing is universally available to all patients. Normally a patient would have a maximum of 4 test per annum, however if there are changes in viral load value, changes in treatment or resistance testing is required, then extra viral load tests are requested. Overall 80% of those on treatment had an undetectable viral load (<50 copies/ml). During the reporting year 2357 viral load tests were carried out. There is an increasing demand for viral load testing, mainly due to the overall increase in the size of the cohort and also due to the introduction of HIV resistance testing. An unexplained rise in HIV viral load will trigger a request for a resistance test. This might in turn lead to a treatment change which in turn will lead to increased viral load testing to monitor the efficacy of the change. The total cost of viral load testing is not available.

2.6 Primary Care Involvement

86% of patients are registered with a GP and 66% of these have given consent for their GPs to be informed of their HIV status. The remaining patients are either not registered, or it is not known if they are registered with a GP.

In Glasgow, there is no shared care protocol, however, some GPs provide practical or psychological support, medical certificates and routine care for recurrent illness such as chest infections and skin conditions. 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.

More generally, new sexual health guidelines for use by Primary Care practitioners have been developed and were launched in the reporting year. (available at www.sxhealth.co.uk).

The C-Card Service was implemented in this year with the appointment of a co-ordinator to take forward the development of the service. This service will be the mechanism to distribute free condoms and lubricant to the general population and will have registration and collection points across the city.

2.7 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 team consists of one practice team leader, four qualified social workers a home maker and a clerical assistant and have bases at Stockwell Street and the Brownlee Centre.

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. Confidential advice, counselling and support on emotional issues and advocacy on behalf of clients to other agencies such as Housing and the Department of Work and Pensions are offered. Comprehensive Community Care Assessments are carried out and specific care plans are initiated.

148 people aged 18–64 were referred to the Social Work Unit between 1st April 2003 and 31 March 2004. The number of clients requiring ongoing assessment has decreased from 172 in the previous year to 96. The team report that although the number has reduced, there has been an increase in new referrals and assessments have identified greater complexity of need. In addition, work with Children and Families has also increased, this increase being primarily generated by the number of asylum seekers and refugees. In the reporting year 56

asylum seekers were seen and assessed by the team. Respite care was provided for children whose parents required inpatient admission to hospital. Advice, counselling and advocacy work for this client group has also increased.

There are also four BBV specialist 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. In the reporting period 864 such visits were carried out.

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
2003–2004	£1,560,208	£1,632,356
2002–2003	£1,560,208	£1,597,098

Table 10 breaks down the actual expenditure of the prevention budget by category.

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	£473,954
People with links to high prevalence countries (sub-saharan Africa)	-
Women partners of men in the above groups	-
People with HIV and AIDS	£45,257
Injecting Drug Users	£578,969
Other:	£534,176
• Laboratory	£194,683
• Training	£49,923
• Health Promotion	£122,750
• Generic GUM Services (Health Advisor etc)	£135,301
• Evaluation, Monitoring and Research Officer	£31,519
Total	£1,632,356

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 operates from there two evenings a week. A further evening session takes place at the Glasgow Lesbian Gay and Bisexual Transgendered Centre. Clinic sessions are staffed by doctors, nurses, health advisors, host helpers, reception staff and counsellors. The service is entirely open access and clients mostly self-refer. In the reporting year, 974 individuals made 3,502 attendances, both new and rebooked.

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. The project also participates in the unlinked anonymous seroprevalence survey of HIV contributing to the important study of HIV prevalence in the UK.

In total, 836 Gay Men tested for HIV in Glasgow, at both the SRP and core GUM services. Of these 78% had GGHB postcodes.

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 170 hours of outreach was undertaken and 243 contacts made during 2003–2004.

Internet outreach – in an attempt to target men who do not use the commercial gay scene and in recognition of the growing use of the internet as a mechanism to meet partners, outreach took place in internet chat rooms. 100 hours of outreach were conducted and of the 190 contacts made, 63 were with men who reported that they were from Glasgow.

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 246,327 condoms and 344,652 sachets of lubricant were distributed.

A range of postcards were produced addressing HIV, oral sex, anal sex and condom use, coming out, sexual health check ups, partners of positive people and love and sex for positive people. During the year 17,444 of these and other resources were taken from Gay venues.

Health days, events and training are organised throughout the year, covering issues such as Safer sex on holiday, Syphilis, regular sexual health check-ups, oral sex and proper condom use and HIV. Other health events and training are organised throughout the year some of which link in with key event such as freshers week, Pride and World AIDS Day.

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 2003–2004 safer sex was raised or discussed with 33% 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 support groups, outreach work, one-to-one support, an information centre, transport and complementary therapies. These support services, particularly the group work were used by a group of HIV positive asylum seeking women. The Quality of Life project offers people living with HIV the opportunity to explore education, training and employment choices.

PHACE Scotland also provides a support and advocacy service for people living with BBVs. 129 clients accessed the Welfare Rights service and £240,490 in income was generated for service users. The Advocacy Service supports people around issues such as isolation, disclosure, isolation and emotional and practical difficulties. 15 people benefited from this service in the reporting year.

Women's Reproductive Health Service provides gynaecology and pregnancy care for a range of women who require specialist input, including women living with HIV. In the reporting year 36 HIV positive women attended the service – 23 gynaecology patients and 13 obstetric patients. All but three of the women attending for pregnancy care were known to be HIV+ prior to their pregnancy; the remaining three were detected during antenatal screening. Four HIV positive men also attended.

The Regional Haemophilia Centre based at Glasgow Royal continues to look after 17 HIV positive patients in collaboration with the Brownlee Centre.

3.4 Injecting Drug Users

Needle Exchange services were provided by 4 different service models during 2003–2004:

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

Pharmacy Needle Exchange. The number of operational pharmacies participating in the scheme increased from 15 to 18 in the reporting year. The service was available to clients on a drop-in basis during the pharmacies' normal opening hours. Over 630,000 needles and syringes were issued in 2003–2004. The average number of client contacts per month was 3,536.

Glasgow Drug Crisis Centre provides a 24-hour needle exchange based in the premises at West Street. During 2003–2004, over 8,984 clients used the service making approximately 16,000 visits, and although the number of clients has increased there has been a slight decrease (12%) in the numbers of needles and syringes issued compared to the previous year.

Base 75 is a drop in centre for street prostituted women and operates 6 evenings a week. As many prostituted women also use drugs, the Needle Exchange is provided as an integral part of the clinical services on offer. In the reporting year, there were 4,758 contacts with 872 women. There was a 24% decrease in the numbers of needles and syringes provided to this client and the return rate is negligible. Extensive work has been done in the past to try to find out the reasons for this. The accepted explanation is that many women do not wish to carry dirty needles with them when they are going to work.

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, the remit of the PHT was extended to provide harm reduction services. Currently weekly needle exchange services are offered at 5 of the City Council hostels.

Table 11 details the number of needles and syringes distributed and returned during the period. 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. Despite the fact that over

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 11– Needle Exchange Data in Greater Glasgow 2001–2002

Service	Needles/syringes Issued	Needles/syringes Returned	Percentage Return Rate
Pharmacy	630,335	435,802	69%
Glasgow Drug Crisis Centre	290,000	117,998	40%
Base 75	37,883	5,883	6%
Hostel Setting	43,099	37,489	87%
Total	1,001,317	597,172	60%

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. Over 6,000 individuals were prescribed methadone during the year, and the main services are provided by:

- GP Shared Care Scheme. This is the main methadone service in Glasgow. 341 GPs were involved, prescribing from 139 practices.
- The Department of Infection and Tropical Medicine treats a small number of 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.

3.5. Agency Monitoring

Table 12 reports the amount and percentage expenditure from the ringfenced prevention budget spent in each named sector.

Table 12 – Expenditure by Sector

Sector	Amount	Percentage (of total budget)
STATUTORY HEALTH	£1,361,525	83%
Health Promotion, family planning/sexual health, primary care, community care, education	£350,414	
Substance misuse	£475,188	
GUM	£41,256	
Other statutory health	£494,667	
VOLUNTARY/NON-STATUTORY	£270,831	17%
LOCAL AUTHORITIES	0	–
PRISONS	0	–
OTHER	0	–
TOTAL PREVENTION SPEND	£1,632,356	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. Staff at the health board departments of Public Health, Health Promotion 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.

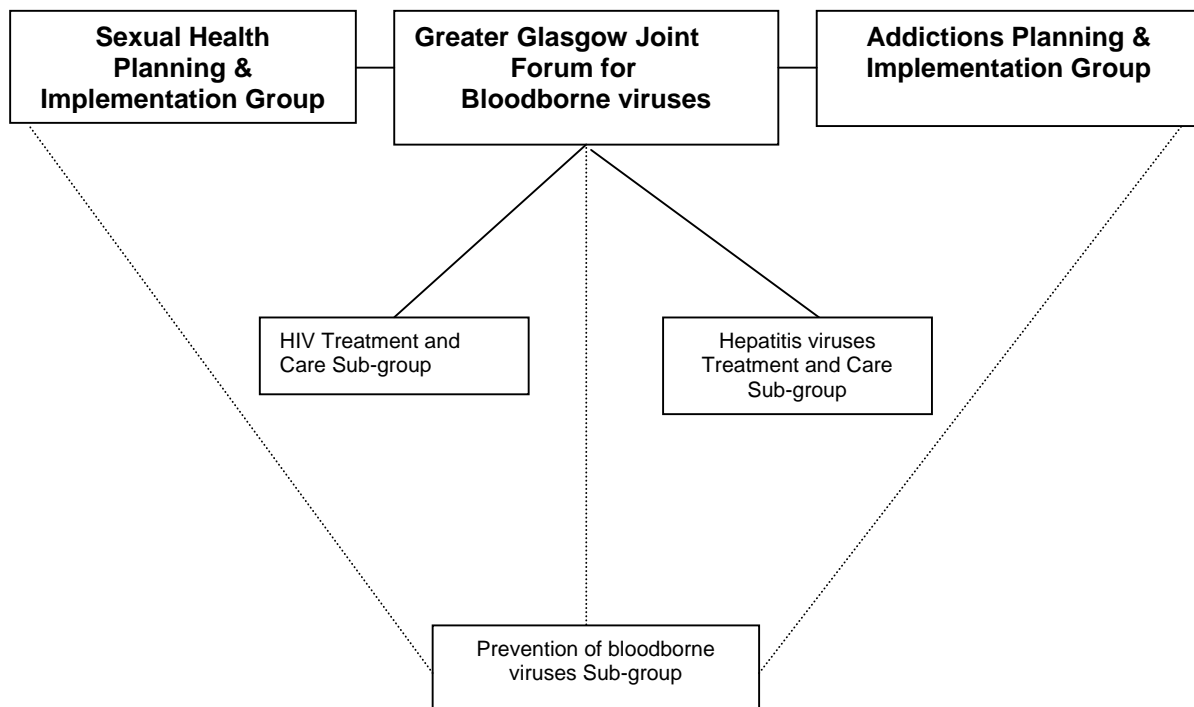
Work is on-going to evaluate existing services and produce service level agreements with agencies.

Two specific developments were begun in the reporting year. A Strategic Framework for Gay Men’s Sexual Health was written, the aim of which is to improve the sexual health of gay men in Glasgow by consolidating existing services and interventions and developing initiatives where there are gaps. The implementation plan is currently being drafted. In addition, a sexual health needs assessment of refugees and asylum seekers was begun. Results will be available in the 2004–2005.

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



Relevant voluntary sector representation is requested on each of the sub-committees. Currently, a representative from C-Level attends the hepatitis treatment and care sub-

committee; someone from Body Positive attends the HIV patient care sub-committee and representatives from PHACE Scotland and C-Level attend the Prevention sub-committee.

The voluntary sector also co-ordinate 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.

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.

Planning to conduct a major survey of HIV positive patients was begun in this financial year. The survey is intended to assess the social care needs of individuals living with HIV in Glasgow and the extent to which they perceive existing service provision meets those needs. The survey should be completed in the next financial year.

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.

A half-time BBV training officer is in post with a remit to train NHS staff and other organisations. In addition to ad hoc training session requests, his main focus has been around needlestick injury and the development of a self-directed learning unit and other interventions to accompany the Management of Needlestick Injury Guidelines.

In the first part of the year over 200 midwives and medical staff were trained on the new antenatal HIV screening programme. Eight half-day sessions were delivered at the three hospital sites in Glasgow and the epidemiology of HIV, the practical aspects of 'how to do it', including the protocol and care pathway and an update on the infection screening for syphilis, hepatitis B and rubella were covered.

The exercise referral scheme has been operating in Glasgow since 1997. This scheme offers people with on-going health problems referral to exercise counsellors who work with them to

improve their physical activity. In response to a demand to expand the client group HIV patients were included. Training on HIV and AIDS was provided to all the exercise counsellors and the Brownlee Centre now makes direct referrals to the scheme.

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.

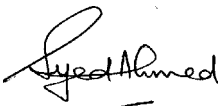
In this reporting year 'The Training Partnership' was created. This is an umbrella organisation of the various agencies and organisations offering training on sexual health and blood-borne viruses.

Appendix 1

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

NHS Board: **Greater Glasgow**

1 April 2003 to 31 March 2004 (as at 31 March 2004)

Signed:  _____

Name: Dr Syed Ahmed

Tel. No. : 0141 201 4917

How person probably acquired the virus	Male	Female	Total
<i>Sexual intercourse between men</i>	27	0	27
<i>Sexual intercourse between men and women</i>	17	40	57
<i>Injecting drug use (IDU)</i>	2	1	3
<i>IDU and sexual intercourse between men</i>	0	0	0
<i>Blood factor (eg haemophiliac)</i>	0	0	0
<i>Blood/Tissue transfer (eg transfusion)</i>	0	1	1
<i>Mother to child infected</i>	1	1	2
<i>Other/undetermined</i>	7	6	13
TOTAL	54	49	103

Notes:

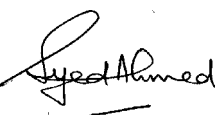
1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.
2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2003/2004 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 2004

Signed:  _____

Name: Dr Syed Ahmed

Tel. No. : 0141 201 4917

How person probably acquired the virus	Male	Female	Total
<i>Sexual intercourse between men</i>	389	0	389
<i>Sexual intercourse between men and women</i>	94	130	224
<i>Injecting drug use (IDU)</i>	104	60	164
<i>IDU and sexual intercourse between men</i>	11	0	11
<i>Blood factor (eg haemophiliac)</i>	23	0	23
<i>Blood/Tissue transfer (eg transfusion)</i>	6	5	11
<i>Mother to child infected</i>	5	5	10
<i>Other/undetermined</i>	15	10	25
TOTAL	647	210	857

Notes:

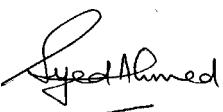
1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.
2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2003/2004 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 2004

Signed:  _____

Name: Dr Syed Ahmed

Tel. No. : 0141 201 4917

How person probably acquired the virus	Male	Female	Total
<i>Sexual intercourse between men</i>	262	0	262
<i>Sexual intercourse between men and women</i>	66	122	188
<i>Injecting drug use (IDU)</i>	58	33	91
<i>IDU and sexual intercourse between men</i>	5	0	5
<i>Blood factor (eg haemophiliac)</i>	14	0	14
<i>Blood/Tissue transfer (eg transfusion)</i>	3	4	7
<i>Mother to child infected</i>	5	5	10
<i>Other/undetermined</i>	13	9	22
TOTAL	426	173	599

Notes:

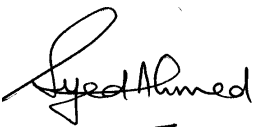
1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.
2. This table, supplied by The Scottish Centre for Infection and Environmental Health (SCIEH) - Tel. 0141 300 1100 - is for the 2003/2004 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 2004

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 2003 to 31 March 2004	- reported to, and accepted by SCIEH in period	22	19
	numbers of cases known to have died in period	5	4
Cumulative to 31 March 2004	- cumulative number reported to, and accepted by SCIEH in period	345	272
	numbers of above known by 31 March 2002 to have died	209	160

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