

2004-05

AIDS
(Control) Act
Report

NHS

Greater
Glasgow

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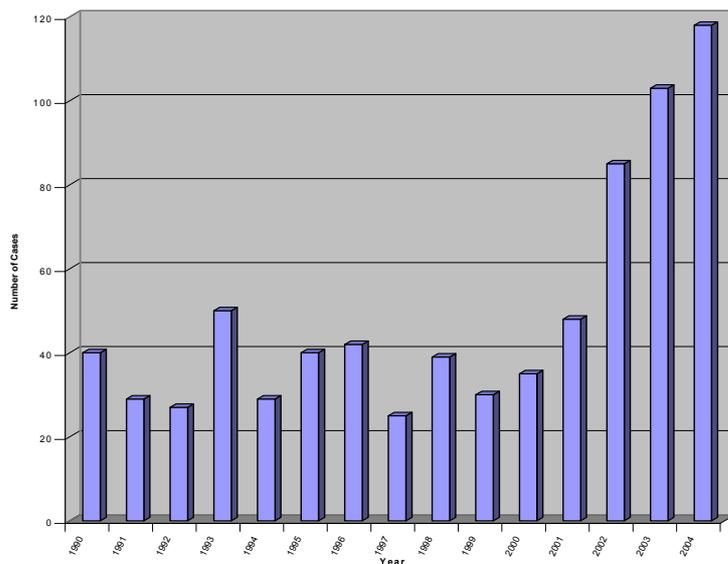
1. Introduction

This is the 18th 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 2005.

1.1 New Cases of HIV Infection

During the 12 months to 31 March 2005, 118 people resident in Greater Glasgow were newly reported to have HIV infection¹ (see **Appendix I**). This compares with 103, 85, 48, 35 and 30 cases in 2003–2004, 2002–2003, 2001–2002, 2000–2001 and 1999–2000 respectively. **Figure 1** shows that the number of new cases remained fairly stable at between 25 and 50 from 1988 but since 2002 there has been a significant increase in new cases. Of the 118 newly reported cases, 32 were probably acquired through sexual intercourse between men, 65 from sexual intercourse between men and women, 15 from other or uncertain routes, 3 from injecting drug use, and 3 from mother to child transmission. It is important to note that all 3 of the children infected by this route, were not born in the UK, and therefore their mothers did not participate in the HIV antenatal screening programme. As has been the case for the last two years, the largest group of new cases was amongst heterosexuals with 55% of the total new cases reported. This percentage has remained unchanged since 2002–2003. At the end of March 2005, the total number of cases of HIV recorded in Greater Glasgow stood at 972, of whom 711 (73%) were not known to be dead (See **Appendix 3**).

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



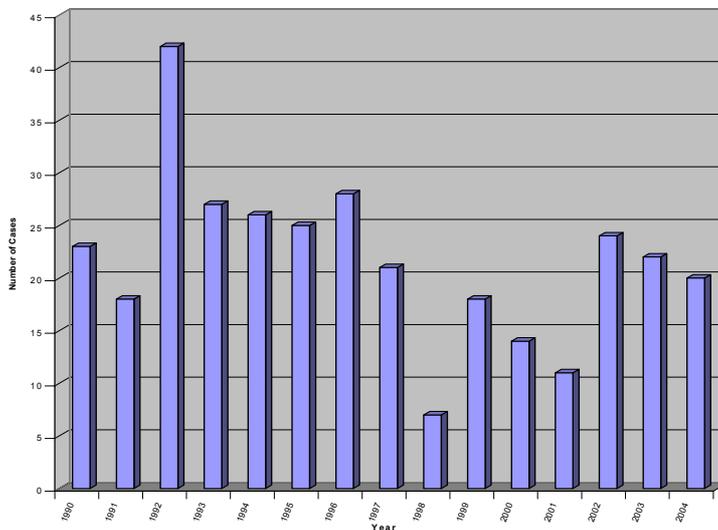
¹ Some of these diagnoses are new to Scotland but not necessarily new to the patient, who might have been aware of their infection.

Although the number of new cases amongst heterosexuals is higher than any other group, most of these infections are imported i.e. the infection was contracted in countries with a high population prevalence, most frequently Sub-Saharan Africa. Men who have sex with men are still at significant risk of contracting HIV and most locally acquired new infections are predominantly among this group. As in previous years, infection acquired through injecting drug use remains very low.

1.2 Cases of AIDS

There were 20 new cases of AIDS reported during the year (**Figure 2**), 19 of these live in the Greater Glasgow area (**Appendix 4**). Clinicians report a 24% decrease in AIDS related events compared to 2003–2004, however it must be remembered that this is for the entire treatment cohort which will include cases that are not resident in GGNHSB. The type of illnesses are largely unchanged and include candidiasis and *P. carinii* pneumonia, and as with previous years, there has been an increase in both pulmonary and other forms of tuberculosis occurring in some patients. Among all known cases of AIDS in Greater Glasgow, there was only one death during the reporting period, which is a decrease on the previous year. This compares with a peak of 42 deaths in 1992–1993 and reflects the efficacy of antiretroviral therapies, even amongst those presenting at an advanced disease stage or with co-morbidity.

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 and as previously stated all of the children were born outwith the UK and therefore their mothers did not have the opportunity to participate in the HIV antenatal screening programme.

In total, 17 children are known to be HIV infected, ranging in age from 1 to 18 years. During the reporting year the two oldest patients transferred to adult treatment and care services. Eight of the children receive HAART and the other 9 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. Universal Antenatal HIV testing has been offered to all women receiving antenatal care in Greater Glasgow since August 2003. In the calendar year 2004, data from Health Protection Scotland shows that the Guthrie tests identified that 8 HIV positive women gave birth in Glasgow. Of these 4 were diagnosed before pregnancy, 3 were diagnosed during pregnancy and 1 remained undiagnosed after pregnancy. In this reporting period (1st April 2004–31st March 2005) 10 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. To date, none of the children born to women in Glasgow whose HIV positive status was known prior to delivery or who were delivered in specialist services, have themselves been positive for 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 2004/2005
North Glasgow Division	£4,054,347
Yorkhill NHS Division	£43,420
Total	£4,097,767

Table 2 – Other statutory Sector

Provider	Spend 2004/2005
Primary Care Division	£110,919
Total	£110,919

Table 3 – Voluntary/Non-statutory sector

Provider	Spend 2004/2005
Private London Hospital (extra-contractual funding)	£103,660
Total	£103,660

Total Spend 2003–2004	£4,103,15
Total Spend 2004–2005	£4,312,346

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. . 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 a brief self-completed form with an experienced nurse/practitioner or Sexual Health Advisor on hand 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 sexual health advisor. Although appointments can be made, they are not needed to obtain these services.

2.3 HIV Testing

During 2004, 10,113 individuals had a named HIV test in all settings in GGNHSB area. The greatest proportion of tests (80%) were carried out in the GUM setting, but tests were also performed in, amongst other places, the acute sector, at the BBV counselling and testing clinic attached to the Brownlee Centre and in limited numbers in the general practice setting. A recent change in policy means that opt-out HIV testing is now offered as part of the routine sexual health screen for GUM attendees.

Seventy five percent (n= 7567) of all tests were carried out on heterosexual men and women (not known to be injecting drug users). However the prevalence in this group is less than 1%. In contrast 1058 men identifying as gay or bisexual had a named HIV test, about 10% of the total number tested, but the prevalence amongst this group is 3.5%. Similarly, of the 323 Individuals who tested due to reported exposure in sub-Saharan Africa, the prevalence was higher again at just over 12%.

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 over 80% of these patients are Greater Glasgow residents. In the reporting year the total cohort attending the Brownlee Centre has risen by 23% to 644 (232 GUM and 412 Infectious Diseases).

141 patients attended for the first time in the reporting year. Of these 84 were new diagnoses, 36 had been diagnosed previously and transferred from other areas (mainly UK) and 21 were previously diagnosed but were not in care in the last year. 72 of the 141 new patients were already taking or were started on antiretroviral therapy in the reporting year. Just over 53% (n= 75) of the new patients were born in countries outwith the UK.

The rise in the cohort numbers led to only a small corresponding rise in the number of overall outpatient attendances with the entire multidisciplinary team – 3466 against 3062, a 13% increase when compared with the previous year. This figure does not include much of the informal work including telephone calls, and pharmacy review, but illustrates that the additional workload caused by the rising cohort, has been absorbed by lengthening appointment intervals and reducing the frequency of visits.

The number and length of hospital attendances are described in tables 5 and 6. In Table 5 the total number of outpatient appointments only represents contact with clinicians and not the other members of the multidisciplinary team, therefore the total does not correspond to 3466.

Nurse led contacts rose by 17% compared to 2003–2004 and reflects not only the increase in the size of the cohort but also in nursing activity. An important development took place in December 2004 with the establishment of nurse-led New Fill clinic, with support from Plastic Surgery. Some patients have experienced facial lipoatrophy as a consequence of their HIV infection and/or drug treatment, which can result in serious psychological and social problems for them. New Fill is a temporary filler which is injected into the affected areas and restores normal appearance. Two nurses were trained in the administration of this product and by the end of the reporting period, two patients had completed treatment and 8 were on treatment.

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
Brownlee Centre (ID and GUM combined)	129	81	2800
Yorkhill	7	10	98
Total	136	91	2898

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 fractionally from 90 to 92, however total bed days have been reduced by 39% since there have been fewer long stay patients and therefore the median stay has decreased from 9.5 to 7.5 days.

Table 6 – Average length of stay for patients with HIV

Provider	Total bed days	Total No. of HIV/AIDS patients	Average length of stay
Brownlee Centre (ID and GUM combined)	1273	92	7.5
Yorkhill	38	5	5
Total	1311	97	-

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=443) of the patients attending for care are currently receiving antiretroviral therapy and all but 3 receive a combination of three or more drugs. In January 2005 a Pharmacy Home Delivery Service was established for HIV medication. This service will relieve pressure on pharmacy and provide a more convenient service for patients. At the end of the reporting period, 31 patients were enrolled but this is expected to rise considerably.

Table 7 – Drug Costs

Drugs	Brownlee Centre		Yorkhill	
	Cost	No. of patients	Cost	No. of patients
Anti-retroviral therapies	£2,432,861	381	£43,420	5
Others	£216,820	381	–	–
Total	£2,694,681	381	£43,420	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)	355	190	53%
E2 (Symptomatic)	171	145	85%
E3 (AIDs)	118	108	91%

Viral load testing is universally available to all patient and 2,580 tests were carried out. 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 82% of those on treatment had an undetectable viral load (<50 copies/ml).

2.6 Primary Care Involvement

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 active 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.

2.7 Community Care

Glasgow City Council continues to employ specialist social work staff within the Counselling And Support Team (CAST) known as the Brownlee Community Team and have bases at both the Brownlee Centre and Stockwell Street. There has been an increase in staff since last year's report and the team now consists of one practice team leader, four qualified social workers, a home maker, a social care assistant and a newly appointed social care worker.

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 when required.

Between 1st April 2004 and 31st March 2005 149 people were referred to the Social Work Unit. The number of clients requiring ongoing assessments has increased to 128. The number of clients identified with complex needs continues to increase. There has been a slight increase in clients/families requiring respite care this year.

Work with children and families continue to be a constant feature of the work – the increase being generated by the number of asylum seekers and refugees now residing in Glasgow. In the reporting year 68 asylum seekers were seen and assessed by the team. Of that number 40 require on-going assessment of need. Respite care has been provided for children whose parents have required inpatient admission to hospital, as family support networks for this client group are limited. 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 852 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
2004-2005	£1,560,208	£1,668,495
2003-2004	£1,560,208	£1,632,356

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

Greater Glasgow NHS Board funds several voluntary and non-statutory agencies to 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	£483,231
People with links to high prevalence countries (sub-Saharan Africa)	-
Women partners of men in the above groups	-
People with HIV and AIDS	£46,388
Injecting Drug Users	£595,999
Other:	£542,877
• Laboratory	£196,075
• Training	£50,246
• Health Promotion	£125,565
• Generic GUM Services (Health Advisor etc)	£138,684
• Evaluation, Monitoring and Research Officer	£32,307
Total	£1,668,495

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 Transgender 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 3,457 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.

Outreach work on the commercial gay scene is also carried out in conjunction with PHACE Scotland.

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 160 hours of outreach was undertaken and 233 contacts made during 2004–2005. Work is also on-going in one of the saunas with 63 hours and 111 contacts being made.

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, funding is provided to carry out outreach in internet chat rooms. There were some challenges at the start of the year in delivering this service, however, negotiations with other internet outreach providers and the chat room business resulted in the development the National NetReach project, and all Internet Outreach is run under this umbrella. 14 hours of outreach were conducted

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 274,577 condoms and 294,907 sachets of lubricant were distributed.

Resource Distribution – As well as distributing PHACE postcards, NHSGG resources such as 'Clever Dick', 'Bottom Line', 'Below the Belt' and 'The Manual' were also distributed.

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 2004–2005 safer sex was raised or discussed with 33% of those contacting Switchboard.

3.3 People with HIV and AIDS

Body Positive Strathclyde was a self-help organisation for people infected and affected by HIV. The aim of the organisation was to provide members with access to a drop-in facility, support groups, outreach work, one-to-one support, an information centre, transport and complementary therapies. The organisation had experienced some difficulties in recent years and these problems and issues escalated during the reporting period. After an extensive review and audit in the summer of 2004 followed by support to try to rectify some of the staffing and service issues, it became apparent that the organisation had serious internal problems. Services were not being delivered to the client group and the antagonism and discord between staff, members and the board of directors about a number of fundamental issues, meant that continued funding was untenable. GGNHSB notified Body Positive Strathclyde that funding would not be continued and due to the fact that several other funders had similarly withdrawn funding, Body Positive Strathclyde ceased to operate in April 2005. This development was very sad for all concerned as the organisation had been in existence for 15 years and had provided some excellent support to infected individuals over the years. The difficulties faced by Body Positive illustrate that the self-help model is a difficult one to sustain and alternatives plans to provide appropriate replacement support to HIV infected individuals are currently being considered.

PHACE Scotland also provides a support and advocacy service for people living with BBVs. 133 clients accessed the Welfare Rights service and £152,812 in income was generated for service users. The Advocacy Service supports people around issues such as isolation, disclosure, isolation and emotional and practical difficulties. 12 people benefited from this service in the reporting year.

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

C-Card Service – Free condoms, lubricant and dams are available to all residents of GGNHSB via the C-Card service, which is administered from the Sandyford Initiative. Individuals register for a C- card, which can then be presented at various locations around the city and a supply of condoms and lubricant is provided.

3.4 Injecting Drug Users

A research study carried out jointly by the Centre for Drug Misuse Research at the University of Glasgow and the Scottish Centre for Infection and Environmental Health provides the latest national and local estimates of the prevalence of problem drug misuse within Scotland. Based on figures for 2003, in total it has been estimated that there are 18,737 drug injectors in Scotland and the highest drug injecting prevalence rates were identified in the Argyll & Clyde, Greater Glasgow and Grampian NHS Board areas; where in each of these areas it is estimated that just under 1% of the population, aged 15 to 54, inject drugs.

In the Greater Glasgow NHS Board area there are estimated to be 4,908 drug injectors. This corresponds to 0.98% of the population aged 15 to 54 (95% CI 0.89 to 1.09%). It is therefore estimated that 37% of Greater Glasgow's problem drug users inject.

Needle Exchange services were provided by 4 different service models during 2004–2005:

- 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 18 to 22 in the reporting year. The service was available to clients on a drop-in basis during the pharmacies' normal opening hours. Over 670,000 needles and syringes were issued in 2004–2005. **Glasgow Drug Crisis Centre** provides a 24-hour needle exchange based in the premises at West Street. During 2004–2005, over 200,000 needles and syringes were issued and over 2,960 clients used the service making approximately 10,973 visits. This represents a decrease in not only numbers issued (30%) but also clients attending, compared with the previous year and is perhaps due to an increase in availability elsewhere and the fact that citric acid was not available to Crisis Centre clients as it is elsewhere. However, according to the latest estimates the number of injecting drug users has also declined compared to previous years.

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 2921 contacts with 159 women – a significant drop compared to the previous year (4,758 contacts with 872 women) however there have been substantive changes to the city centre areas that women are able to operate in and it is believed that many women have shifted their location to the East of the city.

Homeless Setting: Currently the Physical Health Team provide amongst other clinical services needle exchange services at 4 locations accessed by hostel dwellers. Three of these are in hostels and the other is at the Hunter Street clinic .

Table 11 details the number of needles and syringes distributed and returned during the period. The high return rate in the hostel setting is marked compared to the other services, and particularly Base 75, however, the return rate has risen substantially compared to last year. The return rate at the remaining exchanges is similar across the other needle exchanges.

Table 11– Needle Exchange Data in Greater Glasgow 2004–2005

Service	Needles/syringes Issued	Needles/syringes Returned	Percentage Return Rate
Pharmacy	671,688	425,995	63%
Glasgow Drug Crisis Centre	203,998	127,088	62%
Base 75	20,313	5,519	25%
Hostel Setting	32,097	24,700	77%
Total	928,096	583,302	63%

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 is the main methadone service in Glasgow. Over 300 GPs were involved, prescribing from approximately 140 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.

3.5. Agency Monitoring

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

Table 12 – Expenditure by Sector

Sector	Amount	Percentage (of total budget)
STATUTORY HEALTH	£1,390,894	83%
Health Promotion, family planning/sexual health, primary care, community care, education	£355,425	
Substance misuse	£489,623	
GUM	£42,288	
Other statutory health	£503,558	
VOLUNTARY/NON-STATUTORY	£277,601	17%
LOCAL AUTHORITIES	0	–
PRISONS	0	–
OTHER	0	–
TOTAL PREVENTION SPEND	£1,668,495	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 Health Protection Scotland. Staff at the health board departments of Public Health and Health Promotion 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.

All of the non-statutory agencies funded from the BBV prevention budget now have Service Level Agreements in place. These were negotiated individually and set the parameters of the services delivered and the expected reporting and evaluation requirements. They will be updated annually, at the start of the each new financial year.

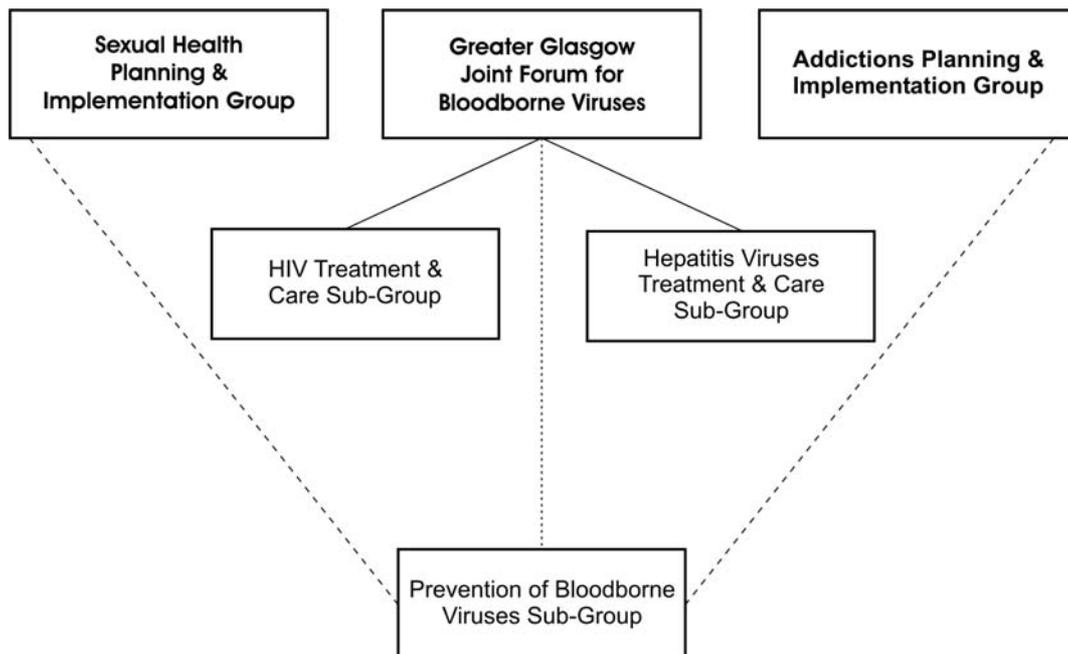
A sexual health needs assessment of refugees and asylum seekers was begun. Results will be available in the autumn of 2005.

A study trip was undertaken to review other HIV organisations in the UK. Several agencies, with a sexual health remit for gay and bisexual men, were visited to explore the services provided for the budget available.

3.7 Co-ordination

In Glasgow, HIV is strategically managed through the Joint Forum for Bloodborne Viruses and its associated sub committees. 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; and representatives from PHACE Scotland and C-Level attend the Prevention

sub-committee. However, due to the demise of the Body Positive Strathclyde, there has been no patient representation on the HIV Treatment and Care Committee.

The voluntary sector also work very closely 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.

The Strategic Framework for Gay Men's Sexual Health was completed and the implementation plan drawn up. The aim of this strategy is to improve the sexual health of gay men in Glasgow by consolidating existing services and interventions and developing initiatives where there are gaps. A planning group was established to take forward the actions in the implementation plan and where necessary sub-groups have been set up with specific tasks e.g. the campaign sub-group and the Safer Sex Group.

All the community pharmacies that are involved in the needle exchange scheme are now dispensing pre-packs and this has presented the opportunity to include relevant health promotion/harm reduction materials and information in the packs. A planning group has been established to co-ordinate the inclusion of materials at appropriate times such as the leaflet on the dangers of overdose, which was put in the packs over the Christmas/New Year period.

3.8 Consumer Involvement

Effective consumer involvement remains a challenging area for HIV services, and mechanisms are continually being sought to ensure that consultation is carried out.

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.

A major self-complete survey of HIV positive patients was begun in this financial year, asking about the social care needs of individuals living with HIV in Glasgow and the extent to which they perceive existing service provision meets those needs. This was completed recently and the report will be available in late 2005.

Specific consultation was carried out with gay men on the content, aims and objectives of the Strategic Framework, including an on-line questionnaire and 2 community events. Similarly the on-going Equal Campaign, which is a three year sexual health promotion campaign, has had on-going user involvement to assess the campaign materials and messages.

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. Staff from the Brownlee Centre have the opportunity to attend the monthly multidisciplinary teaching meetings.

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 training on the management of needle stick injuries, but also includes general BBV updates and antenatal HIV testing training. In total 1071 people received training on a diverse range of BBV issues, including HIV.

Live Active, an exercise referral service, has been operating in Glasgow since 1997. This scheme offers people with on-going health problems and those who are trying to become more active referral to exercise counsellors who work with them to increase their physical activity. Research suggests that individuals taking antiviral therapies often have high cholesterol levels and altered blood lipid profiles and there is evidence to suggest that exercise has a positive role in managing these side effects. Links were made with the Brownlee to develop a referral pathway into the service for HIV positive patients. 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 (post currently vacant) 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 other's 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.

'The Training Partnership' - an umbrella organisation of the various agencies and organisations offering training on sexual health and blood-borne viruses - released their directory of training contacts and courses.

Appendix 1

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

NHS Board: **Greater Glasgow**

1 April 2004 to 31 March 2005 (as at 31 March 2005)

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>	32	0	32
<i>Sexual intercourse between men and women</i>	25	40	65
<i>Injecting drug use (IDU)</i>	3	0	3
<i>IDU and sexual intercourse between men</i>	1	0	1
<i>Blood factor (eg haemophiliac)</i>	0	0	0
<i>Blood/Tissue transfer (eg transfusion)</i>	0	0	0
<i>Mother to child infected</i>	0	3	3
<i>Other/undetermined</i>	7	7	14
TOTAL	68	50	118

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 Health Protection Scotland (HPS) - Tel. 0141 300 1100 - is for the 2004/2005 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 2005

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>	424	0	424
<i>Sexual intercourse between men and women</i>	118	172	290
<i>Injecting drug use (IDU)</i>	107	60	167
<i>IDU and sexual intercourse between men</i>	12	0	12
<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	8	13
<i>Other/undetermined</i>	19	13	32
TOTAL	714	258	972

Notes:

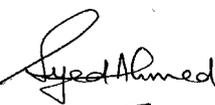
1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.
2. This table, supplied by Health Protection Scotland (HPS) - Tel. 0141 300 1100 - is for the 2004/2005 reports by NHS Boards 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 2005

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>	296	0	296
<i>Sexual intercourse between men and women</i>	89	164	253
<i>Injecting drug use (IDU)</i>	61	32	93
<i>IDU and sexual intercourse between men</i>	6	0	6
<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	8	13
<i>Other/undetermined</i>	17	12	29
TOTAL	491	220	711

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 Health Protection Scotland (HPS) - Tel. 0141 300 1100 - is for the 2004/2005 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 2005

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 2004 to 31 March 2005	- reported to, and accepted by HPS in period	20	19
	numbers of cases known to have died in period	1	1
Cumulative to 31 March 2005	- cumulative number reported to, and accepted by HPS in period	365	291
	numbers of above known by 31 March 2005 to have died	210	161

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 Health Protection Scotland (HPS)