

2005-06

AIDS
(Control) Act
Report

NHS

Greater
Glasgow

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1. Introduction

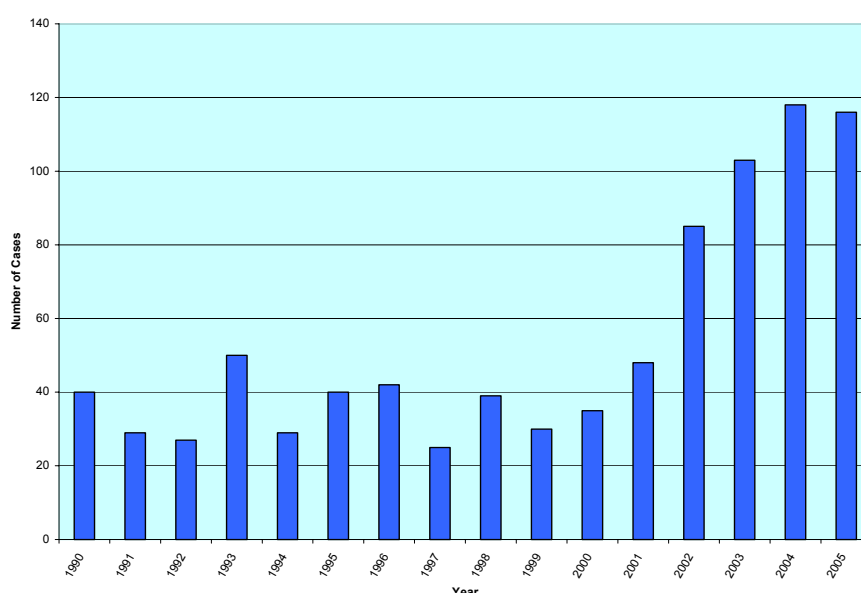
This is the 19th annual AIDS (Control) Act Report. It provides an update on the numbers of people with HIV infection and AIDS in Greater Glasgow up to the end of March 2006.

1.1 New Cases of HIV Infection

During the 12 months to 31 March 2006, 116 people resident in Greater Glasgow were newly reported to have HIV infection¹ (see **Appendix I**). This compares with 118, 103, 85, 48, and 35 cases in 2004-2005, 2003-2004, 2002-2003, 2001-2002, and 2000-2001 respectively. **Figure 1** shows that during the latter half of the 1990's the number of new cases remained fairly stable. In 2002, new cases doubled and since then, the trend has been one of increasing rates of infection. This is the first year since 2002 that there has been a decrease in new infections although it is too slight to be interpreted as evidence of a downward trend. Of the 116 newly reported cases, 56 were probably acquired through sexual intercourse between men, 44 from sexual intercourse between men and women, 7 from other or uncertain routes, 5 from injecting drug use, 1 from blood/tissue transfer (not UK), 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.

The largest group of new cases was amongst men who have sex with men - 48% of the total new cases reported and overtaking heterosexual transmission for the first time in two years. This reinforces that men who have sex with men are still the population group most at risk of contracting HIV and in contrast to heterosexual transmission; most locally acquired new infections are predominantly among this group

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 still high at 40% of the total, most of these infections are imported i.e. the infection was contracted in countries with a high population prevalence, most frequently Sub-Saharan Africa. As in previous years, infection acquired through injecting drug use remains low, but is higher than it has been for a number of years.

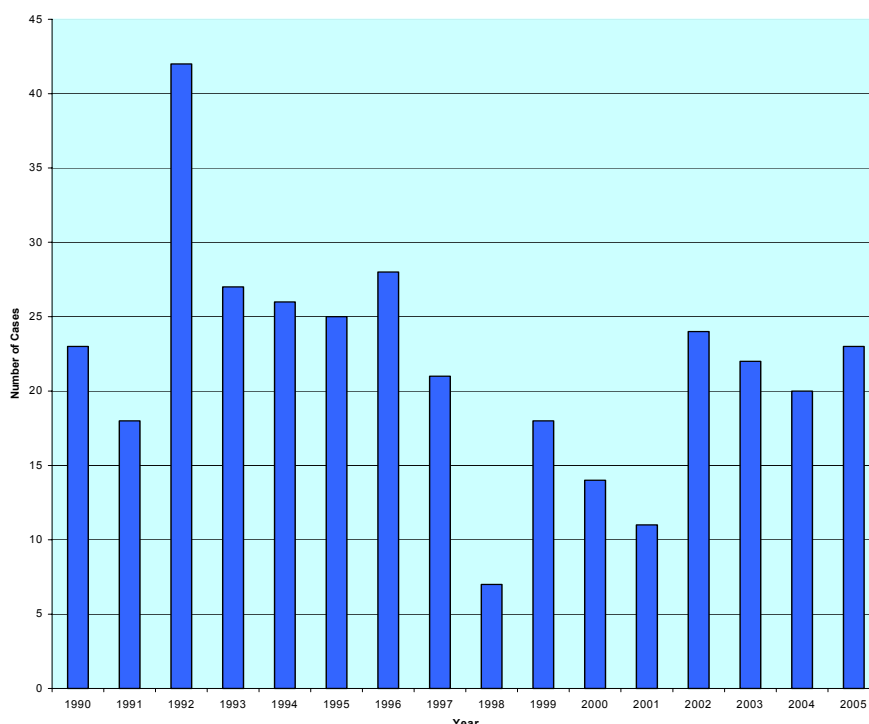
At the end of March 2005, the total number of cases of HIV recorded in Greater Glasgow stood at 1087, of which 820 (75%) were not known to be dead. (See **Appendix 3**).

1.2 Cases of AIDS

There were 23 new cases of AIDS reported during the year (**Figure 2**), 17 of these live in the Greater Glasgow area (**Appendix 4**). Clinicians report no change in the percentage of AIDS related events compared to 2004-2005, however it must be remembered that this is for the *entire cohort* which includes patients from outwith Greater Glasgow. Ten of these patients were diagnosed as new HIV and subsequently had an Aids Defining Event (ADE) at the time of, or within one month of diagnosis, and a further 6 had ADE within 6 months of diagnosis. 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 cases of AIDS in the patient cohort, there were 3 deaths among residents of Greater Glasgow. This is an increase compared to the 2004-2005 reporting year when there was 1 death. However, 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, 14 children are known to be HIV infected, ranging in age from 2 to 18 years. During the reporting year there was one transfer to adult treatment and care services, 1 relocated within the UK and 1 child was deported. Five children are currently receiving ART, one child started and then stopped treatment and 8 received no treatment. There were two cases of AIDS. There were also 14 children born to HIV positive mothers, who attended for counselling and follow-up.

Universal Antenatal HIV testing has been offered to all women receiving antenatal care in Greater Glasgow since August 2003. In the calendar year 2005, linked data from Health Protection Scotland and the Institute of Child Health Surveillance on known HIV infected pregnant women, shows that the Guthrie tests identified 4 HIV positive women who gave birth in Glasgow, and that all of these women were diagnosed for the first time during pregnancy. In this reporting period (1st April 2005-31st March 2006) 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. 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. 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 2005/2006
Former North Glasgow Division	£4,524,380
Former Yorkhill NHS Division	£14,998
Total	£4,539,378

Table 2 – Other statutory Sector

Provider	Spend 2005/2006
Former Primary Care Division	£113,693
Total	£113,693

Table 3 – Voluntary/Non-statutory sector

Provider	Spend 2005/2006
Private London Hospital (extra-contractual funding)	£104,420
Total	£104,420

Total Spend 2004-2005	£4,312,346
Total Spend 2005-2006	£4,757,491

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, which means that no-one with an immediate problem is turned away. Asymptomatic clients are similarly seen on the same day if they arrive before 10.00 a.m. in the nurse-led 'Corner Clinic'. HIV testing is available at the Sandyford Initiative, at 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 for patients identified as at risk or particularly anxious and up to 14 days later for those accepting routine opt-out HIV testing as part of a sexual health screen.

Crisis 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 2005, 10,358 individuals had a named HIV test in all settings in GGNHSB area. The greatest proportion of tests (85%) 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 the general practice setting.

Eighty percent (n= 8175) 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 1048 men identifying as gay or bisexual had a named HIV test, just over 10% of the total number tested, but the prevalence amongst this group is around 3.5%.

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 18% to 732 (274 GUM and 458 Infectious Diseases).

133 patients attended for the first time in the reporting year. Of these, 97 were new diagnoses, 30 had been diagnosed previously and transferred from other areas (mainly UK) and 6 were previously diagnosed but were not in care in the last year. 51 of the 133 new patients were already taking or were started on antiretroviral therapy in the reporting year.

Sixty of the new patients probably acquired HIV heterosexually of which 78% acquired it overseas.

Just over 53% (n=71) of all new patients were men who have sex with men. Of these newly attending gay men, 60 were diagnosed in Scotland with the majority, 80% in Glasgow.

As with other years just over a third of new patients are of African origin with all of them having acquired HIV in countries with high HIV prevalence or by contact with a person from there.

The rise in the cohort numbers led to a rise in the number of overall outpatient attendances with the entire multidisciplinary team – 4295 against 3463, a 24% 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 4295.

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)	171	35	3576
Yorkhill	3	12	55
Total	174	47	3631

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 nights	Total No. of HIV/AIDS patients	Average length of stay
Brownlee Centre (ID and GUM combined)	1345	69	16.2
Yorkhill	12	3	4
Total	1357	72	20.2

Nurse led contacts rose by 24% compared to 2004 –2005 and reflects not only the increase in the size of the cohort but also in nursing activity. The pattern of work has changed to cope with this increased demand and fewer home visits are possible and more patients are seen at nurse-led clinics or on an ad-hoc basis. Nurse-led clinics include **routine maintenance clinics**, which are designed to improve patients' general health through cardiovascular risk assessment and other health improvement interventions such as smoking and exercise advice; and the **facial-lipoatrophy clinic**, which provides Newfill treatment to those affected by facial wasting that can be a consequence of HIV treatment/infection. Newfill is temporary filler that 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, 30 patients had completed treatment and 6 were undergoing treatment.

2.5 Drug Therapy

Table 7 details the drug costs for Greater Glasgow. Glasgow GPs do not prescribe antiretroviral drugs for HIV patients. 68% (n=500) of the patients attending for care are currently receiving antiretroviral therapy and all but 2 receive a combination of three or more drugs. Of these 500 patients 85% have an undetectable viral load. 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, 174 patients were enrolled, although a few who are eligible have declined this service.

Table 7 – Drug Costs

Drugs	Brownlee Centre		Yorkhill	
	Cost	No. of patients	Cost	No. of patients
Anti-retroviral therapies	£2,803,900	500	£14,998	4
Others	£326,832		-	-
Total	£3,130,732		£14,988	4

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 just over 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)	421	232	55%
E2 (Symptomatic)	177	145	82%
E3 (AIDs)	129	123	95%

Viral load testing is universally available to all patient and 2,981 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.

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 social work staff within the Counselling and Support Team (CAST) at the Brownlee Centre and a community based team of staff. The team consists of one Practice Team Leader, four qualified Social Workers, one Social Care Worker, one Social Care Assistant and one Clerical Assistant.

The team address 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 Department of Work and Pensions are offered.

Comprehensive Community Care Assessments are carried out and specific care plans are initiated when appropriate.

Between April 2005 and March 2006, 210 people aged 18 – 64 were referred to Social Services for assessment. The reasons for referral vary in their degree of complexity. Work with children and families continue to increase, mostly generated by the needs of asylum seekers and refugees.

Links with social work colleagues at The Princess Royal Maternity Hospital have been established in an attempt to offer a seamless service through pregnancy and following delivery.

Respite care continues to be provided for children whose parents require hospitalisation and there has been an increase in the number of adults seeking and receiving respite care.

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
2005-2006	£1,599,213	£1,705,538
2004-2005	£1,560,208	£1,668,495

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	£495,885
People with links to high prevalence countries (sub-Saharan Africa)	-
Women partners of men in the above groups	-
People with HIV and AIDS	£47,548
Injecting Drug Users	£503,282
Other:	£658,823
• Laboratory	£197,502
• Training	£50,577
• Health Promotion	£125,307
• Generic GUM Services (Health Advisor etc)	£252,323
• Evaluation, Monitoring and Research Officer	£33,115
Total	£1,705,538

3.2 Gay and Bisexual Men

Greater Glasgow NHS Health Promotion Department's Sexual Health Team lead and develop several work strands which are relevant for HIV prevention.

Firstly, the team chaired the NHS Gay Men's Sexual Health Strategic Planning Group, which is a multi-agency partnership to working together to implement and monitor the action plan associated with *The Strategic Framework to Improve the Sexual Health of Gay and Bisexual Men in Glasgow (2005)*. The aim of this strategy is to consolidate existing services and interventions and developing initiatives where there are gaps.

Secondly, in partnership with NHS Lanarkshire and NHS Ayrshire and Arran, and supported by PHACE Scotland, the 'Equal' mass media campaign targeting positive sexual health improvement messages directly to gay and bisexual men was continued into this reporting year. The three campaign themes were:

- Challenging HIV stigma
- Challenging men's assumptions of partners' HIV negative status
- Promoting the benefits of HIV testing

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 223 contacts made during 2005-2006. Work is also on-going in one of the saunas with 63 hours and 121 contacts being made.

Internet outreach – as part of the Scottish Netreach Network, which is a consortium of organisations that work together to provide outreach in a consistent and organised fashion, PHACE Scotland undertook 91 hours of outreach in Gaydar chat rooms contacting 40 men.

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 323,608 condoms and 340,500 sachets of lubricant were distributed increases of 18% and 15% respectively on the previous year. Posters were also produced which highlighted issues such as sexual health MOTs, hepatitis B vaccinations and syphilis.

Resource Distribution – As well as distributing PHACE postcards, other resources from NHS Greater Glasgow and Healthy Gay Scotland were also distributed. In addition a 6-monthly newsletter was produced which provided a sexual health update to gay and bisexual men.

Twenty-two scene based events were carried out over the year in a range of venues. and events covering issues such as Safer sex on holiday, Syphilis, regular sexual health check-ups, 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 2005-2006 safer sex was raised or discussed with 35% of those contacting Switchboard.

3.3. African and BME Communities

As the other population group, aside from Gay Men, which as emerged as disproportionately affected by HIV, a programme was started to begin to address their diverse needs. In the reporting year contacts with a range of community organisations were made culminating in an African Health Event which was attended by over 100 members of African and BME communities and which raised awareness of HIV, Sexual Health and NHS services. Following on from this, and other smaller stakeholder events, a piece of research was commissioned to fully articulate the HIV prevention needs of African Communities. It is planned to use this as a springboard, and working with communities, take forward further interventions.

The NHS Greater Glasgow *HIV – The Facts* resource was translated into 10 community languages in partnership with the Scottish Refugee Council.

3.4 People with HIV and AIDS

PHACE Scotland also provides a support and advocacy service for people living with BBVs. 172 clients accessed the Welfare Rights service and £209,655 in income was generated for service users. The Advocacy Service supports people around issues such as isolation, disclosure, isolation and emotional and practical difficulties. 20 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.

Peer Support - It should be noted that as Body Positive Strathclyde ceased to exist in late 2004, there was a resultant gap in service provision for HIV positive people. As noted last year a major self-complete survey of HIV positive patients was undertaken and completed in this financial year, which asked 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. The main findings were that while just over half the respondents reported having needs (56%), just under half (44%) reported that they did not have any needs as a result of being HIV positive. The main expressed need, directly related to HIV, was the requirement for Peer Support, or put more simply, talking to another HIV positive person about being HIV positive. Following on from this report, two consultation days were held - one with HIV positive individuals and another with agencies and stakeholders. Following on from these a further options paper was circulated which clearly showed that people wanted a Peer Support Co-ordinator to be appointed. The main aims of this post are

- To recruitment, manage, co-ordinate, train and supervise a group of Peer Support volunteers
- Plan and organise social evenings including eliciting themes for discussion from the patient group and inviting participants and speakers.
- Facilitate user involvement processes

A multi-agency steering group has been convened to progress this post, and expect to see someone recruited before the end of the next financial year.

The Brownlee Centre's Multidisciplinary team, including Social Work, provide a great deal of support, information and advice to HIV positive patients including the availability of a sexual health advisor a counselling service and a dietetic service.

World Aids Day - is supported by a range of funded agencies through the production and supply of materials and resources to professionals and community groups.

3.5 Injecting Drug Users

Needle Exchange services were provided by 4 different service models during 2005-2006:

- 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 22 to 27 in the reporting year. The service was available to clients on a drop-in basis during the pharmacies' normal opening hours. Approximately 640,000 needles and syringes were issued in 2005-2006. All the community pharmacies that are involved in the needle exchange scheme now dispense pre-packs and this has presented the opportunity to include relevant health promotion/harm reduction materials and information in the packs. .

Glasgow Drug Crisis Centre provides a 24-hour needle exchange based in the premises at West Street. During 2005-2006, over 250,000 needles and syringes were issued and over 2527 clients used the service making approximately 13,642 visits. This represents an increase in numbers issued (21%) but a slight decrease in clients attending, compared with the previous year. Citric acid is now provided to Crisis Centre clients and this has perhaps had an effect. There are also reports that a substantial number of steroid injectors use the Crisis Centre as their source of clean injecting equipment.

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.

Homeless Setting: Currently the Physical Health Team provide amongst other clinical services needle exchange services at 2 locations accessed by hostel dwellers. One of these is in a hostel and the other is at the Hunter Street clinic. Approximately 69 clients were seen per month, however there has been a reduction in the number of needles distributed mainly due to the hostel closure programme that is underway.

Table 11 details the number of needles and syringes distributed and returned during the period.

Table 11– Needle Exchange Data in Greater Glasgow 2005-2006

Service	Needles/syringes Issued	Needles/syringes Returned	Percentage Return Rate
Pharmacy	637,954	479,289	75%
Glasgow Drug Crisis Centre	257,921	121,298	47%
Base 75	19,753	5,081	26%
Hostel Setting	23,307	18,039	69%
Total	938,935	623,707	66%

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.

3.6 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	£1,420,997	83%
Health Promotion, family planning/sexual health, primary care, community care, education	£360,560	
Substance misuse	£394,247	
GUM	£153,517	
Other statutory health	£512,673	
VOLUNTARY/NON-STATUTORY	£284,541	17%
LOCAL AUTHORITIES	0	-
PRISONS	0	-
OTHER	0	-
TOTAL PREVENTION SPEND	£1,705,538	100%

3.7 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.

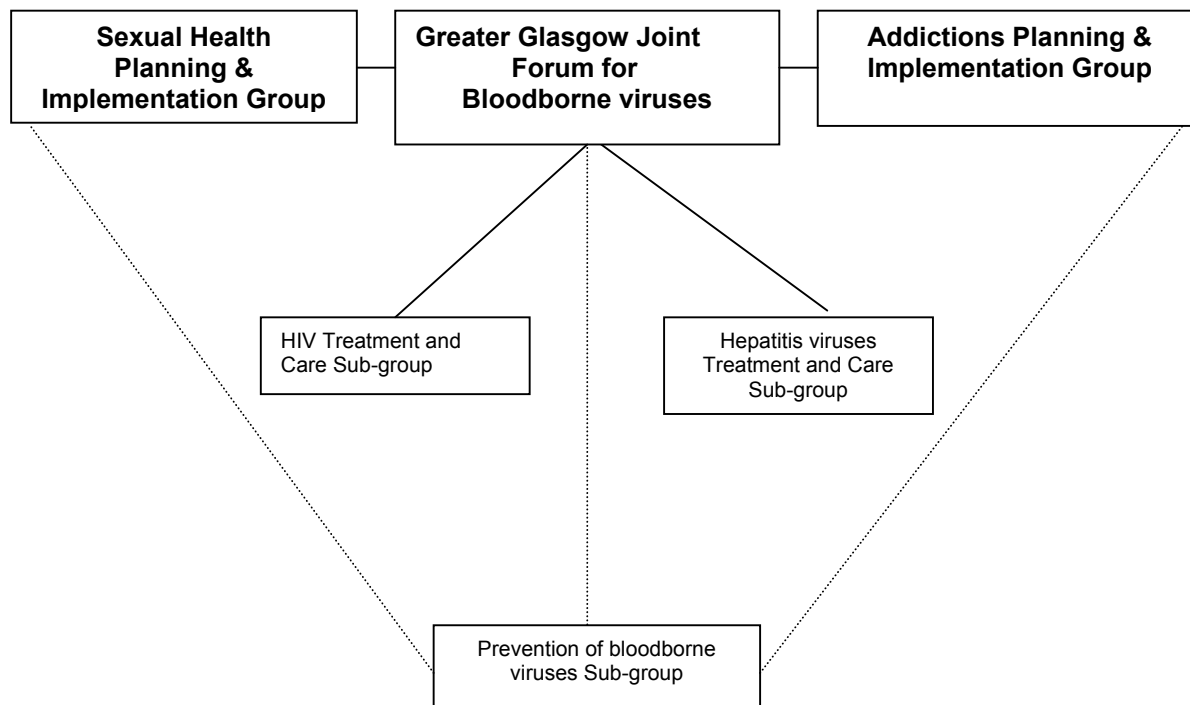
All of the non-statutory agencies funded from the BBV prevention budget now have Service Level Agreements in place. These were negotiated individually and set the parameters of the services delivered and the expected reporting and evaluation requirements. They will be updated annually, at the start of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

3.8 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 the independent

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 independent 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. Other short-life and planning groups are attended and/or created as appropriate and follow a multi-disciplinary, multi-agency model of involvement.

3.9 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.

In this reporting year the Gay Men's Involvement Group was established. The aim of this was to provide a community voice to social marketing and other prevention campaigns aimed at Gay and Bisexual men, including the Equal campaign.

3.10 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 938 people received training on a diverse range of BBV issues, including HIV.

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.

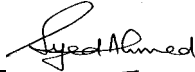
The organisations from the independent sector coordinate their own training programmes for staff and volunteers and often attend relevant training at each other's organisations.

Appendix 1

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

NHS Board: **Greater Glasgow**

1 April 2005 to 31 March 2006 (as at 31 March 2006)

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>	56	0	56
<i>Sexual intercourse between men and women</i>	16	28	44
<i>Injecting drug use (IDU)</i>	3	2	5
<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>	1	0	1
<i>Mother to child infected</i>	1	2	3
<i>Other/undetermined</i>	5	2	7
TOTAL	82	34	116

Notes:

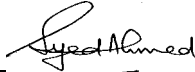
1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.
2. This table, supplied by Health Protection Scotland (HPS) - Tel. 0141 300 1100 - is for the 2005/2006 reports by NHS Boards 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 2006

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>	480	0	480
<i>Sexual intercourse between men and women</i>	140	208	348
<i>Injecting drug use (IDU)</i>	111	63	174
<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>	8	5	13
<i>Mother to child infected</i>	6	10	16
<i>Other/undetermined</i>	15	6	21
TOTAL	795	292	1087

Notes:

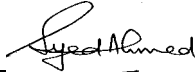
1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.
2. This table, supplied by Health Protection Scotland (HPS) - Tel. 0141 300 1100 - is for the 2005/2006 reports by NHS Boards 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 2006

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>	350	0	350
<i>Sexual intercourse between men and women</i>	111	199	310
<i>Injecting drug use (IDU)</i>	65	33	98
<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>	4	4	8
<i>Mother to child infected</i>	6	10	16
<i>Other/undetermined</i>	13	5	18
TOTAL	569	251	820

Notes:

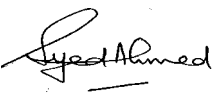
1. Cases are allocated to a particular NHS board based on the patient's NHS Board of Residence. If this is not known, they are allocated based on NHS Board of Specimen origin.
2. This table, supplied by Health Protection Scotland (HPS) - Tel. 0141 300 1100 - is for the 2005/2006 reports by NHS Boards 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 2006

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 2005 to 31 March 2006	- reported to, and accepted by HPS in period	23	17
	numbers of cases known to have died in period	4	3
Cumulative to 31 March 2006	- cumulative number reported to, and accepted by HPS in period	388	307
	numbers of above known by 31 March 2006 to have died	214	164

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)