

# Overview

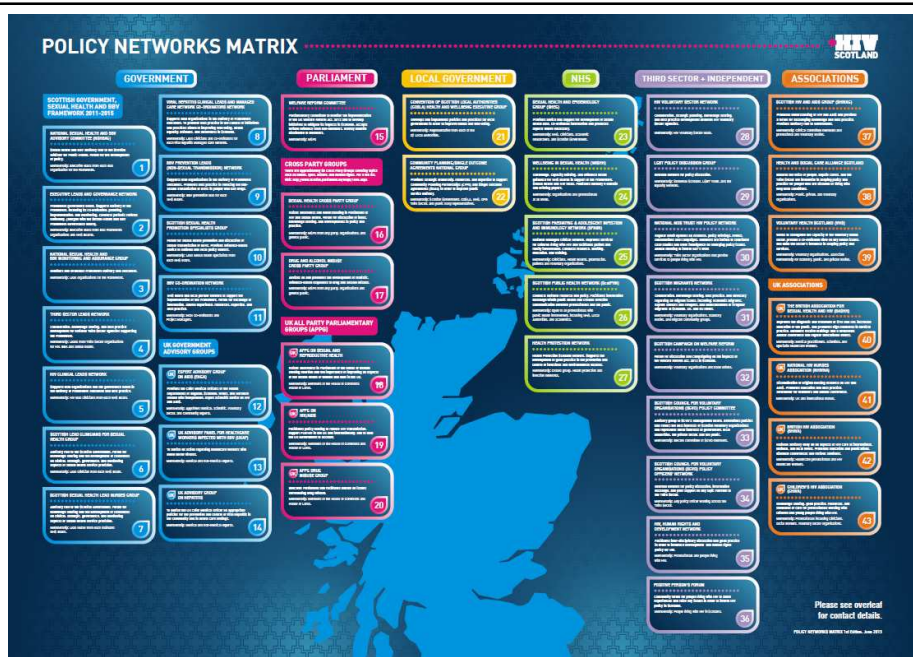
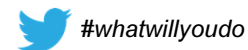
The Sexual Health and Blood Borne Virus Framework (2011-2015)

The National Sexual Health and Blood Borne Virus Advisory Committee

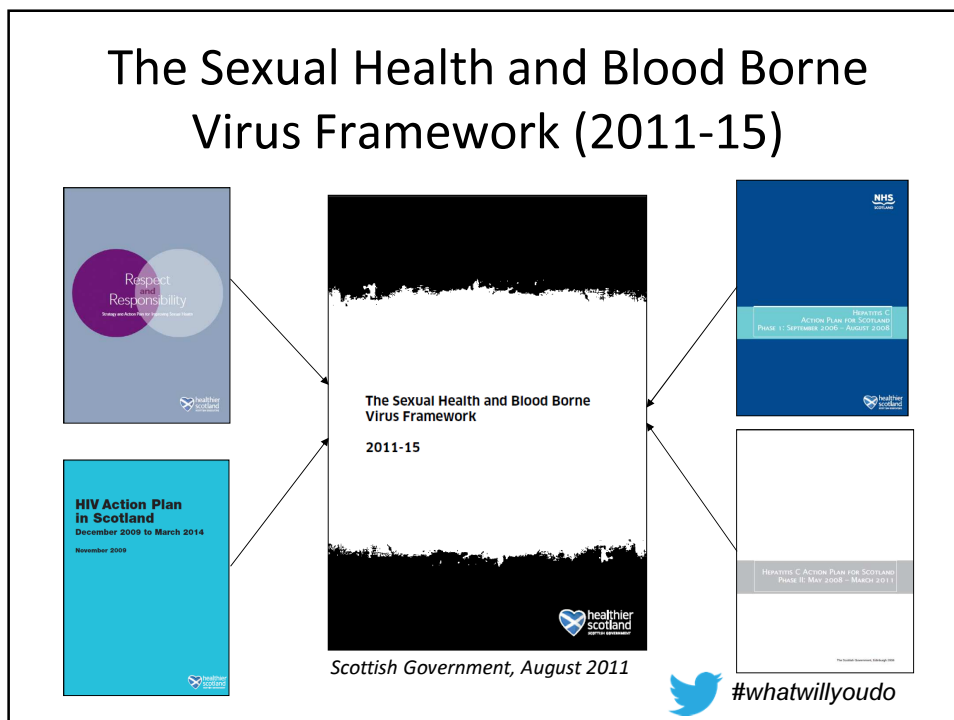
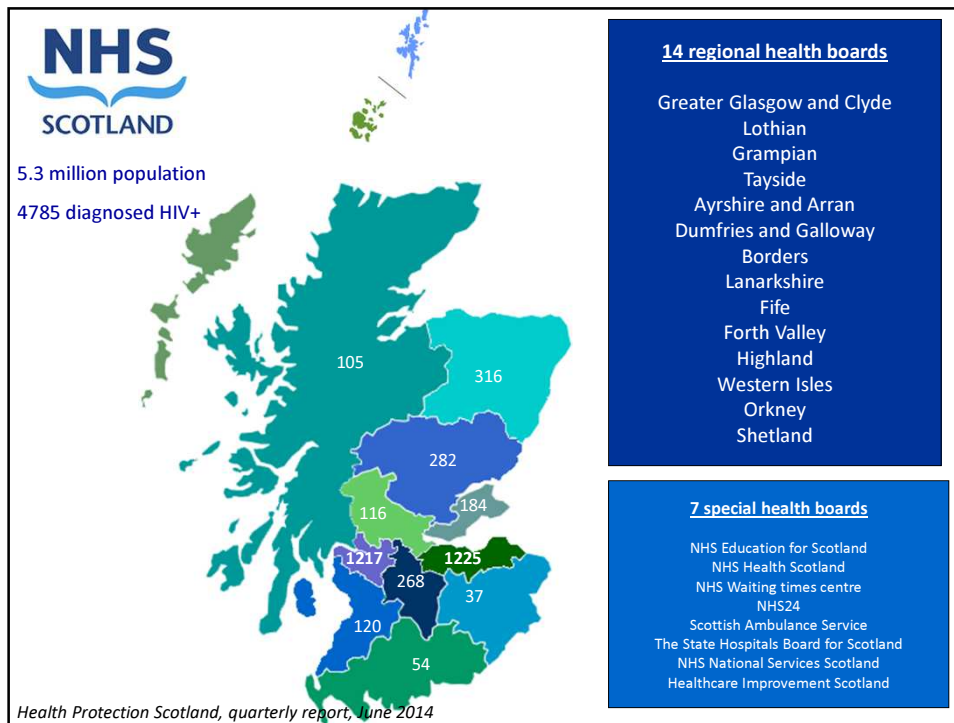
The HIV Clinical Leads group

Managed Care Networks

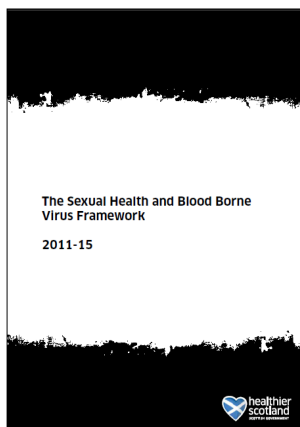
Advantages and challenges



Policy Networks Matrix 1<sup>st</sup> edition, June 2013, [www.hivscotland.com](http://www.hivscotland.com)



## The Sexual Health and Blood Borne Virus Framework (2011-15)

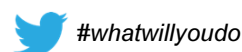


"It adopts an outcome-based approach anchored by effective shared ownership and joint working with a strong focus on challenging inequalities."

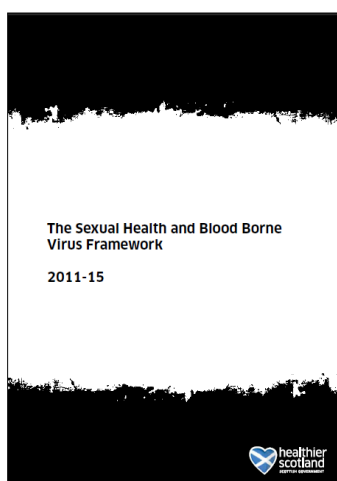
### Outcomes:

1. Fewer newly acquired BBV and STIs, fewer unintended pregnancies
2. A reduction in health inequalities gap in sexual health and BBV
3. People affected by BBV lead longer, healthier lives
4. Sexual relationships are free from coercion and harm
5. A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and BBV are positive, non-stigmatising and supportive

Scottish Government, August 2011



## Governance



Ministerial multi-agency committee

Scottish Government SH/BBV team

Executive Leads

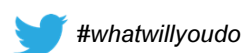
National networks

Eg HIV clinical Leads Group

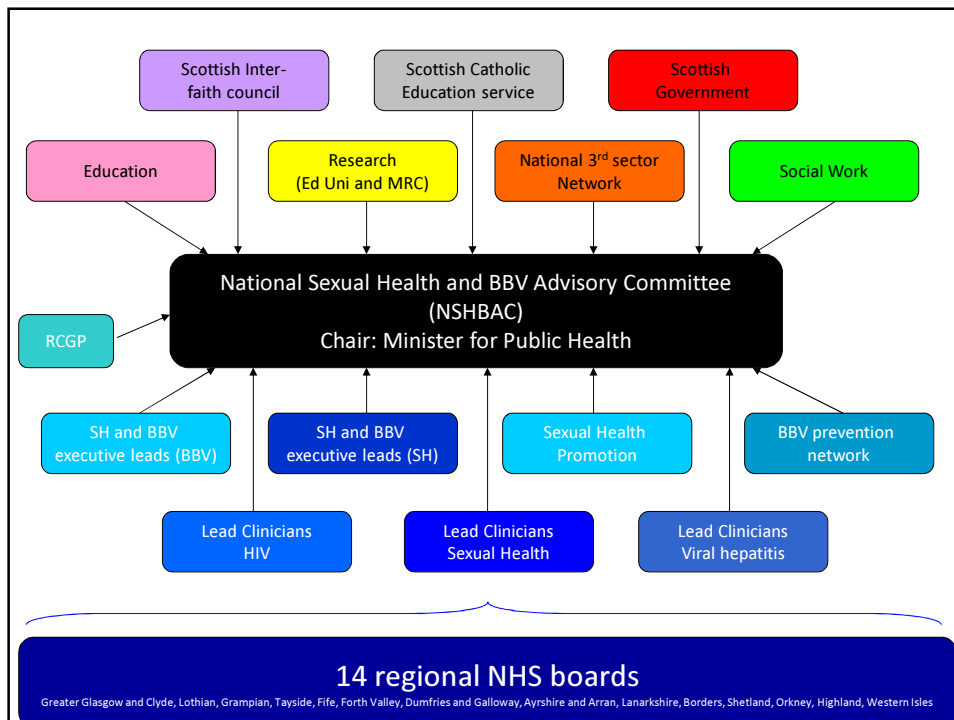
Locally

- Framework indicators
- Framework visits

Scottish Government, August 2011



Framework Outcome	Indicators		
	Sexual Health	HIV	HBV
3. People affected by blood borne virus(es) lead longer, healthier lives	Refer to NHS Quality Improvement Scotland Sexual Health Criteria 1.4 and Standard 5	<b>Diagnosis</b> HIV 3.1 Number of people diagnosed and this number as a proportion of the estimated infected population  <i>Acc: NHS Boards</i> <i>Mon: HPS in association with BBV Specialist Laboratories</i>  <b>Late Diagnosis:</b> HIV 3.2 Number of people newly diagnosed with late HIV disease (indicated by a CD4 count less than 350).  <i>Acc: NHS Boards</i> <i>Mon: HPS</i>	<b>Diagnosis</b> HCV 3.1 Number of people diagnosed and this number as a proportion of the estimated infected population  <i>Acc: NHS Boards</i> <i>Mon: HPS in association with BBV Specialist Laboratories</i>  <b>Late Diagnosis / Burden of Disease:</b> HCV 3.3 Annual number of people hospitalised, or having died, with advanced HIV-related disease, total and within 1 year of diagnosis  <i>Acc: NHS Boards</i> <i>Mon: HPS</i>
		<b>Diagnosis</b> HBV 3.1 Number of people diagnosed and this number as a proportion of the estimated infected population  <i>Acc: NHS Boards</i> <i>Mon: HPS in association with BBV Specialist Laboratories</i>  <b>Late Diagnosis / Burden of Disease:</b> HBV 3.3 Annual number of hepatitis B diagnosed persons hospitalised, or having died with end-stage liver disease, total and within 1 year of diagnosis  <i>Acc: For national purposes to establish baseline. Mon: HPS (Subject to epidemiological findings and the current HBV landscape, yet to be determined).</i>	<b>Diagnosis</b> HBV 3.1 Number of people diagnosed and this number as a proportion of the estimated infected population  <i>Acc: NHS Boards</i> <i>Mon: HPS in association with BBV Specialist Laboratories</i>  <b>Late Diagnosis / Burden of Disease:</b> HBV 3.3 Annual number of hepatitis B diagnosed persons hospitalised, or having died with end-stage liver disease, total and within 1 year of diagnosis  <i>Acc: For national purposes to establish baseline. Mon: HPS (Subject to epidemiological findings and the current HBV landscape, yet to be determined).</i>
		<b>Treatment:</b> HIV 3.4 Proportion of diagnosed HIV infected people, for whom treatment is clinically indicated, receiving treatment  <i>Acc: NHS Boards</i> <i>Mon: MDS</i>	<b>Treatment:</b> HCV 3.4 Ratio of the diagnosed HCV chronically infected population to the annual and total number of people initiated onto antiviral therapy  <i>Acc: NHS Boards</i> <i>Mon: MDS</i>
		<b>Treatment:</b> HIV 3.5 The proportion of the treated HIV population achieving an 'optimal treatment response' (viral load <50 copies per ml within 12 months of commencing treatment)  <i>Acc: NHS Boards</i> <i>Mon: HPS</i>	<b>Treatment:</b> HBV 3.4 Proportion of diagnosed highly infectious (eAntigen positive/high viral load) HBV chronically infected persons, who are receiving antiviral therapy  <i>Acc: NHS Boards</i> <i>Mon: MDS</i>



## HIV Lead Clinicians Group

A forum for HIV clinical leads to network and share ideas, knowledge and experience

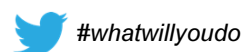
To link larger boards with smaller boards

Sharing guidelines, protocols, audit and research

To provide commentary on framework progress re: HIV

Provide expert guidance and advice

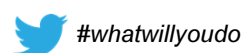
Highlight risks to SG SH/BBV team



## HIV Lead Clinicians Group

Continued focus on key aims of HIV action plan

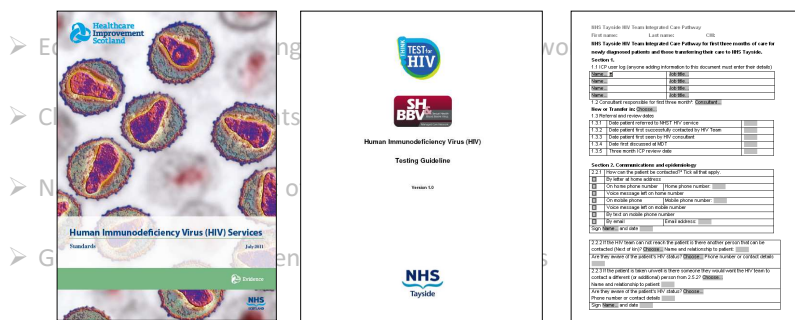
- Needs assessment and planning for HIV
- Healthcare Improvement Scotland Standards for HIV Services
- Educational and training needs in HIV-related workforce
- Clinical IT developments
- National procurement of ART
- Guidance on HIV prevention in key populations



# HIV Lead Clinicians Group

Continued focus on key aims of HIV action plan

- Needs assessment and planning for HIV
- Healthcare Improvement Scotland Standards for HIV Services



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**NHS National Procurement**  
Delivering savings for NHSScotland



2011/2012 - "through national contracts, we secured £590 000 savings for boards on HIV and Hepatitis C medicines and injecting equipment provision"

 #whatwillyoudo

## Managed Care Networks



Aim: to deliver an **equitable** high quality service across Scotland underpinned by **evidence based**, professionally developed and **agreed clinical pathways** and guidance to deliver as much care as possible **locally** and with the full involvement of **patients and families**

**Indicator 1.1:** HIV: 100% of infants born to known HIV positive mothers who are not virally suppressed at 36 weeks should receive triple therapy PEP within 4 hours of delivery.

**Indicator 3.1:** HIV: 75% of infected children & adolescents should be completely virally suppressed after 12 months of first-line HAART therapy.

**Indicator 4.1:** HIV: all adolescents with HIV should be offered sexual health advice before their 14th birthday or before sexual maturity from a sexual health advisor unless deemed inappropriate.



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## Managed Care Networks



### NHS Tayside Sexual health and BBV MCN

Mirrors NSHBAC and framework – multi-agency representation

Translates strategic direction into local service design

Whole systems approach to treatment/care and prevention

Risk-group focussed (rather than disease focus)

#### Cair Scotland

IEP/needle exchange

Harm reduction

Hepatitis C treatment

LARC

MSM outreach services

#### Primary care BBV project

Data reconciliation

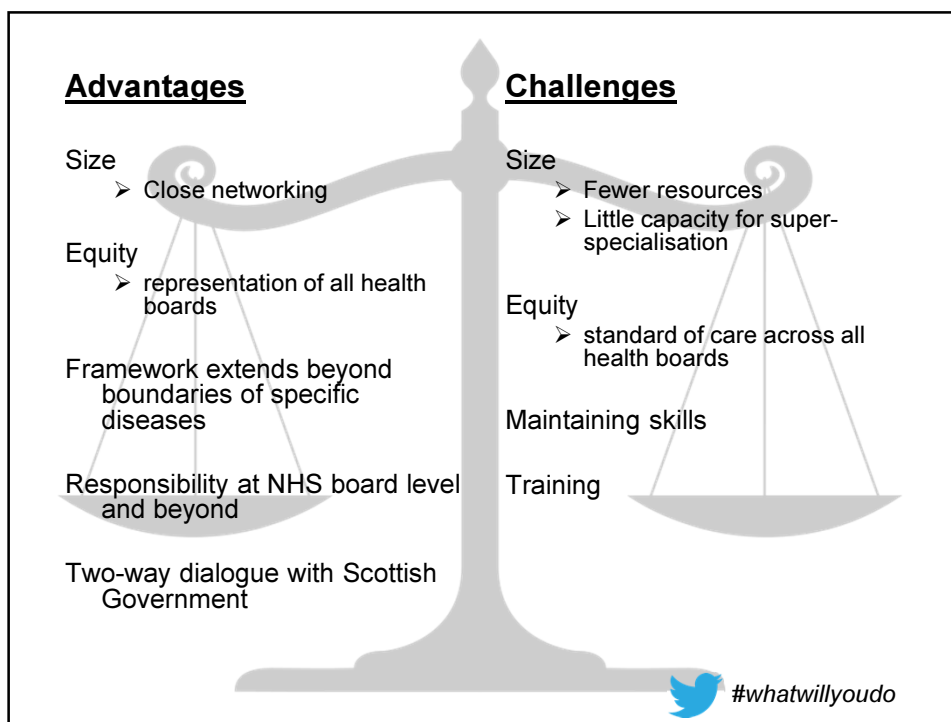
Case finding

Improved HIV testing 68%



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## Summary

Sexual health and BBV framework supports whole systems approach to HIV prevention, treatment and care

Individual health boards commission local services and are accountable for delivering on framework outcomes

Governance arrangements include ministerial advisory group (2 degrees of separation from average clinician)

Scotland's small size allows for close networking and sharing of good practice but limits capacity for super-specialisation and research

## Acknowledgements

Dr Nicola Steedman, Scottish  
Government


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Dr Morgan Evans, Consultant ID

George Valiotis, HIV Scotland

*Outcome 5:  
A society where the attitudes of  
individuals, the public, professionals  
and the media in Scotland towards  
sexual health and BBV are positive,  
non-stigmatising and supportive*



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