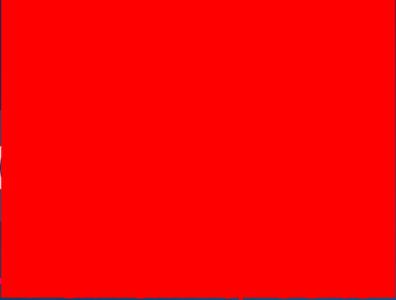


The future of HIV Services in Scotland

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No interests to declare

About HIV Scotland

- > HIV Scotland exists so that people actually or potentially impacted by HIV, and those who work with them, benefit from a public and political policy environment that is conducive to the development and implementation of policies that protect them from adverse effects.



➤ Making efficiencies.

- > Reduction of funding to human rights and advocacy work to reinvest into service delivery.
- > Very small populations and sub populations.
- > Geographical inequalities
- > The current devolved and reserved policy landscape

Meaningful Involvement of People

- > If you're not meaningfully involving people then you're not doing anything right.
 - > People living with HIV must be meaningfully involved in every level of design and delivery of policy and services.
 - > Ditto for PrEP users!



HIV in Scotland

- > 5,213 people living with HIV¹
- > 1,300 people using PrEP as of February 2018²

¹Health Protection Scotland Quarterly report to June 2018.

²Implementing HIV Pre Exposure Prophylaxis across Scotland, Dr N. Steedman et al. (July 2018)

14 Scottish Health Boards

- > NHS Highlands - is bigger than Belgium - and has approximately 142 people living with HIV.
- > Between the Western Isles, Orkney and Shetland there are approximately 15 people living with HIV.
- > Approximately 90% of people living with HIV are in the central belt (between Glasgow and Edinburgh)

32 Local authorities

- > Integration of adult health and social care
 - > Multi-agency sexual health strategy groups; blood borne virus managed care networks; alcohol and drug partnerships; and community health partnerships.
- > Single Outcome Agreements – with a focus on using devolution to tailor services to local needs.

Key Findings of HIV Scotland Research

- > People living with and at risk of HIV often access multiple services for a broad range of needs.
- > Many people are satisfied with available services; but gaps do exist, particularly relating to mental health and peer support.

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Opportunities

- > Properly invest in peer support and meaningful involvement.
- > Opportunity for further innovation in services (operating hours, online, postal)
- > Reprioritise human rights and advocacy work in order to address social determinants of health.
- > Better collaboration on policy that remains reserved.