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.
Challenges

- 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
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 HIV\(^1\)
> 1,300 people using PrEP as of February 2018\(^2\)

\(^1\)Health Protection Scotland Quarterly report to June 2018.
\(^2\)Implementing HIV Pre Exposure Prophylaxis across Scotland, Dr N. Steedman et al. (July 2018)
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.

- Singe 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.

Making the Vision a Reality, HIV Scotland, January 2015.
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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.