

APPENDIX 1

“This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.”

Grampian Fast Track Cities (FTC) High Level Plan

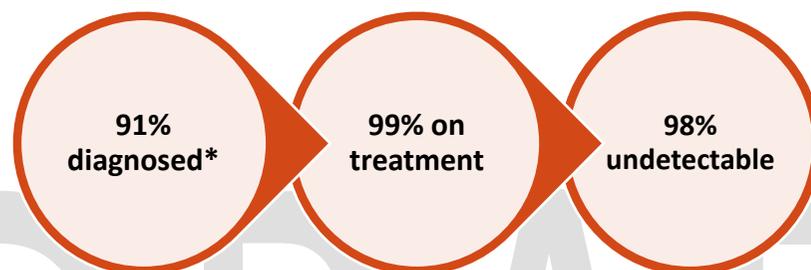
Introduction

There has been significant advance in HIV prevention, treatment and care locally, nationally and internationally over the last 35 years. Scotland and Grampian have achieved the World Health Organisation (WHO) target of 90/90/90 - over 90% of individuals are aware of their diagnosis and of those over 90% are on treatment, with over 90% virally suppressed. Nevertheless despite these advances there continues to be challenges in terms of transmissions, late diagnoses and missed opportunities for testing, as well as ongoing HIV stigma. Our FTC pledge and strategic plan aims to target these challenges with a local lens and pull together our services, partners and communities towards a long term plan for zero HIV transmissions, zero HIV related deaths and zero HIV stigma.

HIV in Grampian

HIV care in Aberdeen is co-ordinated by NHS Grampian and covers a pan Grampian cohort. Clinical care is provided by Grampian Sexual Health and Aberdeen Royal Infirmary Infection Unit and encompasses a clinical team of doctors, nurses, pharmacists and psychologists. The wider team also involves Our Positive Voice (Grampian) forum and peer support group in addition to NHS Grampian public health support for data analysis and prevention, treatment and care local strategy. There is also input from primary care for shared care patients and partners such as Aberdeen Alcohol and Drugs Action and Four Pillars, especially regarding education, testing and support.

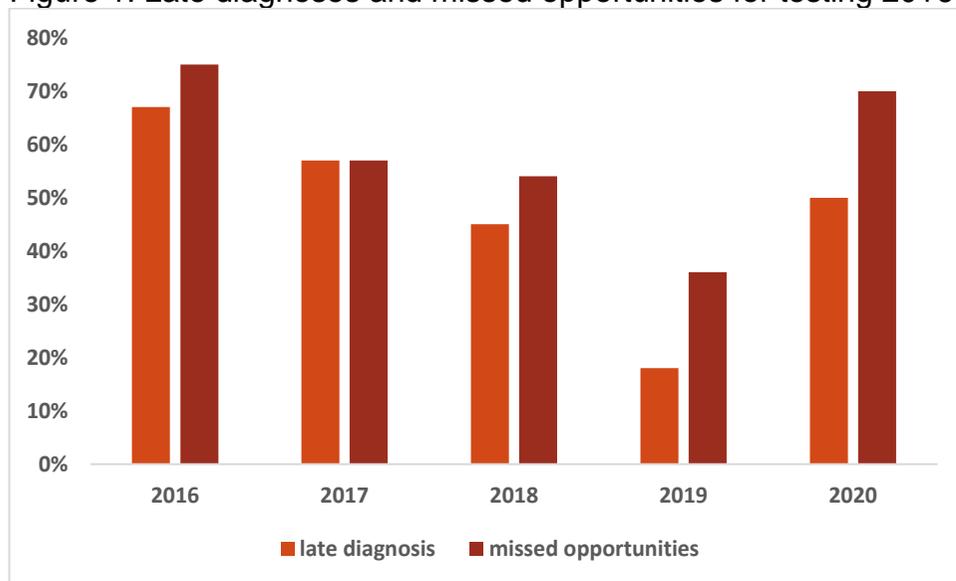
This foundation of multiagency working has allowed to achieve 90-90-90. As of April 2021, there are 421 people diagnosed with HIV who are currently under the care of NHS Grampian, with 99% on treatment and 98% with an undetectable viral load.



However despite these local partnerships and progress, HIV remains a public health challenge locally. There remains a high rate of late diagnosis, when individuals are diagnosed with a CD4 count of less than 350, indicating impact to the immune system (figure 1). When reviewing the patient journey to diagnosis there continues to be missed opportunities for testing, where individuals presented with a clinical symptom of HIV or a history of potential exposure but were not offered or did not access a test (figure 1). Furthermore, although not currently seen within the local epidemiology in the North East, the central belt of Scotland have seen a significant increase in transmissions in people who inject drugs. Grampian need to be alert to the possibility of this and maintain access to information, prevention and testing.

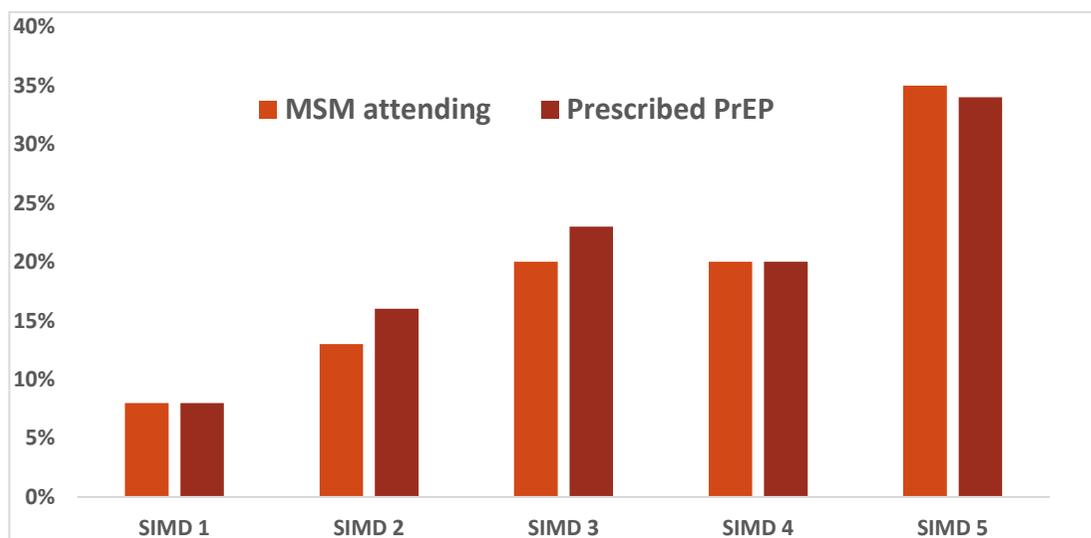
*based on Health Protection Scotland prevalence data

Figure 1: Late diagnoses and missed opportunities for testing 2016-2020



With regards to prevention, HIV Pre-exposure Prophylaxis (PrEP) has been available locally via Grampian Sexual Health since 2017, with over 600 people being prescribed this prevention method. An audit in 2018 found the uptake in rural areas was equal to urban areas however patients in areas of higher deprivation were less likely to be prescribed PrEP (figure 2). There is a need to increase awareness and access in areas of deprivation, including potentially access for people who inject drugs based on local transmission data.

Figure 2: Proportion of gay, bisexual and men who have sex with men (GBMSM) attending Grampian sexual health service overall and proportion prescribed PrEP as per Scottish Index of Multiple Deprivation in 2017/18



REPORT

Lastly there sadly remains evidence of HIV stigma within our local communities from feedback from people living with HIV and services, as well as the wider community. Stigma is cited as a reason why some clinicians/workers may not offer testing and is a documented factor in reasons for declining a HIV test, as well as disengaging from care. It is essential we tackle stigma within services and beyond for the dignity and human rights of people living with HIV and if we are to achieve the aims of zero transmissions and HIV related deaths.

Our Strategic Plan: Zero HIV stigma, Zero HIV transmissions, Zero HIV related deaths

Our strategic plan builds on the work already being done locally and nationally. This includes Scotland's Sexual Health and Blood Borne Virus Framework 2015-2020, which is a multiagency strategy with five high level outcomes, addressing HIV prevention, treatment, care and stigma;

1. Fewer newly acquired sexually transmitted infections and blood borne viruses including HIV
2. A reduction in health inequalities experienced by people living with blood borne viruses including HIV
3. People living with blood borne viruses including HIV live longer, healthier lives

4. Sexual relationships are free from coercion and harm
5. We live in a society whereby the attitudes of individuals, the public and professionals, and the media in Scotland towards sexual health and blood born viruses including HIV, are positive, non-stigmatising and supportive.

This has enabled Scotland to achieve the global 90-90-90 HIV targets and is a foundation for our Fast Track Cities aims.

Our strategy is underpinned by 7 principles which we recognise are essential for success.

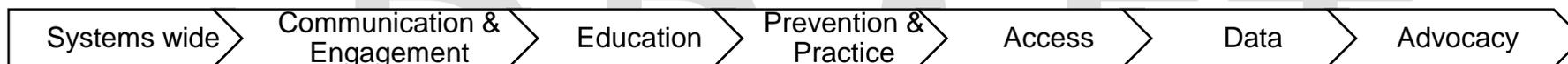
- **Systems wide working**
- **Communication and engagement at all stages**
- **Education underpinning all outcomes**
- **Prevention and Practice at the centre of the strategy**
- **Access and equity for all**
- **Data that is accurate and timely**
- **Advocacy**

Our high outcomes are shown below with long, medium and short term aims that encompass both individual, community and public health outcomes.

DRAFT

Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero discrimination & stigma	Zero tolerance of HIV stigma throughout society in Grampian	All employers in Grampian are aware of, and their practices adhere with the legislation (e.g. Equality 2010).	Community Planning Partners are aware of, and their practices adhere with legislation (e.g. Equality 2010).	Reduction in stigma (based on suite of measures): <ul style="list-style-type: none"> - Reduction in proportion of people living with HIV who decline GP consent - Increase proportion of people living with HIV collecting prescriptions from local pharmacies - Questionnaire on views of clinical staff - Results from Stigma Questionnaire show a downward trend in stigma - Reduction in HIV stigma complaints in Health & Social Care Partnerships, NHS Grampian 	Maintain existing good practice
	HIV educated population	All young people, Health Care Professionals and Public Sector workers have access to HIV inclusive education with focus on stigma.	Work with Community Planning Partners to provide inclusive HIV education for their employees with focus on stigma.		
	Positive sexual health is seen as a human right	Policies and strategies are aligned and integrated around HIV and positive sexual health.	Community Planning Partners policies and strategies are aligned and integrated to recognise HIV inequality and stigma.		

				and aligned partners - Evidence that partners are aware of stigma strategy and have signed up to strategic aims	
--	--	--	--	--	--



Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero new transmissions	100% of people living with HIV knowing their HIV status.	95% of people living with HIV knowing their HIV status.	Maintain 90% of people living with HIV knowing their HIV status.	Increase testing overall with specific aims for - Increasing testing post Covid19 including postal options (self sampling and DBST) - HIV Testing week - Grampian Pride Increase testing in line with current guidelines	Maintain existing good practice
	Identify those who undiagnosed with HIV and link to care timeously.	Ensure HIV testing is widely available in clinical and non-clinical settings - Accessible including online/postal options - Routinely completed in high prevalence areas and for indicator conditions	Continue work to improve availability of testing, - As part of routinely completing testing in high prevalence areas and for indicator conditions		

		<ul style="list-style-type: none"> - Proactively offered to high risk groups using local data trends 	<ul style="list-style-type: none"> - Proactively offering testing in high risk groups using local data trends <p>Accurate and robust data on testing and new diagnosis and associated demographics to inform workplan.</p> <p>Pathways of referral for new diagnosis clear to allow rapid access to treatment</p>	<p>(BASHH/BHIVA) including for clinical indicator conditions</p> <p>Reduction in annual number of new transmissions</p> <p>Reduction in proportion of new diagnoses that have been recently acquired based on avidity data</p> <p>Increase the percentage of people living with HIV who are</p>	
Retention in care and viral suppression	Access to requested support services and support networks widely available timeously	Map support services available to support needs of people living with HIV	<ul style="list-style-type: none"> - Retained in care - On treatment - undetectable 		
	Priority groups (as informed by data) receive targeted support				
Access to multi-faceted prevention strategies	Formula milk is available to infants without cost where breastfeeding poses a HIV risk	Focus on prevention e.g. ensure that that condom distribution is appropriate and			

			meets the needs of the population	
		Increase PEP/PrEP awareness, access and uptake with access equity for all groups	Map PrEP uptake to deprivation Collate “missed opportunities” for PrEP in new diagnoses	



Aim	Outcomes			Measures	Continue
	Long Term	Medium Term	Short Term		
Zero HIV related deaths	100% of people who know their HIV-positive status on treatment.	Reach: - 95% of people who know their HIV-positive status on treatment. - 95% of people on treatment with suppressed viral loads.	Maintain: - 90% of people who know their HIV-positive status on treatment. - >90% of people on treatment with suppressed viral loads.	<ul style="list-style-type: none"> - Reduction in late diagnosis rate both absolute and proportionate - Reduction in missed opportunities for testing based on clinical indicator conditions and criteria for HIV PrEP 	Maintain existing good practice
	100% of people on treatment with suppressed viral loads.	Reduced late diagnosis (to 20%) - Screening prompts for clinical indicator conditions	Reduced late diagnosis (to 30%) Monitor late diagnosis/missed		
	Reduced late diagnosis (to 10%) and increase testing for indicator conditions.				

		- Education to HCPs partners and public re clinical indicator conditions	opportunities and use this data to inform evolving local action plan	- Reduction in AIDS defining illnesses - Reduction in of HIV-related deaths	
	Retention in care	Offer flexible services, patient centred and close to home including telemedicine, including planning for HIV care in older age and management of co-morbidities			
		Cross system approach to data to enable targeted support (while respecting rights of individuals) Protocol for this developed.			
		Improved links across health provision and social work			



Progress so far

The FTC strategic group has built on the existing multi-agency working and achievements in clinical care as well as prevention and work towards reducing stigma. This includes,

- Achieving >98% in terms of treatment and undetectable rates
- Availability of community prescribing of HIV treatment

- Telemedicine and shared care with primary care
- Assessment of support needs of people living with HIV and service recommendations/implementation
- Establishing Our Positive Voice (Grampian) Forum and Peer Support group, instrumental in service development and FTC strategy as well as individual patient support
- Joint working with hepatology and addiction services for testing and referral pathways in high risk groups
- High uptake of HIV pre-exposure prophylaxis
- Establishing HIV clinical database
- Mapping of education in NHS and higher education and delivery of education based on local data
- HIV education and stigma in care homes
- Self-assessment of Healthcare Improvement Scotland and British Association of HIV standards of care

Implementation and challenges

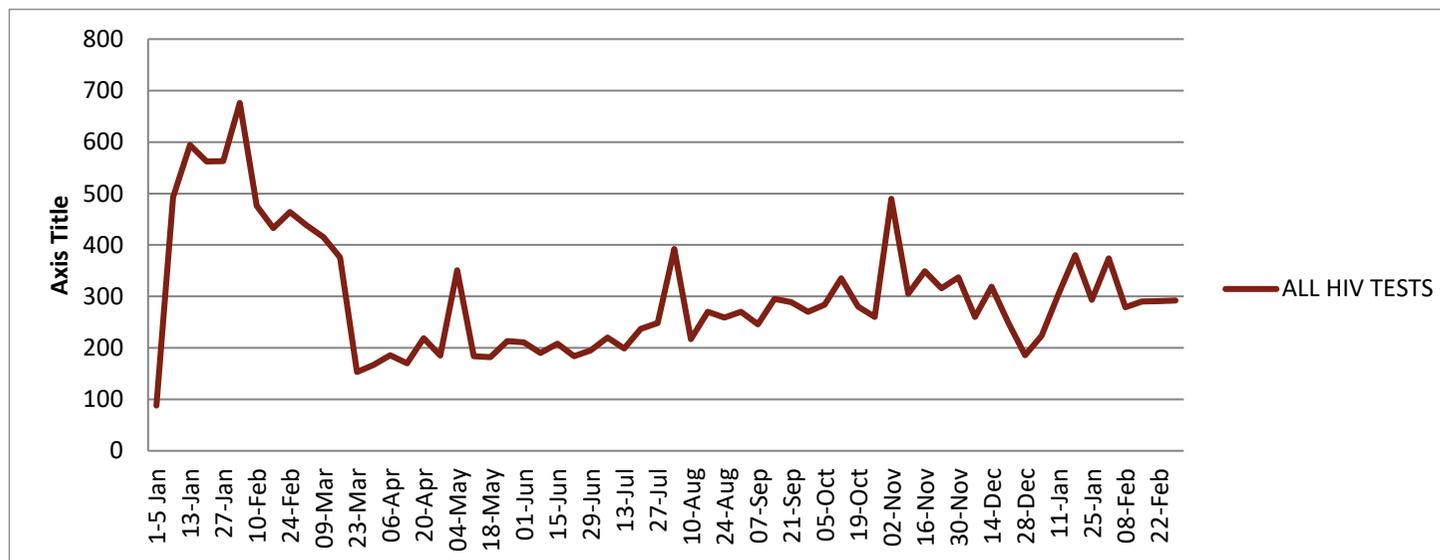
Since local approval in September 2019 the strategic group have worked to establish a strategic plan and wider partnership. The initial high level summary was completed in 2019 with asset mapping, consultation and short term outcomes planned for 2020. The main challenge at this time was limited resources for the work of the group, partner services and organisations time, with contribution on voluntary basis or within existing job plans and funding streams. Since the Covid19 Pandemic further challenges have been recognised, including but not limited to,

- Reduction in workforce capacity due to competing pressure linked to the pandemic especially from public health/data perspective
- Limited availability of partners and competing priorities

Clinically there has also been an impact including,

- Reduction in HIV testing due to a reduction in face to face care and without a high volume postal alternative currently in place (figure 3)
- Reduction in HIV PrEP demand
- HIV care was delayed in stable patients with the increasing use of telemedicine. The impact of this on cohort viral load is still awaited.

Figure 3: HIV testing pan Grampian 2020/2021



Despite these challenges, both pre and post Covid19, the strategic group continued to work throughout the pandemic to focus on awareness and education as work towards a 2021 workplan which will include,

- Impact analysis of Covid19 on FTC high level outcomes
- Consolidating our assets
- Stakeholder engagement and consultation
- Focus on testing access
- Focus on stigma with tangible outcomes

Looking towards 2021 and beyond, the last year has highlighted that in spite of competing pressures and unpredictable landscape, the work to achieve the FTC high level outcomes has to continue and adapt if the vision of HIV elimination, both as an infection and in terms of stigma, is to be realised.

Governance, reporting, monitoring and evaluation



This strategy is endorsed and governed by the FTC strategic group who will monitor the progress towards the targets and identify emerging issues and opportunities for action, this group reports to the Integrated Joint Boards across Grampian.

Stakeholders:

- NHS Grampian
- Four Pillars
- ADA/ ADP
- HIV Scotland
- Our Positive Voice (Grampian) (OPVG)
- ACVO
- Aberdeen City Council (including Education)
- Community Planning Aberdeen
- Waverly Care
- Homeless Collaborative
- Aberdeen Cyrenians
- Aberdeen Foyer
- SACRO
- AHSCP → HMP Grampian
- Activities that have been delivered successfully so far
- ACHSCP (Social Work/ Primary Care)
- Acute
- Aberdeen Chamber of Commerce
- Federation of Small Businesses (FSB)
- Universities/ College
- African Community
- Oil & Gas UK (or similar org)
- (NETRALT) North East Tenants Residents and Landlords Together

DRAFT