



# ANNUAL REPORT 2018/19

**Sexual Health & Blood Borne Virus Managed Care Network**

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## Background

The Sexual Health and Blood Borne Virus Managed Care Network (SHBBV MCN) provides overall strategic direction and governance and has a remit for the identification and agreement of priorities for prevention, treatment, care, support needs and service development in BBV and sexual health. The MCN is responsible for ensuring Tayside achieves the outcomes detailed in the Scottish Government's Sexual Health and BBV Framework 2015-2020.

In February 2018 the MCN Board agreed to re-align the infrastructure and governance of the MCN to support work on six priority areas. The priorities were agreed based on the relative importance of the public health concern, our ability to make a difference, the extent of cross-agency and public support as well as a number of sub-factors, including the evidence base and cost effectiveness of interventions and when we might expect to see results. This ensures we make best use of the available capacity within the MCN and direct it to where it will be of greatest impact.

The MCN priority areas are:

1	Eliminating hepatitis C
2	Improving harm reduction and injecting equipment provision
3	Improving sexual health and BBV prevention, treatment and care outcomes for prisoners
4	Getting to zero new HIV transmissions
5	Improving the sexual and reproductive health of women who inject drugs
6	Reducing unplanned pregnancy

The (MCN has adopted a whole system approach to prevention, care and treatment and social care that starts with the individual. It is this integrated, person-centred approach which has been key to successfully shifting the balance of care as well in tackling 'failure demand' and gaining critical support for prevention and early intervention.

## Assessment and Performance

The annual report provides an overview of the MCN's work in these priority areas. In addition, a detailed financial statement and a full performance report is provided in appendices 1 and 2.

### Priority 1: Eliminating hepatitis C

Scotland is globally recognised for its comprehensive response to hepatitis C and in particular translating strategic aspirations into practice. Tayside is widely acknowledged as a world leader in innovation and delivery and can rightly claim to be first in class.

**Tayside is currently on track to achieve World Health Organisation definition of elimination in 2019**

We expect to meet a more stringent definition of elimination in 2020/21. We have diagnosed over 85% of the estimated chronic population and treated over 80% of diagnosed infected individuals. We are pioneering Treatment as Prevention (TasP) in active injectors to reduce the pool of infection in the community. This has already resulted in a very significant reduction in prevalence, in people who inject drugs from an estimated 34% in 2009 to 22% in 2018. Rates of new diagnoses in Tayside remain static with 151 recorded in 2018/19. This is similar to the national picture and is to be expected as we near elimination. Treatment rates continue to be high with 262 individuals treated in 2018/19, a massive increase from only 41 patients in 2007/08 (figure 1).

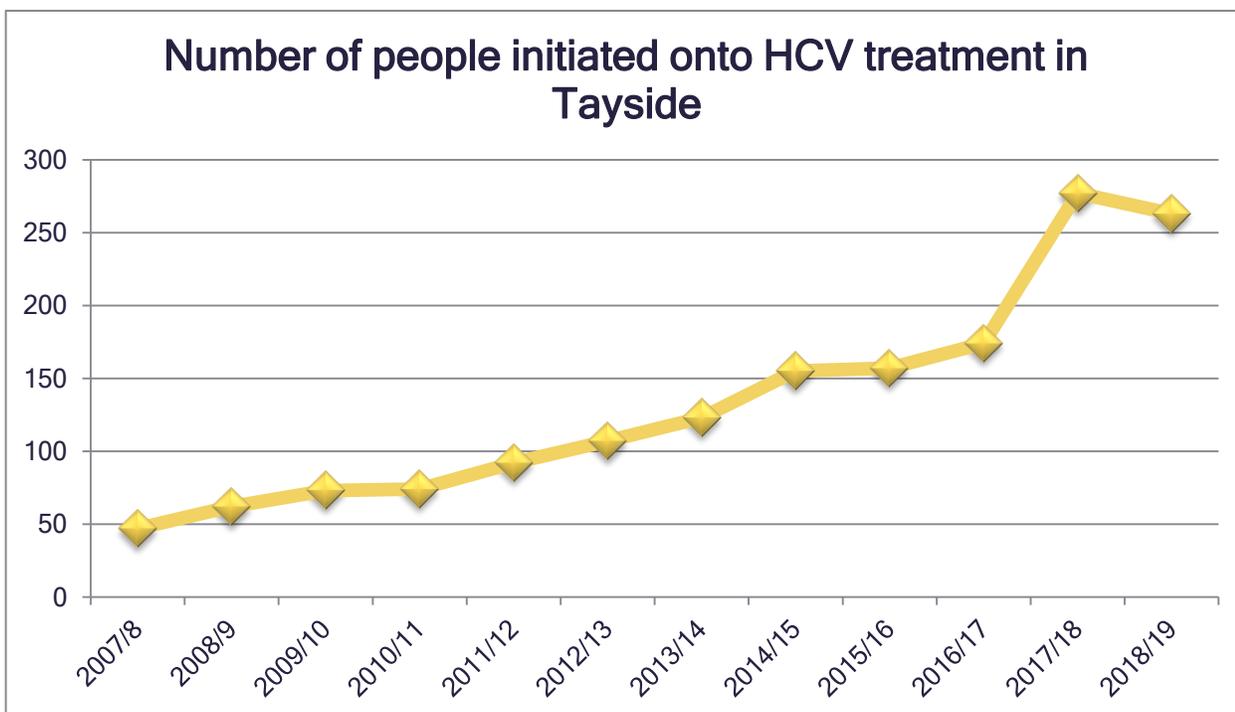


Figure 1 HCV Treatments in Tayside based on local data

### Lost to follow up and Case finding work

The specialist team has initiated a number of pieces of work to invite individuals lost to follow up back for review and treatment. In addition, a number of projects, including research are under way to try to identify and test people who may have been at risk of acquiring HCV in the past. Professor Dillon led a piece of national work, published in January 2019 that made eighteen recommendations for case finding. The MCN will make an assessment of our performance in implementing the recommendations locally and seek to embed these in practice over the next year.

## Priority 2: Improving sexual health and BBV care for prisoners

NHS Tayside is responsible for delivery of healthcare within HMP Perth and HM Open Estate Castle Huntly. Prison Healthcare is hosted by Perth and Kinross Health and Social Care Partnership (HSCP).

There is a much higher prevalence of BBVs in the prison population than the general population. A Scottish study from 2011 found Hepatitis C prevalence amongst the prison population to be 19%. Recent studies have estimated the prevalence of HIV in prisons in Western Europe is 4.2% and HBV in the region is 2.4%.

Practices which increase the risk of BBV transmission in the community - sharing injecting equipment, unprotected sex and tattooing – continue to take place in prisons therefore it is essential that prisoners have the opportunity to test for BBVs and those with a positive result have access to treatment. The SHBBV Framework update, introduced in 2015 stated that opt-out testing for BBVs should be implemented in prisons however there has been limited progress with this.

**Increasing testing and treatment rates within prisons is essential if we are to successfully eliminate hepatitis C**

The MCN is working in partnership with the Prison Healthcare Team to develop and implement an improvement plan, focusing on HMP Perth. The specialist BBV/harm reduction nursing team is providing in-reach two days per week to increase treatment capacity and the MCN is supporting a twelve month secondment for a dedicated BBV healthcare assistant to improve testing rates and help embed testing within reception and initial health screen processes.

The MCN Manager has led work on development of national guidance to support implementation of opt-out testing across the Scottish prison estate and is keen to support local implementation. The guidance recommends testing is performed within two weeks for those individuals on remand and within four weeks for those who have been sentenced. Detailed data on testing within local prisons has been collected since January 2019 to allow regular monitoring of performance.

To date testing rates within HMP Perth have been variable however we have seen a 41% increase in HCV testing between the first six months of 2018/19 and the latter six months (80 tests in Q1/2 and 113 tests in Q3/4). It is hoped, with the introduction of the HCA post, these rates will continue to increase. 37 people have been treated within our prisons in 2018/19 (14% of our total treatments)

At present the immediate focus is on increasing BBV testing and treatment rates, however future areas of improvement will include sexual health.

### Priority 3: Improving harm reduction and injecting equipment provision

The MCN is responsible for delivery of the specialist harm reduction nursing service and for ensuring there is adequate injecting equipment provision (IEP) across Tayside. In 2018/19 the harm reduction team has been focusing on improving access to specialist harm reduction across Tayside, further developing outreach services in rural areas and building partnerships in both Dundee and Perth for delivery of holistic care – co-locating with other specialist services such as substance misuse, social work and third sector where possible. The service has also been working closely with the naloxone and drugs death review groups in Tayside supporting development of a pathway for people who experience non-fatal overdose.

The MCN has increased access to enhanced harm reduction in Perth city during late 2018, with the introduction of IEP in Drumhar Health Centre, provided in partnership with Gowrie Care. We were also successful at securing additional investment for a three year period from Angus Alcohol and Drug Partnership towards enhanced IEP services in Angus which we hope to be operational in 2019.

**Overall our IEP services provided 71.3 needles/syringes per client in 2018/19 (300,071 distributed to 4211 unique clients).** Whilst this is a modest increase since 2017/18 (3.6% from 68.8 needles/syringes per client), it falls far short of the WHO target of 200 needles/syringes per injector per year although this target is based on heroin injecting and does not take into consideration of types of injecting behaviour. The MCN is continuing to review the findings of the report produced by Scottish Drugs Forum (SDF) reviewing Injecting Equipment Provision (IEP) services across Tayside in 2018. The results and recommendations of the review will be used to inform service developments over the coming years. The recently published Needle Exchange Surveillance Initiative (NESI) report shows Tayside has the best performance in Scotland with regards to HCV testing in last 12 months (68%), with only 1% of respondents reporting they had never been tested for HCV. It showed improvements in the number of people reporting a naloxone prescription and having received HCV treatment within the community.

**NESI data shows Tayside has the best performance in Scotland for HCV testing in last 12 months (68% v 56%) and HCV treatment in a community setting (77% v 30%)**

To date we have been unsuccessful at implementing a hepatitis B vaccination programme for people who inject drugs. **NESI shows Tayside having the worst performance in Scotland with only 59% of individuals surveyed reporting they had ever been vaccinated.** The MCN will work in partnership with Substance Misuse Services, Prison Healthcare, Community Pharmacy Tayside and the harm reduction nursing service to establish a robust programme in 2019/20.

## Priority 4: Getting to zero new HIV transmissions

### Scotland met the UNAIDS 90-90-90 targets in 2018

In December 2018 Scotland reported meeting all of the UNAIDS 90-90-90 targets for the first time (90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are on treatment, and 90% of people on treatment have a suppressed viral load). **91% of the estimated population living with HIV has been diagnosed in Scotland. In Tayside we are continuing to meet the remaining UNAIDS targets with 95% of treatment eligible people on ART and 95% of people on treatment having a suppressed viral load.**

While we should celebrate the prevention effort, we must continue to encourage and promote testing opportunities particularly as the evidence suggests that most new infections are a result of transmission from individuals who are unaware of their status. The MCN has therefore committed to more ambitious target of zero new HIV transmissions by 2025. We are hopeful that both Dundee City Council and Perth and Kinross Council will sign up to become “Fast Track Cities” in 2019 – pledging to work with NHS partners to end new transmissions.

Many aspects of HIV work will support getting to zero however the key areas are to increase HIV testing, increase access to Pre Exposure Prophylaxis (PrEP), reduce late diagnoses and reduce stigma and discrimination.

HIV testing rates remain steady across Tayside with over 18,500 tests undertaken annually. We continue to review rates on an annual basis and provide feedback to individual specialties on their testing performance. The MCN will be focusing on increasing testing rates in priority groups such as men who have sex with men (MSM), African communities and people who are travelling to areas of high endemicity.

The MOT service continues to see significant increases in MSM attending specialist services and the clinics are often at full capacity. Hepatitis B vaccination and HIV testing uptake were 80% and 98% respectively. Demand within MOT has increased, largely due to availability of Pre Exposure Prophylaxis (PrEP) to prevent HIV transmission. Requests for new prescriptions remain high, reaching a peak in November 2018 (compared to Oct 2017 nationally - this may imply a lag in awareness from local MSM). **We prescribed a total of 112 individuals in 2018/19, seeing a 25% increase between first 2 quarters and latter 2 of 18/19.** The workload associated with PrEP is increasing, the majority of care is provided by nurse prescribers with consultant staff supporting new starts and annual reviews.

In Tayside, we are seeing a gradual reduction in new diagnoses, with 10 cases identified in 2018/19. **Late diagnosis rates remain stubbornly high with 50% of our new diagnoses considered very late (CD4 less than 200).** Capacity issues meant the pilot of the late diagnosis review process has slowly begun in 2018 and will continue in 2019, building in recommendations from a newly formed Scottish short life working group as they become available.

A large part of the “getting to zero” work will focus on further development and implementation of an action plan to tackle HIV stigma and discrimination. The action plan aims to increase awareness about HIV with the healthcare workforce and the wider population, focusing on the new Undetectable equals Untransmissible (U=U) message.

## Priority 5: Reducing unplanned pregnancy

The MCN is focusing on three areas of work to reduce unplanned pregnancy:

- Implementation of the Pregnancy, Parenthood and Young People Strategy
- Improving access to Long Acting Reversible Contraception
- Modernising abortion care

There are large amounts of cross-over in these areas of work and we will seek to maximize our impact wherever possible.

### 5a: Implementation of the Pregnancy, Parenthood and Young People Strategy Teenage Conception

Although we have seen a significant reduction in teenage conception in Tayside from the peak in 2007, over the last year there have been marginal but consistent increases for all three age groups in Dundee and Angus with Perth rates remaining broadly static.

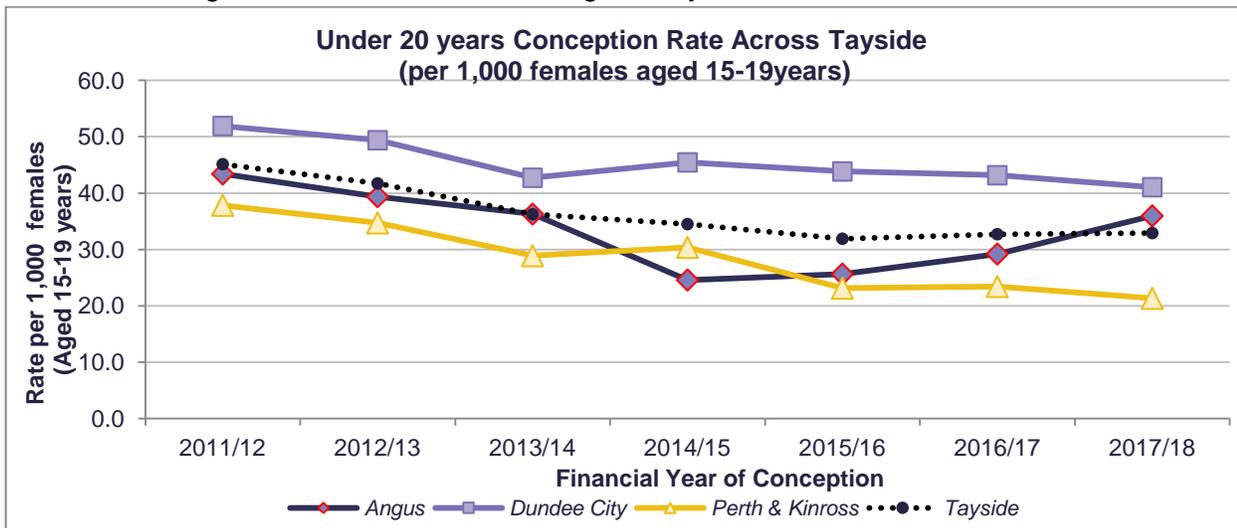


Figure 2 Under 20s - Tayside Teenage Conception Rate (per 1,000 females aged 15-19 years) Local data

The MCN has identified the delivery of the Pregnancy, Parenthood and Young People Strategy (PPYPS) as a crucial element to reduce unplanned pregnancy. Implementation of PPYPS has been incorporated into the work of the Tayside Children's Collaborative, under the remit of the Health and Wellbeing Working Group. This allows the work to be linked to the Tayside Children & Young People's Plan and other relevant strategies such as the Tayside Parenting Strategy. The aim of this work is to ensure the local actions in the strategy are delivered across Tayside in a co-ordinated way and to raise the profile of the work, ensuring that all relevant professionals are aware of their role in the strategy. This will be achieved through engagement with young people and professionals.

In 2018/19, to support the implementation of PPYPS, the MCN health improvement team have organised a short life working group, with input from Scottish Government, to determine local actions. This included a planning meeting with key professionals to look at current practice, data & potential gaps. In addition, we have collaborated nationally to develop guidelines on key messages around consent for young people and children.

Over the coming year we will undertake a needs assessment that focuses on geographical areas of high teenage conception, reviewing available data and service input. We will engage with young people in these areas creatively to support the needs assessment with live stories.

Although the PPYPS has now been embedded into the work of the Tayside Children's Collaborative, there are still variable levels of engagement at local authority level and within Community Planning Partnerships therefore the MCN will seek to strengthen and reinvigorate partnerships to drive forward action at local level.

### **5b: Improving access to Long Acting Reversible Contraception**

Latest data published by ISD for 2017/18 shows NHS Tayside has seen a further reduction in prescribing of LARC at both specialist sexual health services and within primary care. Our rate of prescribing was 57.2 per 1000 females of reproductive age - **we no longer meet the HIS standard although Tayside still performs above the Scottish average.**

Due to reduced capacity within both the MCN and Tayside Sexual and Reproductive Health Service (TSRHS), this area of work has not progressed as we would have hoped however; the MCN is seeking to understand the reasons for the reductions and will work in partnership with TSRHS and Primary Care colleagues to review service provision versus demand, explore opportunities for different models of LARC provision and look to embed these.

The MCN will continue to build on the improvement work previously undertaken in termination of pregnancy (TOP) services to increase provision of more reliable methods of contraception, particularly LARC, following an abortion. Unfortunately there has been a considerable drop in provision in 2018/19 with only 56% of women leaving with the more reliable methods, of which only 16% are LARC. We are awaiting feedback from the service around these reductions to better understand the reasons and any subsequent support the MCN can provide.

In addition, the MCN will seek to work in partnership with TSRHS and Maternity services across Tayside to develop an improvement plan for delivery of post-natal contraception with a focus on LARC.

### **5c: Modernising abortion care**

Tayside continues to have the highest rates of termination of pregnancy (TOP) in Scotland (14.1 per 1000 women aged 15-44 v 11.8 per 1000 across Scotland in 2017). Scotland has seen a 5 year high in TOP numbers in 2017 although reductions have been seen in the under 20s. **Local data has shown a considerable reduction in the number of rapid repeat terminations (within two years) in this age group, dropping from 13.6% of all terminations in 2017/18 to 5.3% of all terminations in 2018/19.** We have however seen an increase in rapid repeat terminations in those aged 21-29. This appears to be reflected in the national data also.

Abortion services are currently provided within a hospital setting in Tayside by the department of Obstetrics and Gynaecology; however there is support for partnership working with TSRHS and an exploration of community based delivery. 2018 also saw the introduction of early medical abortion with self-administration of misoprostol in the home setting, allowing the second stage of early medical abortion treatment to be undertaken in a patient's home in certain circumstances.

Due to reduced capacity, as described above, modernising abortion care has not progressed as we would have hoped therefore in 2019/20 we will explore and scope the work required.

### **Tayside Condom Initiative**

The Condom Initiative (TCI) supports our aim to reduce unplanned pregnancy. In 2018/19 condom distribution increased in Tayside. Scottish distribution has been reported as static and many of the larger NHS boards noted significant reductions in condoms distributed to young people, however we have not seen a similar trend. Tayside distributed over 40,000 more condoms, overall, than in previous years. This success is due to the hard work of the hundreds of partner organisations who distribute condoms on our behalf. We have had sustained engagement with pharmacies and Condoms by Post is increasing its presence in Tayside, year on year.

This increased distribution has been driven by work in Dundee and we have not seen the same in Perth and Angus therefore a review of current distribution locations is underway and we are seeking distributors in less “institutional” settings, for example; clubs, bars, barbers’, among others. Increasing condom availability in rural parts of Perthshire and Angus is a priority for 2019/2020.

Other areas of focus in 2019/20 will be ensuring existing distributors have the skills, knowledge and confidence to continue to deliver the service, in part by developing a Condom Distribution Network to allow people to share their experience and knowledge.

### **Priority 6: Improving sexual and reproductive health of women who inject drugs**

It has long been recognised that People Who Inject Drugs (PWID) have poor general health and are at increased risk of poor sexual health and blood borne viruses (BBV) and are amongst the least likely to access services. **Most recent estimates suggest there are approximately 4,000 people who misuse drugs in Tayside, of those approximately 1,630 are female.** Women who inject drugs are at risk of unplanned pregnancies leading to increased rates of termination and increased child protection reviews. There is low level or poor use of contraception in PWID, and evidence suggests that this may be linked to a perception of low fertility that is held by both individuals and professionals. The MCN is keen to explore this further and our health psychologist will undertake research in relation to improving the sexual and reproductive health of women who are involved in injecting drugs. The core aspects of this work will be to better understand the specific psychological factors that influence sexual health in WWID, including barriers and motivations influencing contraceptive use and wider sexual health and wellbeing.

Over the last year, maternity cover within the harm reduction service has been provided by nursing staff with qualifications in sexual and reproductive health. This has allowed us to begin to explore feasibility and acceptability of delivering SRH interventions in a harm reduction setting. Early indications are that this service would be welcomed by PWID however further evaluation is required. In addition we are exploring ways to improve non-specialist staff confidence and competence to discuss sexual and reproductive health needs with service users. The results of the research described above will be an important factor in developing service delivery.

The work around this priority area is at an early stage and we expect it to develop over the coming two to three years.

## Related areas of MCN work

### Workforce Development and Training

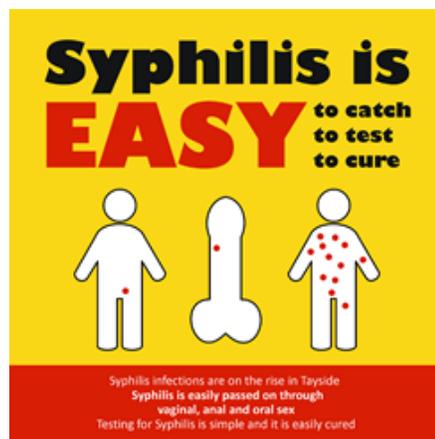
The MCN continues to deliver and support a programme of education to ensure the workforce is knowledgeable, skilled and confident. This includes regular BBV, harm reduction and sexual health awareness sessions, tailored education sessions for various staff groups and commissioned training where appropriate for the SHBBV MCN and its partners across Tayside.

Our harm reduction and HIV nursing teams have now delivered stigma and BBV related training to final year nursing students at the University of Dundee for two years. This has been well received by both students and staff therefore the University has asked for this to continue on an annual basis. We are actively exploring ways to introduce themes around stigma and BBV earlier in the nursing curriculum and will look at opportunities to influence the medical curriculum in 2019/20.

### Campaigns and digital media

The MCN continues to work closely with national and local partners in order to provide awareness raising campaigns. In 2018/19, we promoted World AIDS Day, World Hepatitis Day, Purple Friday and LGBT History Month, as well as our regular commitment to College and University health and fresher fairs. **The MCN took a leading role in representing NHS Tayside at the first Dundee Pride.** We will build on this in 2019, attending both Dundee and Perth Pride events.

The MCN continues to develop its suite of digital media, launching our revamped website [www.sexualhealthtayside.org](http://www.sexualhealthtayside.org) in early 2019. Over the coming year we will focus on refining the content on the website and exploring different medium such as videos, blogs and podcasts.



## Syphilis

Over recent years we have seen more cases of early infectious syphilis across Tayside in line with national trends. **UK data show rates not seen since the late 1940s. Tayside has seen a 6-fold rise in infections in the last decade with a doubling of diagnoses between 2017 and 2018.** Most of these infections are seen in MSM but we are also seeing increased cases in heterosexuals.

In response to this the MCN established a Problem Assessment Group in late 2018 to review the current trends and to establish what actions can be taken. A number of actions were agreed including:

- A review of data collection mechanisms to ensure we are capturing a full picture of new diagnoses across all specialties
- Information and support for clinicians to encourage testing
- Awareness raising campaigns, including targeted social media campaigns for MSM
- Outreach testing events in partnership with Terrance Higgins Trust Scotland

The PAG will continue to review the actions over the coming year.

## **Looking Ahead – 2019/20 and beyond**

As described in the report above, there is still a considerable amount of work to be done in relation to all six MCN priorities. There are however, a number of developments at a national level over the coming years that will have a bearing on the work of the MCN. We expect publication of a Scottish strategy to support the elimination of hepatitis C in the coming months. To support this work, we will be reviewing the recently published “Recommendations of Hepatitis C Virus Case Finding and Access to Care” to determine those recommendations that will support our local elimination efforts and to ensure these are embedded in practice.

We also expect publication of national recommendations to increase HIV testing in 2019/20 and will look to implement these into the “Getting to zero” work. We also support HIV Scotland’s ambition to make Scotland the first “Fast Track Country” in the world by ensuring all seven cities in Scotland sign up to work with NHS partners to end new HIV transmissions by 2030.

It should also be noted that the Framework for Sexual Health and Blood Borne Virus is due to end in December 2020 and as yet, we do not know what the intention is for a replacement. The MCN team will continue to advocate nationally for a combined national framework post 2020, as we feel this has been critical in securing local support to make real, tangible improvements to sexual health and BBV care.

As we near HCV elimination in Tayside, the MCN will also consider its future strategic direction and priorities and we look forward to engaging with you over the coming year to discuss this.

**Donna Thain**  
**MCN Manager**

**Ann Eriksen**  
**Executive Lead – SH&BBV**

15<sup>th</sup> May 2019