Dear Lewis,

Thank you for your letter of 21 February setting out the Committee’s thoughts around the preventative agenda for sexual health and bloodborne viruses. I enclose responses to your specific questions below. Prevention activity remains a key commitment and fundamental principle for all parts of the Sexual Health and Bloodborne Virus (SHBBV) Framework.

Sexual health education in schools

With regard to mandatory sexual health education in schools, I would note that Scotland does not have a statutory curriculum. The principles of Curriculum for Excellence are based on personalised learning and meeting the needs of individual children.

Relationships, sexual health and parenthood (RSHP) education is an important part of the school curriculum in Scotland and statutory guidance to support this was published in 2014. It is for schools to decide how they deliver RSHP education based on the needs of the children or young people in their classroom. This aspect of the curriculum is intended to enable children and young people to build positive relationships as they grow older and should present facts in an objective, balanced and sensitive manner within a framework of sound values and an awareness of the law. Where required, schools and other providers of RSHP education may wish to make use of the range of professional expertise within health boards and third sector agencies to assist with this aspect of young people’s learning.

The Scottish Government funds the 'SexualHealthScotland' website, which contains easily accessible sexual health and relationship information. YoungScot are also funded by Scottish Government to provide information on sexual health for young people in Scotland.
Sexual health education monitoring at school and beyond

There is no requirement for data to be collected on the standard and experience of sexual health education in Scottish schools. There have been several surveys over the years, for example by Glasgow City Council and NHS Lothian, where young people's views on their RSHP learning were collated. The reports can be downloaded here http://fascagency.co.uk/rsphp-learning.html.

There are also surveys of sexual behaviour which could be taken as a proxy for education quality, particularly the Health Behaviour of School Children Survey (http://www.hbsc.org/publications/factsheets/Sexual-Health-english.pdf), and the NATSAL (http://www.natsal.ac.uk/home.aspx) survey of adult behaviour.

We will consider the possible role of the new public health body in relation to sexual health policy, monitoring and strategic leadership. With regard to our own data collection and monitoring, in 2013 the Scottish Government published findings on Young people's knowledge and understanding about sexual health and blood borne viruses and in 2014 we published findings from a YouGov survey with adults about Sexual Health and WellBeing. This data has been used to inform progress towards outcomes in the SHBBV Framework 2011-2015 and the 2015-2020 update. The Scottish Government also funds a Framework Research Manager to coordinate research across the Framework, to support the NHS and other partners in accessing funding and grants, to work with networks to identify research priorities and to collate and share evidence of what works, developing an overall research strategy for the Framework. There is a National Monitoring, Assurance and Research Group (NMARG) which supports this work, whose remit is to monitor progress in delivering the outcomes set out in the Framework and oversee the development and maintenance of the research strategy.

Through the SHBBV third sector funding programme, we are funding the Scottish Drugs Forum to support the substance misuse workforce to be equipped to support vulnerable young people in relation to good sexual health, positive relationships, BBVs and other sexually transmitted infections. We will also fund CKUK to increase sexual health and BBV awareness among young people with learning difficulties.

As men who have sex with men (MSM) continue to be most at risk of HIV infection in Scotland, the Scottish Government funded NHS Lothian and NHS Greater Glasgow and Clyde to undertake an HIV prevention needs assessment amongst MSM. This work was published in June 2014 and has informed the development of prevention services with MSM in Scotland.

Stigma

All organisations involved in the delivery of the Sexual Health Framework are responsible for addressing stigma, including NHS Boards. The Scottish Government also funds third sector organisations such as Waverley Care and the Scottish Drugs Forum to challenge HIV and hepatitis C related stigma, tackle health inequalities and promote good sexual health. Their work specifically targets the most vulnerable groups such as MSM, those who inject drugs and Scotland's African community.

In terms of training for health professionals, we funded Waverley Care to develop the Putting Caring Conversations into Practice learning resource: http://www.caringconversations.scot/.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew’s House, Regent Road, Edinburgh EH1 3DG
www.gov.scot
This is an interactive tool that helps deliver person-centred and non-stigmatising conversations around long-term conditions in general practice and hospital settings across Scotland.

**Treatment setting**

With the availability of easy to administer, safe, highly effective, short duration hepatitis C (HCV) therapies, it is now practical to deliver treatment in community settings (e.g. general practice and prison). The Scottish Government agrees with the Hepatitis C Treatment & Therapies Group that the majority of treatment and care for hepatitis C should now be delivered in community settings. This is a key change in service delivery – the old Interferon-based therapies generally needed to be administered in the hospital setting. A Short-Life Working Group to produce guidance on the implementation of this policy is underway and the Group will publish its recommendations this year.

We have also asked Boards to consider using innovative approaches to delivering treatment and testing services, including integration with harm reduction/recovery services for people who inject drugs (PWIDs). Part of that work involves a Short Life Working Group on HIV testing which is currently considering new and innovative approaches to testing and will make recommendations this year. I look forward to seeing these recommendations and can assure you that we will continue to pursue new opportunities to improve how people engage with HIV and HCV testing, treatment and prevention. Further increasing the rates of testing and early diagnosis has clear benefits in terms of early entry into treatment of patients and reduced transmission of infection.

**NHS Tayside treatment model and treatment as prevention**

In terms of HIV treatment, we already use treatment as prevention as a standard approach and have done so now for a number of years. The British HIV Association recommend that all patients diagnosed with HIV are commenced on treatment, irrespective of disease progression at diagnosis, both for their own benefit and to prevent transmission to others. HIV care and treatment is monitored by Health Protection Scotland who produce quarterly reports on the number of individuals attending specialist services for HIV treatment and care in Scotland, the numbers receiving antiretroviral drugs and those with evidence of viral suppression at their last attendance. Continuing high levels of care and treatment are being provided for people living with HIV in Scotland and we have surpassed the UNAIDS targets of 90% of those diagnosed receiving antiretroviral therapy (ART) and 90% of all those receiving ART achieving viral suppression.

The hepatitis C referral and treatment pathway research in place in NHS Tayside is an innovative approach to tackling HCV. It is a model of best practice in how a coordinated care network can significantly widen access to testing; prevent new infections; facilitate a sizeable increase in the number of people accessing and completing treatment, and improve health outcomes for PWIDs. We will consider carefully the outcome of the NHS Tayside research and potential applications of their treatment model in due course.

**Cost benefit analysis**

The Treatment and Therapies Group considers the clinical effectiveness and cost effectiveness of medicines in making its recommendations. We continue to monitor the
latest evidence on the cost effectiveness of different models of diagnosing, assessing and delivering therapy to hepatitis C infected people.

The Scottish Medicines Consortium (SMC) has carried out value for money and economic case assessments on all of the HCV and HIV treatments deployed by NHS Scotland, including pre-exposure prophylaxis (PrEP). In assessing the relative clinical and cost effectiveness of new medicines, the SMC always requires a robust clinical and economic case to be made and for the medicine to demonstrate value for money. They also consider special issues which may have been highlighted by the manufacturer of the medicine, by clinical experts and/or by Patient Interest Groups.

**Opt-out screening**

The Scottish Government is working with NHS Boards and the Scottish Prison Service to introduce opt-out BBV testing (hepatitis B and C and HIV) for new prisoners in Scotland during their induction period. This provides an important opportunity to test and support a population who may otherwise not engage with health services.

We are funding Hepatitis Scotland to develop a Dried Blood Spot and point of care testing training resource and to carry out a focused long term research project using trained peer researchers, with the aim of identifying and testing the barriers in different areas that are preventing people from being diagnosed and/or attending treatment appointments. Waverley Care is also being funded to engage directly with populations affected by poor sexual health and BBVs, using a peer-to-peer approach to gather their views and experiences. This work will inform the development and delivery of targeted services that address defined needs, challenge stigma and promote prevention, testing and support. They will also conduct an intensive drive to deliver HIV testing for Africans in Scotland, alongside accessible information and support.

All screening programmes offered in the UK are recommended by the UK National Screening Committee (UK NSC), the independent body which advises Ministers in all four countries on all aspects of screening. Screening programmes are introduced based on robust peer-reviewed evidence, where the benefit of screening outweighs the harm. The UK National Screening Committee is in the process of reviewing the evidence for screening for HCV in pregnancy as part of its three yearly cycle.

The UK NSC will then publicly consult on this issue in the Summer of 2018/19. More information on the process and how stakeholders and members of the public can participate in the public consultation can be found at: [https://legacyscreening.phe.org.uk/hepatitisc-pregnancy](https://legacyscreening.phe.org.uk/hepatitisc-pregnancy)

**Joined-up services**

The SHBBV Framework funding to Boards has been included in the Outcomes Framework since it was created in 2016-17. The Outcomes Framework is a single source of funding to NHS Boards which provides greater local flexibility on decisions on how to maximise the value from this resource against clearly defined outcomes. It has a strong focus on delivering strategic priorities such as prevention and reducing health inequalities. We do not currently have any plans to change the composition of the Outcomes Framework.
With regard to your comments on Alcohol and Drug Partnerships (ADPs), we have invested over £680m to tackle problem alcohol and drug use since 2008, with the vast majority of that investment directly supporting local prevention, treatment and recovery services. Through the Programme for Government we also announced an additional £20 million funding to improve alcohol and drug treatment services in 2018-19. All ADPs are expected to undertake needs assessments which take a strategic view of the specific needs of their population. It is for ADPs to ensure suitable treatment and support services are in place to meet these needs.

You will be aware that work is being taken forward to develop a Substance Use Treatment Strategy, and as part of this work treatment and support services will be challenged to meet the wide range of complex health and social needs of those who are most at risk as a result of their substance use. I would note that the proportion of new HIV infections related to PWIDs in Scotland is around 10%, based on the latest data. The figure of 98% to 99% of new infections you quote relates only to hepatitis C.

I hope this is helpful and look forward to reading the Committee’s public health report in the Autumn.

Best wishes,

SHONA ROBISON