Dear Cabinet Secretary

**Preventive Agenda: Sexual Health, Blood Borne Viruses and HIV**

The Health and Sport Committee, as part of their Preventative Agenda inquiry, agreed to undertake a series of short focussed pieces of work looking at specific areas of public health activity with a view to assessing how far each activity is addressing the preventative agenda. The Committee have agreed to produce a report in the autumn once these pieces of work have concluded, with individual findings and suggestions being reported by letter to the Scottish Government as appropriate.

The second topic considered was sexual health, blood borne viruses and HIV. Having considered the evidence received the Committee agreed I should write to you setting out their thoughts.

**Sexual health education in schools**

The teaching of sexual health at schools was described to us as being inconsistent, with the subject not being mandatory. This has led to varying provision across schools and denominations. With two young people a month being diagnosed with HIV it seems there is a requirement for better provision if the fight against sexually transmitted infections (including HIV and hepatitis C (hep C)) is to be won.

We heard of excellent work being carried out by the third sector where they go into schools and deliver sexual health lessons, an example being Waverley Care in the Highlands. However this is not happening across the country. Witnesses were clear
sexual health education provided by an outside agency works well for young people. We would welcome the Scottish Government’s thoughts on whether this approach should be followed across the country. We would also be grateful if you could advise what the expected standard of sexual health education is across all schools in Scotland and how the Scottish Government ensures the agreed standard is being delivered.

We would support plans to make sexual health education mandatory and provided to all pupils in all schools. We would be grateful if you could advise whether the Scottish Government has any plans to make sexual health education mandatory.

**Sexual health education monitoring at school and beyond**

We were also made aware that no national health body or board has strategic responsibility for sexual health policy and practice; that it no longer sits with Health Scotland. The last data collected on young people’s experience of sexual health education was a MORI survey in 2012. If we are not collecting data on young people’s experiences we cannot understand the effect, good or bad, that sexual health education is having on the young population. We would be grateful if you could advise who has responsibility for collecting data on the standard of sexual health education.

Poor sexual health and BBVs continue to have a disproportionate impact on vulnerable populations in our society – primarily men who have sex with men (MSM) who no longer see HIV as a threat, and might not be aware of hep C and how it is spread. We heard this could be the result of less specialist sexual health resources being available for young people aged 18-25. Can the Scottish Government advise what work they are doing to ensure access to resources is available to all?

**Stigma**

Nearly 90 per cent of the HIV infected population has been diagnosed. However, the rate for Hep C is lower at around 60%, part of which can be down to the fact hep C can remain symptomless for many years, meaning people do not present for testing. However we heard the stigma associated with being infected by HIV and hep C, particularly with MSM, those who inject drugs and within Scotland’s African community, remains an area of concern. Stigma is also detrimental to people’s outcomes. It can stop some from seeking diagnosis and others who are diagnosed from continuing with treatment. This can then result in new transmission risks as the fear of stigma increases the chance of those infected not taking appropriate precautions. We would welcome details of which health body has responsibility for tackling stigma and the work they and the Scottish Government are undertaking to tackle stigma.

**Treatment setting**

We know those receiving treatment for both HIV and hep C in a NHS setting have good outcomes. However, many of those diagnosed, especially those with hep C, wish to have treatment in the environment where they are comfortable and unwilling travel to a hospital setting. We would be grateful if you could advise what work the
Scottish Government is undertaking to ensure a range of services where people, especially those living a chaotic lifestyle, can seek testing and treatment.

**NHS Tayside treatment model**

One area that has succeeded in rolling out bespoke services for the vulnerable and chaotic population group is NHS Tayside. NHS Tayside is using treatment as a prevention model, treating hep C positive people actively injecting drugs at an early stage of infection to reduce the risk of infecting others. We were advised this model could reduce transmission rates from current levels of 5 to 10 per cent to below 1 per cent with the possibility of hep C being eliminated in Tayside within 4 years. Prevention through treatment in this way is also potentially effective for HIV prevention, for the individual and the wider population. We would be grateful if you could advise what interest the Scottish Government is taking in this approach and whether you see benefits from such a preventative approach being rolled-out across all health boards.

**Cost benefit analysis**

During our discussion on the NHS Tayside model Professor Dillon provided a helpful cost benefit analysis. However, we heard there was limited health economic input available for most other areas of healthcare which suggests data is not a factor informing change. It would have been helpful if the Sexual Health and Blood Borne Virus Framework provided cost benefit analysis showing an expected balance of benefits and costs for the delivery of outcomes. This would have helped health boards and the public understand the expected benefit of any policy change. It would also have helped in the evaluation of policy change. Can you indicate the Scottish Government position on subjecting policies and initiatives to cost benefit analysis and what the Scottish Government views are on its use?

**Opt-out screening**

Opt-out screening for some conditions (hep B, HIV and syphilis) is in place for pregnant women. This screening does not include hep C. Opt-out screening, which included hep C screening, is a positive way to increase diagnosis rates and we believe it should be rolled out to a variety of people including pregnant women, prisoners and those using harm reduction services.

We would be interested to hear what work the Scottish Government is doing to identify those with HIV and hep C who are undiagnosed and whether there is any plan to introduce opt-out screening in particular circumstances of high transmission risk.

**Joined-up services**

The Framework notes “Community Planning Partnerships (as well as Health and Social Care Partnerships/Integration Authorities) have an important role and issues of poor sexual health and blood borne virus infections should be part of local plans.”

With around 98 to 99 per cent of all transmissions of HIV in Scotland relating to

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1 [Health and Sport Committee Official Report 23 January 2018, COL11](#)
injection drug use we agree joined-up services are a good way of identifying and treating those infected. Alcohol and drug partnerships (ADPs) were identified to us as being well placed to help in this regard. However, the reduction of budgets for ADPs has resulted in the variety of available services reducing. Can you advise how the Scottish Government is working to ensure well-integrated services, such as ADPs, are adequately resourced and able to fulfil their role around poor sexual health and tackling blood borne viruses?

We heard that “One of the key successes of the hep C programme initially was the way in which it was funded. There was ring-fenced funding to deliver an action plan, and it was easy for health boards and other partner agencies, such as alcohol and drugs partnerships, to utilise that money”.\(^2\) The loss of this ring-fenced funding was noted as exacerbating the problems in delivering joined-up services, with money formerly going to ADPs and sexual health services now being prioritised for acute services. Can you advise if the Scottish Government has any plan to return to ring-fenced funding for the Framework?

I would be grateful if you could respond to this letter by the 20 March.

Yours sincerely

Lewis Macdonald
Convener, Health and Sport Committee

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\(^2\) Health and Sport Committee Official Report 23 January 2018, COL 24-25