Health and Sport Committee
Sexual Health, Blood-borne Viruses and HIV
NHS Greater Glasgow and Clyde
Written Submission

1. To what extent do you believe the Scottish Government’s Sexual Health and Blood Borne Virus Updated Framework and the approach by Integration Authorities and NHS Boards is preventative?

The framework has a strong focus on prevention and this is reflected in the five high-level outcomes and in the areas of focus work led through the Framework groups.

In relation to sexual health, including sexual transmission of BBVs, prevention within the framework includes education, contraception, abortion and access to sexual health services. The importance of preventing transmission of BBVs via injecting drug use is recognised. This is primarily with a focus on injecting equipment provision although there is a current area of focus to improve links with the ADPs which may strengthen harm reduction and oral substitution therapy as a means of preventing BBV transmission. Given the success of treatment as prevention for HIV, the focus on HIV testing and treatment (including retention in care and early treatment) is also preventative. The introduction of PrEP has provided an additional tool for HIV prevention in high risk individuals.

Within NHS Greater Glasgow and Clyde and the Integration Authorities the highlighted areas of prevention are being maintained and/or developed. This is despite the 7% reduction in the Effective Prevention budget in 2016/17. There is additional work underway to prevent spread of BBVs in light of the HIV outbreak associated with injecting drug use in Glasgow, including the proposed safe consumption facility and access to heroin assisted treatment being supported by Glasgow City Integration Joint Board.

2. Is the approach adequate or is more action needed?

The work associated with the framework is still being progressed and will be required beyond the current framework (2015-2020). Some key areas where more action is needed are;

- HIV testing. There remains suboptimal testing for HIV in high risk groups, as highlighted within the SMMASH 2 study. This is the area within the UNAIDS 90-90-90 goals where Scotland is weakest and is key within a focus on treatment as prevention. NHS Greater Glasgow and Clyde are progressing a social marketing intervention which aims to increase testing within the MSM population.

- Prevention of STIs. Transmission of STIs is increasing and requires focus, including the promotion of condom use. Concerns about the spread of STIs are highlighted by the recent Public Health England sexual health campaign.
Reducing transmission of BBVs via injecting drug use or sexual transmission in people who inject drugs. NHS GGC is working to tackle transmission of HIV in this population though awareness, education, testing and treatment in response to an HIV outbreak. Reducing transmission of BBVs more generally will require an increased focus on harm reduction in people who currently inject drugs alongside prevention of drug use. Glasgow continues to work towards the introduction of heroin assisted treatment and a safe consumption facility in recognition of the need for innovative solutions. Wider societal aspects of drug use, homelessness and criminalisation are also important to address.

3. Are the services and Sexual Health and Blood Borne Virus Updated Framework being measured and evaluated in terms of cost and benefit?

Evaluation of the SHBBV framework outcomes takes place at a national level. Outcome measures do not currently reflect ongoing cost-benefit, although cost effectiveness analyses exist for and support many of the individual elements of the programme. The HIV clinical leads have been successful in reducing the costs of HIV drug treatment which will further increase the cost-effectiveness of HIV treatment.

A review of the sexual health service in NHS Greater Glasgow and Clyde has involved looking in detail at what we spend our money on and which services need scaled up or paired back, and this has been done with a focus on prevention.

The business case for the safe consumption facility and heroin assisted treatment had an emphasis on prevention, including BBVs, and the economic case for this. It highlighted the estimated lifetime costs of HIV infection and average medication-only costs of HIV treatment, but also the wider secondary care costs of the target population to the health service.

4. Given the high cost of new medicines, what cost–benefit analysis has been done of primary prevention in general, and the role of the new medicines as a means of primary prevention?

The key high cost medicines that have been introduced are pre-exposure prophylaxis (PrEP) for HIV (2017) and new hepatitis C treatments (from 2015).

The SMC did a full assessment of PrEP including a comparison of health economic evidence which can be found at [scottishmedicines[.]org[.]uk/SMC_Advice/Advice/1225_17_emtricitabine_tenofovir_disoproxil_Truvada](http://scottishmedicines.org.uk/SMC_Advice/Advice/1225_17_emtricitabine_tenofovir_disoproxil_Truvada). Since the SMC analysis, NSS national procurement have obtained generic drugs for HIV prevention at a significantly discounted cost to NHS Scotland (price details commercially sensitive). The PrEP National Coordinating Group has been overseeing introduction. PrEP has a clear role in the primary prevention of HIV.
The new hepatitis C treatments have similarly been assessed by SMC. There has been substantial work around the national procurement of these drugs and both national and NHS GGC treatment guidelines have a focus on selection of the most cost effective regimen for an individual patient. The framework has been clear that the aim of investing in these drugs has been to reduce morbidity and mortality from hepatitis C, and the costs to the NHS associated with treating hepatitis C related liver failure and hepatocellular carcinoma. Modelling suggests that treating people with hepatitis C who currently inject drugs may be effective as primary prevention for hepatitis C. We understand that there is an ongoing study of this approach being led by Professor Dillon in NHS Tayside.

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