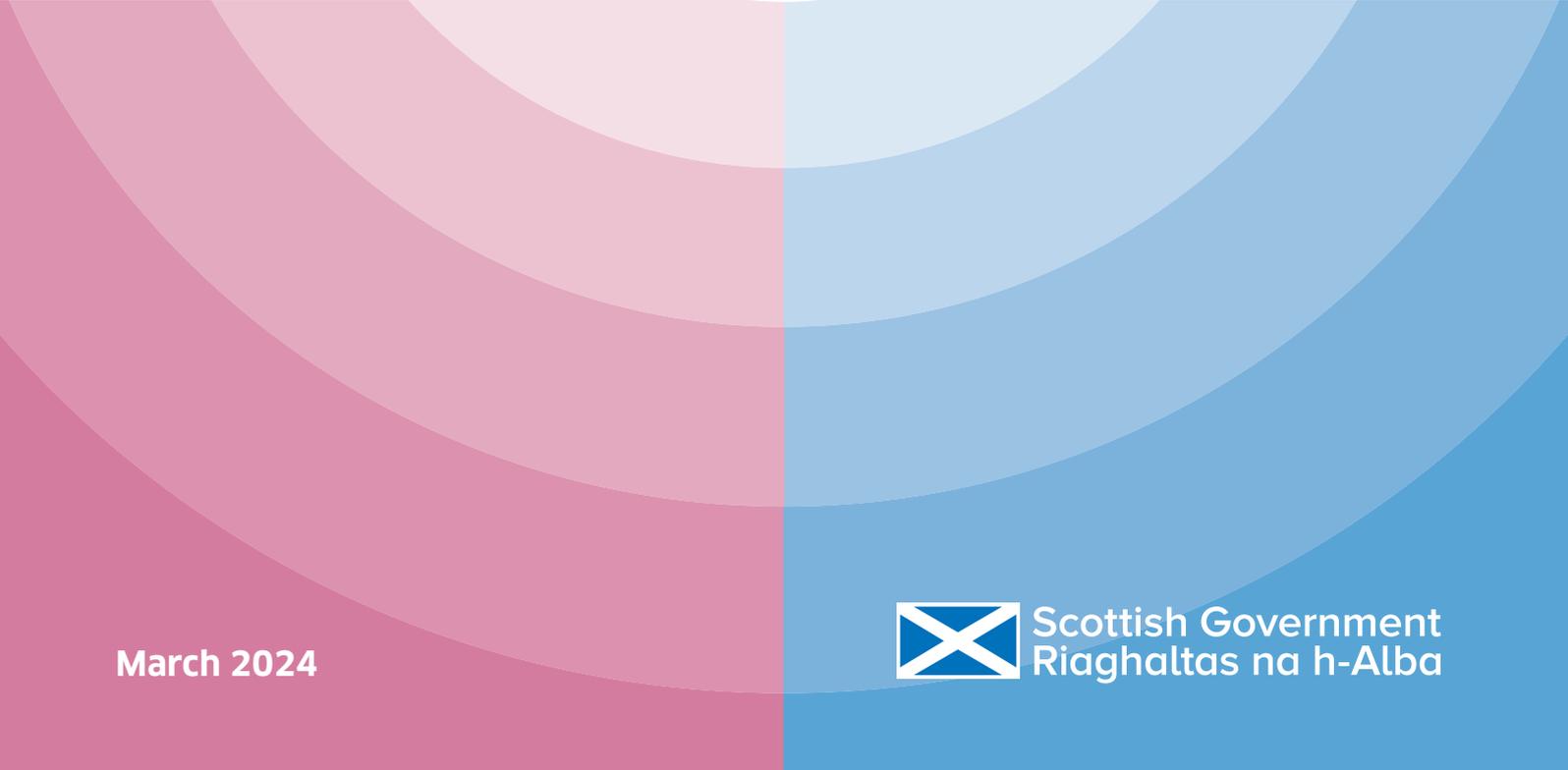




# Ending HIV Transmission in Scotland by 2030

HIV Transmission Elimination Delivery Plan  
**2023-26**



March 2024



Scottish Government  
Riaghaltas na h-Alba

## Contents

|   |    |
|---|----|
| Introduction.....   | 3  |
| HIV policy development background .....                     | 3  |
| The Vision .....  | 4  |
| High level goals for achieving the vision.....              | 4  |
| Dynamic Approach .....                                      | 4  |
| Prioritisation.....   | 6  |
| Timeline and review .....                                   | 6  |
| Primary Prevention.....                                     | 8  |
| Primary Prevention Actions.....                             | 11 |
| Secondary Prevention - Detection of HIV.....                | 18 |
| Secondary Prevention Actions.....                           | 19 |
| Tertiary Prevention - Treatment.....                        | 26 |
| Tertiary Prevention Actions.....                            | 28 |
| Monitoring and Evaluation.....                              | 33 |
| Monitoring and Evaluation Actions .....                     | 34 |
| Leadership, accountability, coordination and delivery ..... | 36 |
| Summary .....   | 39 |
| Glossary .....  | 40 |
| References.....   | 42 |

# Introduction

## HIV policy development background

On 1<sup>st</sup> December (World AIDS Day) 2020, the Minister for Public Health set the goal of ending HIV transmission in Scotland by 2030. Scottish Government, drawing on the expertise of Scottish Health Protection Network (SHPN) Sexual Health and Blood Borne Virus (SHBBV) Strategic Leads, established a dedicated short-life HIV Transmission Elimination Oversight Group (HiTEOG). HiTEOG produced a comprehensive report<sup>i</sup> published on 1<sup>st</sup> December 2022, outlining 22 recommendations for achieving the elimination target. The report also included epidemiological definitions, accountability and leadership, and suggested data and monitoring developments.

On 1<sup>st</sup> December 2022 Scottish Government also announced funding to support the development of an ePrEP clinic pilot led by Glasgow Caledonian University<sup>ii</sup> and a national publicity campaign to address HIV stigma to be developed by a multi-agency partnership with Terrence Higgins Trust (THT) leading on commissioning.

These projects are being taken forward alongside a broader policy refresh contained within the Sexual Health and Blood Borne Virus (SHBBV) Action Plan 2023-26, which was published on 28<sup>th</sup> November 2023<sup>iii</sup>. The broader SHBBV Action Plan clearly prioritises the need to review and strengthen governance and accountability across the SHBBV sector and describes the development of new structures and processes which will underpin its delivery alongside the recommendations set out in the HiTEOG report detailed below.

An HIV Transmission Elimination Proposal Scoping Group - Co-chaired by Professor Nicola Steedman, Deputy Chief Medical Officer, Scottish Government and Dr Dan Clutterbuck, Consultant in Genitourinary and HIV medicine and Co-Chair of the Scottish Health Protection Network SHBBV Strategic Leads Group - met between March and June 2023 to review the HiTEOG report, to prioritise the recommendations and to identify key actions to be taken forward in the short term. This Delivery Plan is based on the output from the scoping group and its actions will be taken forward by a HIV Transmission Elimination

Delivery Plan Implementation Short-Life Working Group (HIV-TEDI). HIV-TEDI will provide oversight for the delivery of the plan by establishing workstreams and lines of accountability for implementation. HIV-TEDI will report to the Ministerial-led SHBBV Oversight Group which will be set up under the SHBBV Action Plan.

For conciseness, other than the definitions and recommendations, details from the HiTEOG report are not repeated within this document. This document should therefore be read in conjunction with the original report. This Delivery Plan refers to the recommendation numbering as per the HiTEOG report but has created a new numbering system for ease of reference going forward.

## The Vision

Our vision is to end HIV transmission in Scotland. This means achieving the ambitious target of zero people contracting HIV within Scotland by 2030. This aligns with wider global strategic aims. UNAIDS have a global goal “to end the AIDS epidemic as a public health threat by 2030.”<sup>iv</sup> The HiTEOG report defines HIV transmission elimination as the point when there are zero individuals acquiring HIV within Scotland, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status.

## High level goals for achieving the vision

1. To prevent people from acquiring HIV, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, deprivation or disability status.
2. To find people living with HIV in Scotland (some of whom are undiagnosed) and support entry or re-entry into equitable and accessible HIV care and treatment, thereby improving health and quality of life, as well as preventing onward transmission of HIV.
3. To reduce stigma that makes some people less likely to access HIV prevention, testing and treatment services and adversely affects quality of life.

## Dynamic Approach

Due to the changing epidemiology of HIV in Scotland, a dynamic approach to HIV transmission elimination (HIVTE) is required. Broad approaches addressing the wider population are a valuable step in the initial stages, however as the number of new HIV

diagnoses reduce further, local interventions focused on smaller groups of sub-populations and individuals will be required. At very low levels of new transmissions, interventions focused on outbreak response and individual case investigation will become a key factor to achieving the 'zero' transmission goal. The response therefore needs to be agile and flex with local and national epidemiological trends.

A person-centred approach is required at all stages of the epidemic. We must also ensure that individuals' needs, anonymity and data protection are given the highest priority, particularly as the number of new diagnoses becomes very few. At all stages it is important that we consider the needs of people living with HIV to ensure that they can live longer, healthy lives free from stigma and harm.

There are currently significant gaps in our data, intelligence and research to inform elimination planning, many of which will be addressed by actions already underway and those outlined in this plan. This plan aims to tailor primary, secondary and tertiary interventions to the phases of the epidemic. Data developments will be aligned to the surveillance and evaluation requirements of each phase in order to monitor progress and provide intelligence to adapt plans as required (see Figure 1).

As HIV incidence declines and interventions become more localised, it is important that we consider the potential barriers and enablers to be addressed at each stage including resources, workforce, training and skill maintenance.

## Prioritisation

To ensure an effective approach that aligns with the realities of workforce capacity and finite resources there is a need to prioritise delivery of the 22 HiTEOG report recommendations by identifying short, medium and longer term actions. Prioritisation of the actions has been informed by a range of factors including anticipated new HIV transmissions averted by the intervention, known or anticipated limitations, interdependencies (in terms of the impact on other recommendations), speed and feasibility of implementation, and resource availability.

In order to achieve the 2030 goal, it is vital that we make rapid and sustained progress on our priority actions. Actions deemed 'short term' are being taken forward within the current financial year 2023/24 and indeed work towards many of these actions is already underway. Actions identified for medium term priority will commence in 2024/25 and longer term in 2025/26. A small number of actions which rely on other interdependencies have been identified to be taken forward in the longer term beyond 2025/26. The timelines outlined here relate to when the work will commence, however actions may be delivered over multiple years. Further detail is provided in the commencement and completion dates.

As well as prioritisation of each recommendation, this Delivery Plan identifies ownership, actions required, accountability, governance and performance management, data and monitoring and a timeline for delivery.

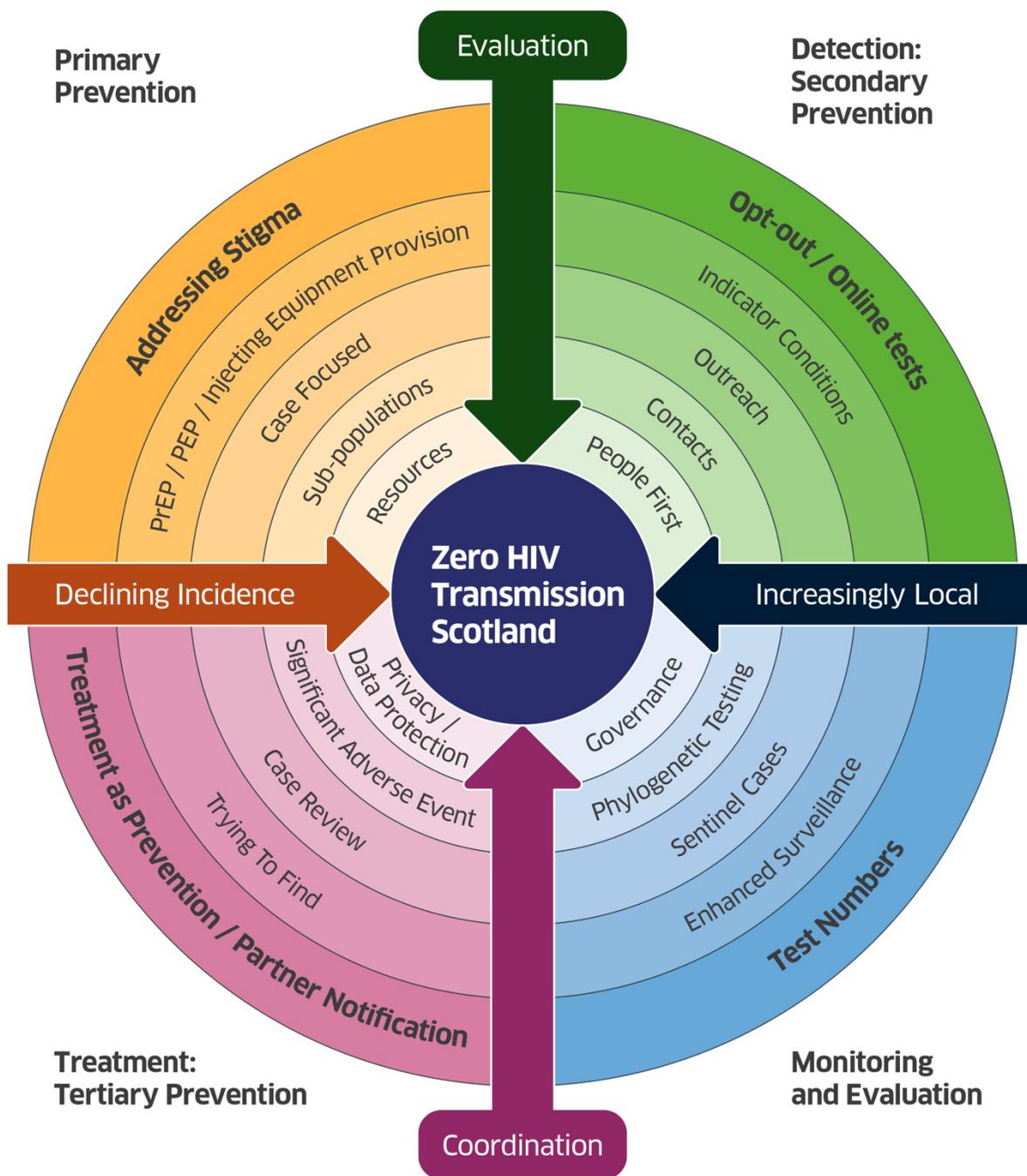
## Timeline and review

The epidemiology of HIV in Scotland continues to change. Data from Public Health Scotland (PHS) shows relatively low numbers of new diagnoses and a reduction in the number of recently acquired infections among people newly diagnosed in 2022<sup>v</sup>. This suggests that there is a sustained reduction in new transmissions. Therefore, an approach that can adapt to a further reduction in prevalence is required. However, there is uncertainty regarding HIV epidemiology in the years to 2030 due to a range of global factors including the performance of global and national economies, climate change, migration pressures and immigration policy all of which may influence HIV epidemiology internationally and within Scotland.

In order to remain able to adapt to the changing epidemiological position we have laid out the first phase of the HIV transmission elimination up to March 2026. A review of progress will be required to follow on from the end of this Delivery Plan to identify further interventions and adjustments to achieve the 2030 vision.

Figure 1. HIV Transmission Elimination target Scotland

## HIV Transmission Elimination Target Scotland

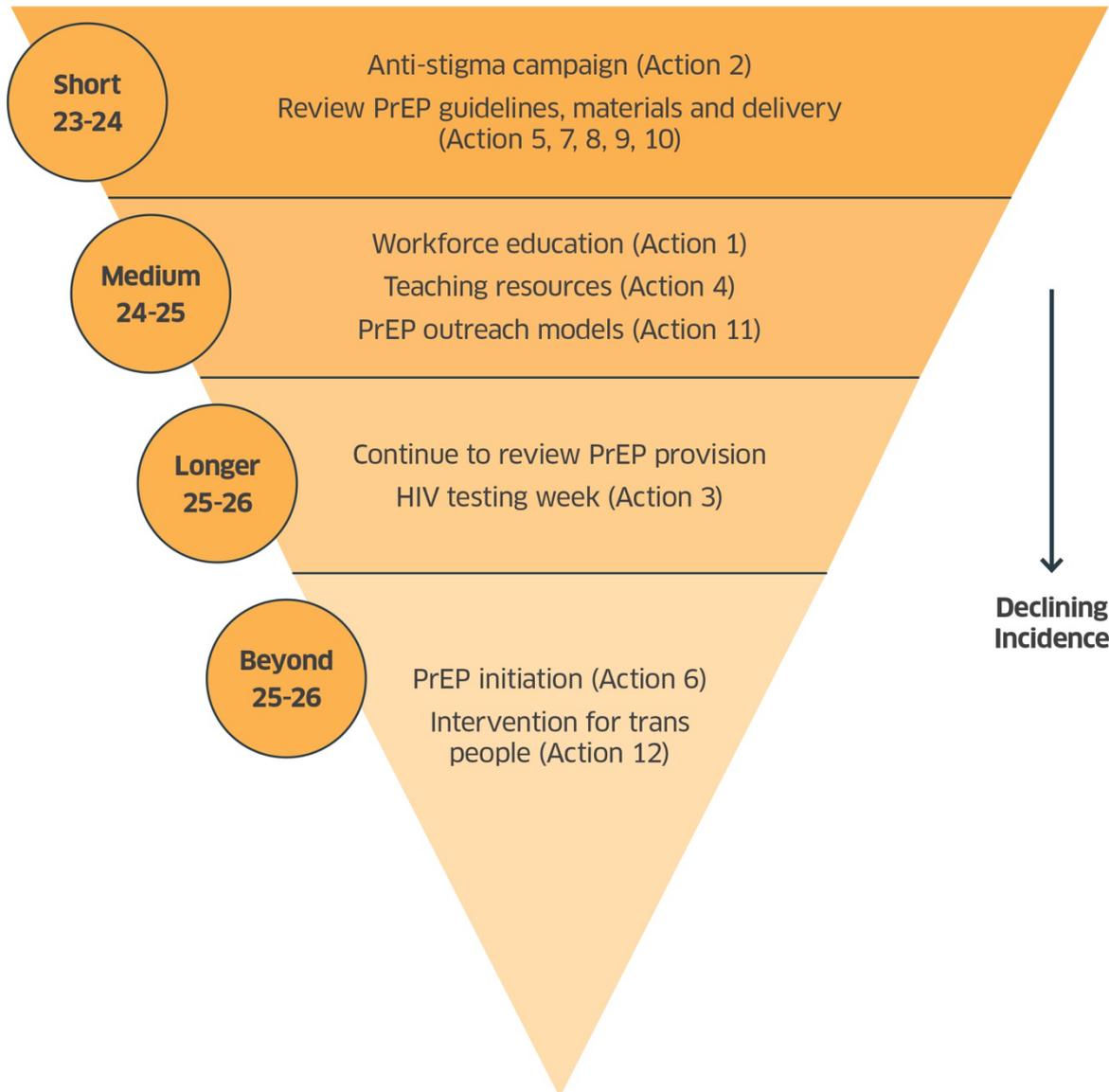


## Primary Prevention

Primary prevention includes awareness raising, information and education for the wider population, plus access to pre-exposure prophylaxis for HIV (PrEP), post-exposure prophylaxis (PEP), condoms, clean injecting equipment provision (IEP) and other interventions to support people who inject drugs such as Medication Assisted Treatment (MAT) including Opiate Agonist Therapy (OAT). These support associated behaviour change interventions for those at higher risk of acquiring HIV. Particular attention is required to groups and sub-populations with a higher prevalence of HIV and other risk factors, who may encounter barriers to uptake of prevention interventions. If the declining trajectory of HIV incidence continues, future efforts should be aimed at providing interventions in a more intensive and focused way to communities in which new HIV transmissions have occurred.

It continues to be vital that we address HIV stigma both for the benefit of people living with HIV in Scotland, as well as to underpin testing and prevention interventions. Education and information actions for the wider population, and for the Health and Social Care workforce, will therefore remain a priority.

# Primary prevention



## Primary Prevention Actions

HiTEOG 2.2 Provision of training (with support from HIV third sector organisations) to highlight HIV risk reduction for primary and secondary care clinicians.

HiTEOG 2.3: To support health and social care worker knowledge about the realities of HIV in the era of effective therapy and prevention.

**Action 1:** A proposal will be developed to address educational needs across the Health and Social Care sector, to be delivered in conjunction with other key actions.

**Delivery by:** Scottish Government, NHS Education for Scotland (NES) and others.

**Timeline:** Medium term **Commence:** April 2024 **Complete:** March 2025

**Details:** HiTEOG recognised that some non-specialist health and social care professionals have gaps in knowledge despite the large amount of progress made in treating and preventing HIV since the 1980s. Lack of up-to-date knowledge may exacerbate stigma and lead to inappropriate behaviour in relation to concerns about infection control. The engagement of people living with HIV in the anti-stigma campaign already underway, along with the lived experience panels associated with the Fast Track Cities consortium<sup>vi</sup>, has continued to flag that some targeted work on stigmatising behaviours is required in the Scottish health and social care system.

This action will address recommendations 2.2 and 2.3 and will also encompass elements of other key recommendations: Indicator Condition testing (particularly relating to general practice) (1.6), PrEP prescribing guidance (3.1), and prevention after a negative test (4.2). The objective of this action is to support multidisciplinary teams outside specialist settings with knowledge, skills and attitudes to assess and discuss individual HIV risk and to facilitate appropriate testing and interventions to reduce future risk.

The public anti-stigma campaign (2.4) provides a foundation for more targeted information provision. A tiered approach will equip the Health and Social Care workforce and others, including those working in education and elsewhere, with the knowledge and skills to support a more localised approach to primary prevention, testing, treatment and care and will be fundamental to success. Addressing stigma within the Health and Social Care workforce is also critical to ensure that the care needs of people living with HIV in Scotland

are properly addressed as they age and interact with health and care systems. There is an opportunity for the NHS and local authorities to support or mandate training for employees (including on the impact of stigma), linking to wider partnerships such as the Fast Track Cities initiative.

NES is working to update materials and training targeted at healthcare practitioners in non-HIV specialist roles and a specialist educator post has been funded by Scottish Government to support the provision of training across Scotland. This work may need expanding, and other partners (such as Fast Track Cities) may also have a role in developing training.

#### HiTEOG 2.4: To support public facing information to increase understanding and knowledge of HIV and to reduce stigma given the impact of effective treatment and prevention.

**Action 2:** A comprehensive anti-stigma campaign to the general public and groups with higher prevalence of HIV, to be delivered via social, web, out-of-home and TV media.

**Delivery by:** Terrence Higgins Trust (THT) Scotland partnered with NHS, PHS, third sector organisations and academia and funded by Scottish Government.

**Timeline:** Short term **Completed:** January 2024 - with evaluation to follow.

**Details:** In February 2023 Scottish Government commissioned a multi-agency partnership led by THT Scotland, to deliver a campaign aimed at reducing stigma in the general public. This multi-platform campaign<sup>vii</sup> was launched in October 2023 aiming to influence the knowledge, attitudes and behaviours of the population as a means of reducing the HIV-related stigma experienced by people living with both diagnosed and undiagnosed HIV, and people most at risk of acquiring HIV. A secondary goal was to reduce barriers to HIV prevention interventions. The campaign will be evaluated and should form the basis for further anti-stigma work. Other stigma work such as that carried out through Fast Track Cities should also continue.

**Action 3:** To review the potential costs and benefits of a HIV Testing Week.

**Delivery by:** Scottish Government

**Timeline:** Longer term. **Commence:** 2025/26

**Details:** The scoping group gave serious consideration to a Scottish HIV Testing Week but overall, it was felt that the benefits in terms of addressing stigma and promoting testing were better achieved through existing and planned awareness raising campaigns and the promotion of testing year-round. This should be reviewed once priority actions to expand capacity and improve access to testing have been progressed. The review should consider evidence of the effectiveness of similar campaigns elsewhere, not only on testing uptake but the number who have never tested before and the number of new diagnoses.

**HiTEOG 2.5:** To align teaching content in Scottish educational settings and in the Curriculum for Excellence to reflect updated HIV transmission risk and the reality of living with HIV in current times.

**Action 4:** Work with education policy to develop and update teaching resources as appropriate.

**Delivery by:** Scottish Government

**Timeline:** Medium term. **Commence:** 2024/25

**Details:** As we work towards HIV transmission elimination it is important that school-based education reflects the current realities of HIV and that resources are accurate, non-stigmatising and reflective of risk. We will work to ensure that updating this information is included as part of work to update Relationships, Sexual Health and Parenthood Education and consider if further resources are needed beyond this.

**HiTEOG 3.1:** To create an implementation group to disseminate updated HIV pre-exposure prophylaxis (PrEP) prescribing guidance, provide training to prescribers, roll-out awareness resources and deliver PrEP preparedness.

**Action 5:** Review BASHH/BHIVA guidelines on PrEP suitability for appropriateness of use in Scotland, endorsing and working with PHS to publish an addendum if appropriate and required. NES will review, update and disseminate training materials.

**Delivery by:** HIV-TEDI, PHS and NES.

**Timeline:** Short term **Commence:** October 2023 **Complete:** June 2024

**Details:** Existing eligibility criteria for PrEP need to be updated to ensure that the benefits of PrEP reach wider groups in addition to gay, bisexual and other men-who-have-sex-with-men (GBMSM). Revised Scottish PrEP Guidance was developed in parallel with updating of the current British Association for Sexual Health and HIV (BASHH) and British HIV Association (BHIVA) PrEP Guidelines<sup>viii</sup>; which should be published in 2024. New and updated training materials to be delivered through online education portal TURAS should also be rolled out. This will constitute an initial step in widening PrEP access, but more work will be required to ensure PrEP equity for all populations across Scotland.

**HiTEOG 3.2:** To estimate the characteristics and number of additional individuals likely to initiate PrEP in primary care settings (such as community pharmacies and general practice).

**Action 6:** Review existing evidence and evaluate pilot projects to establish the number of individuals likely to initiate PrEP.

**Delivery by:** HIV-TEDI and Scottish Government.

**Timeline:** Beyond 2025/26

**Detail:** It was recognised by the PrEP SLWG that estimating with any degree of robustness, the proportion of people underserved by current PrEP provision who would access PrEP through non-sexual health settings is unfeasible. Given the limitations and challenges of estimating the number of individuals likely to start PrEP in primary care settings, it is likely that data collection from and robust evaluation of pilot projects will be the most effective way of determining the preferred approach. Pilot services should include an assessment of potential uptake if this is appropriate for the service and evaluation design. This recommendation will be reviewed in the next iteration of the Delivery Plan to be developed in 2025/26.

**HiTEOG 3.3:** To explore the acceptability and feasibility of alternative community-based PrEP access and delivery models for people whose needs are not being met by existing arrangements in specialist sexual health settings.

**Action 7:** PrEP Workshop to be carried out to identify further PrEP actions.

**Delivery by:** HiTEOG short-life PrEP delivery subgroup.

**Timeline:** Short term **Completed:** April 2023

**Details:** A workshop on ‘Developing PrEP care models for diverse needs in Scotland’ was held in March 2023. A comprehensive evidence summary and report on the workshop was produced in April 2023<sup>ix</sup>. International evidence shows that initiating and maintaining PrEP supply to all those who need it is challenging, but outreach models have been successfully delivered and evaluated in Scotland<sup>x</sup> and recognised as good practice by the World Health Organization (WHO)<sup>xi xii</sup>. The scoping group identified that an important additional consideration is the retention in and re-entry into care of all PrEP users. Work to ensure that PrEP users continue to be linked to care, and to re-engage those who have stopped attending services but still need PrEP will be an important additional priority in the Delivery Plan. The workshop report has identified a number of actions to be taken forward under this recommendation which are captured in actions 8–12.

**Action 8:** ePrEP pilot to be funded and taken forward in Scotland.

**Delivery by:** Glasgow Caledonian University, Scottish Government.

**Timeline:** Short term **Commence:** December 2022 **Complete:** December 2025

**Details:** In December 2022, Scottish Government announced funding of £400,000 for a 36 month programme of work led by Glasgow Caledonian University (GCU) to develop and pilot an ePrEP clinic<sup>xiii</sup>. This aims to provide an efficient care pathway for people with straightforward PrEP needs to self-manage a proportion of their PrEP care. This work has begun and important groundwork is underway to ensure the pilot is safe and acceptable to users. The ePrEP pilot will continue to be taken forward during 2024 and 2025.

**Action 9:** The development of public and professional facing information on PrEP, to reflect the revised prescribing guidance.

**Delivery by:** Waverley Care and partners.

**Timeline:** Short term **Completed:** June 2023 – update as required.

**Details:** Video resources were co-developed with clinicians and community members by a team supported by GCU and Waverley Care<sup>xiv</sup> in 2023. These may need updating to reflect other changes in guidance.

**Action 10:** Further exploration of the potential for Primary Care and Community Pharmacy to contribute to PrEP delivery, which may take the form of a workshop or Short-Life Working Group. Also to review PrEP Licensing status and potential to widen prescribing options to pharmacies and general practice.

**Delivery by:** Scottish Government.

**Timeline:** Short term **Commence:** October 2023 **Complete:** Beyond 2025/26.

**Detail:** The Scottish Government has allocated funding to NHS Grampian and Aberdeenshire Health and Social Care Partnership to explore the feasibility and acceptability of HIV PrEP provision in primary care in the Northeast of Scotland. This project will be taken forward through 2023-25 with learning considered beyond the pilot. Work to explore the feasibility of provision within community pharmacy will also need to be considered during 2024/25. Further work is also required to consider the implications of the current licensing status of PrEP which restricts prescribing to specialist sexual health services and to further explore the potential for prescribing in Community Pharmacies and General Practice and other settings to support equity of PrEP access. Work on resolving these issues will be scoped during 2025/26, however this may take longer to fully resolve.

**Action 11:** Outreach models for populations who have barriers to PrEP access and/or a higher prevalence of HIV infection will be considered by HIV-TEDI with pilots taken forward when feasible.

**Delivery by:** HIV-TEDI to advise.

**Timeline:** Medium term **Commence:** 2024/25

**Details:** HIV-TEDI to advise on potential work to be taken forward to further this action drawing on internationally recognised examples of good practice such as the PrEP service tailored to the needs of people who inject drugs in Glasgow<sup>xv</sup>.

**Action 12:** Develop a PrEP intervention for transgender people.

**Delivery by:** TBC

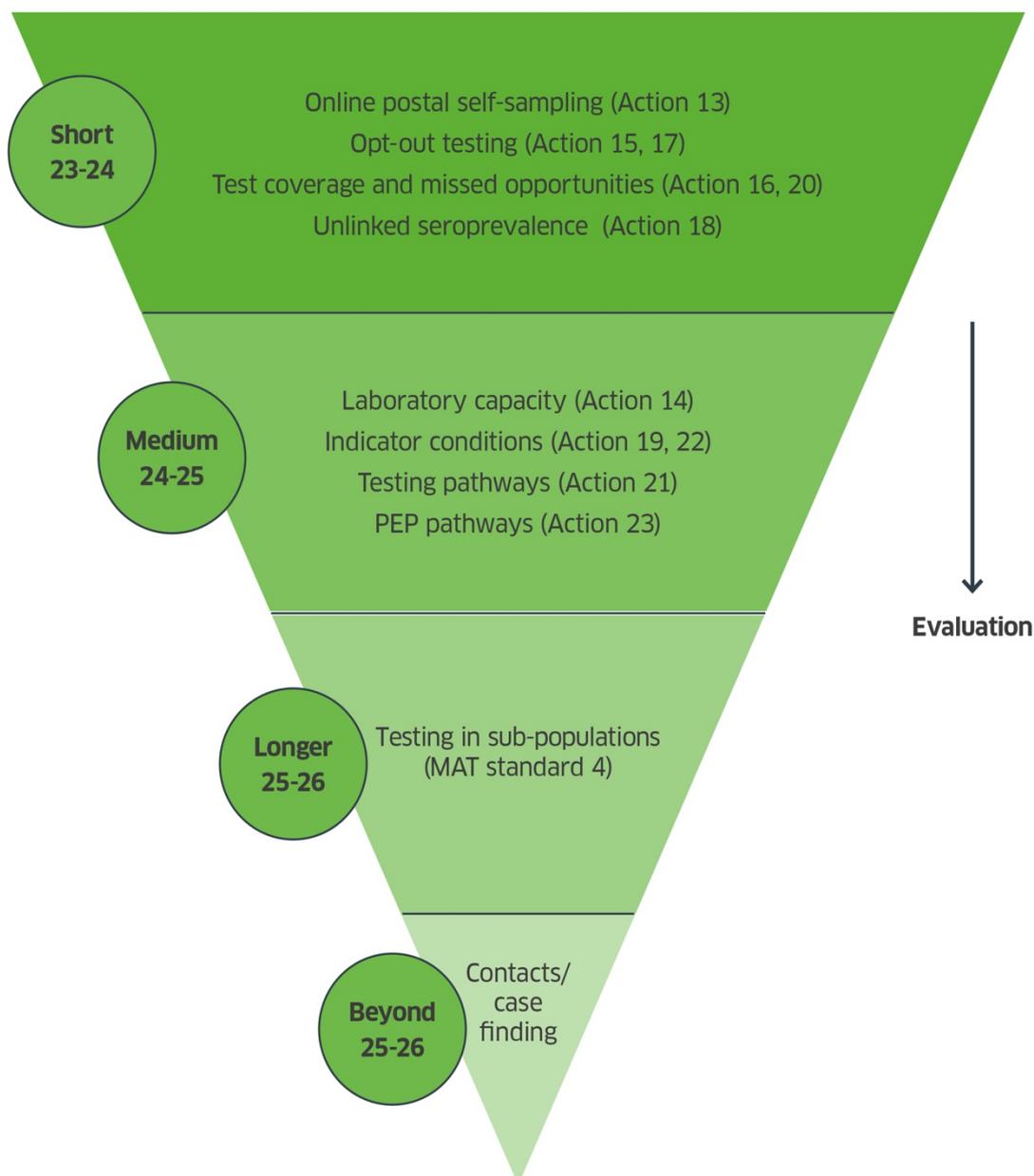
**Timeline:** Beyond 2025/26

**Details:** This intervention, recommended by the HiTEOG short-life PrEP delivery subgroup, will need to carefully consider wider healthcare needs of trans people, particularly those awaiting gender-affirming healthcare. This will be developed for the next iteration of the Delivery Plan to be developed in 2025/26.

## Secondary Prevention - Detection of HIV

Secondary prevention is the detection of HIV by the offer and acceptance of an HIV test. It incorporates actions to maximise the accessibility of testing, to make testing acceptable and equitable, and to ensure that when someone is diagnosed with HIV, their sexual partners and other contacts at risk are reliably and consistently identified and offered testing.

### Detection of HIV: Secondary prevention



## Secondary Prevention Actions

HiTEOG 1.1: To increase HIV testing coverage in specialist sexual health services in Scotland from 2023 onwards.

**Action 13:** A national Online Postal Self-Sampling service involving central procurement of test kits and national coordination of test order and delivery with some centralised results management will be developed.

**Delivery by:** PHS

**Timeline:** Short term **Commence:** October 2023 **Complete by:** March 2025

**Detail:** Several NHS Boards offer limited postal HIV testing locally. It is recognised that a centralised national Online Postal Self-Sampling (OPSS) service will provide a more cost-effective, consistent approach across Scotland.

As outlined in the SHBBV Action Plan, a centrally coordinated OPSS service for sexually transmitted infections including HIV is being taken forward by PHS in conjunction with the Diagnostics Strategic Network. This will provide a national service involving central procurement of test kits and national coordination of test order and delivery, with some centralised results management supporting delivery by local sexual health services and labs within existing local resources. Some gains in testing capacity will be made through the resourcing and implementation of a national system and the possibilities for further capacity increases at a national level will be explored over 2024/25. Additionally, a national HIV self-testing service has been funded by Scottish Government since 2020 providing self-testing kits via an online ordering system now hosted by THT<sup>xvi</sup>. This provision should continue to be offered in order to widen access to HIV testing.

HiTEOG 1.2: To provide sufficient laboratory capacity to support expanded BBV testing and confirmation activity from all providers in Scotland.

**Action 14:** Establish the capacity for and costs of BBV testing in Scottish laboratories.

**Delivery by:** Diagnostics Strategic Network and Scottish Microbiology and Virology Network with support from PHS

**Timeline:** Medium term **Commence:** April 2024 **Complete by:** 2025/26

**Detail:** Current total HIV/BBV testing capacity and requirements across lab services in Scotland is unknown. In conjunction with work to establish a national OPSS, discussions with the newly formed Diagnostics Strategic Network (DSN) and Scottish Microbiology and Virology Network (SMVN) will establish the current and potential laboratory capacity for HIV testing and models for delivery. This will establish what the required laboratory capacity for HIV (and other BBVs) currently is across Scotland, what we might expect demand to be if we reach the levels of testing required, how it is best delivered and at what cost.

**HiTEOG 1.3:** To increase BBV testing coverage to people in custody including those already in Scottish prisons reaching 90% uptake within the previous 12 months by December 2024.

**Action 15:** Support the delivery of a Target Operating Model (TOM) to include opt-out BBV testing for Scottish Prisons.

**Delivery by:** National Prison Health Network Programme Team.

**Timeline:** Short term **Commence:** 2023/24 **Complete by:** December 2025

**Detail:** National Prison Health Network Programme Team have finalised a TOM for prison healthcare and are currently convening a Sexual Health in Prisons forum to support delivery. Guidance to support opt-out BBV testing in prisons was issued by PHS in July 2019<sup>xvii</sup>. HIV tests should be recommended to everyone in custody unless they are already known to be HIV positive or have been tested within the previous year and have not been at risk of transmission. A key foundation is to establish a national indicator of testing rates in prison along with linked and reported data for monitoring progress. It is recognised that the target of 90% uptake in the 12 months to December 2024 set in the original HiTEOG report is unlikely to be achieved and therefore a revised target has been set for completion.

**HiTEOG 1.4:** To offer universal opt-out BBV testing in Scottish drugs services by December 2024.

**Action 16:** Monitor BBV test coverage among people who inject drugs in Scotland through an automated approach that can be applied nationally in the future.

**Delivery by:** Glasgow Caledonian University and PHS

**Timeline:** Short term **Commence:** December 2023 **Complete by:** March 2025

**Detail:** Despite the wide provision of harm reduction interventions following the HIV outbreak in people who inject drugs in Glasgow in 2015, routine opt-out testing in drugs and alcohol services varies across the country. In some NHS Boards, opt-out testing has been adopted and services (including prisons) are expected to implement the Medication Assisted Treatment (MAT) standards for Scotland<sup>xviii</sup>

MAT standard 4 states that all people are offered evidence-based harm reduction at the point of MAT delivery; 4.2 states services should have a procedure in place to offer hepatitis and HIV testing and hepatitis B and tetanus, flu and COVID-19 vaccination, using an opt-out approach with regular follow-up as per local protocols.

Despite opt-out testing models and work around MAT standards, suboptimal proportions of those in receipt of OAT have evidence of recent BBV testing. Current MAT 4 data collection and clinical systems within addiction services do not include BBV testing as a reportable activity, so a key first foundation is to establish a national indicator of testing rates.

Currently, comprehensive HIV laboratory test data is only available for NHS Greater Glasgow and Clyde. GCU have been funded in collaboration with PHS to monitor test coverage. The monitoring data will form the foundation for increasing testing in drugs services, work which will be delivered by NHS Boards and overseen by HIV-TEDI. The sharing of best practice will be key towards a nationally consistent approach. It is also important to ensure that this workforce is trained in HIV to ensure accurate and non-stigmatising support from staff in drugs services.

**HiTEOG 1.5:** To pilot HIV opt-out testing programmes in urban emergency departments where the diagnosed population HIV prevalence exceeds 1 in 500 people.

**Action 17:** Scottish Government to provide funding for small pilots of opt-out testing in Emergency Departments.

**Delivery by:** NHS Boards with Scottish Government funding

**Timeline:** Short term **Commence:** December 2023 **Complete:** June 2024

**Detail:** Opt-out emergency department (ED) testing for BBVs in five cities in England illustrates the effectiveness of the intervention, both in identifying new infections and re-engaging individuals in care, in very high prevalence areas<sup>xix</sup>. It also underlines the necessity of including tests for hepatitis B and C as well as HIV and the volume of testing required to identify significant numbers of undiagnosed individuals. Short pilots will be carried out within Scotland in late 2023 and early 2024 with reporting and evaluation into mid-2024. The evaluation data, combined with the findings from England and from the unlinked seroprevalence testing outlined below, will help determine whether opt-out ED testing is acceptable, deliverable and cost-effective in Scotland.

**Action 18:** PHS to scope and cost an Unlinked Anonymous Seroprevalence Testing programme for BBVs including HIV.

**Delivery by:** PHS

**Timeline:** Short term **Commence:** December 2023 **Complete:** March 2025

**Detail:** In order to establish extent of undiagnosed HIV infection in Scotland, and determine which areas in Scotland, if any, reach the cost-effectiveness prevalence threshold for HIV opt-out testing in EDs, an unlinked seroprevalence study should be carried out. PHS will scope and cost this work and HIV-TEDI will provide recommendations on next steps on taking this forward during 2024/25.

**HiTEOG 1.6: To support health care workers to test people for HIV in the presence of an HIV indicator condition.**

**Action 19:** A project to highlight indicator conditions to healthcare workers to be developed. This may be incorporated in other work on HIV education.

**Delivery by:** HIV-TEDI, Scottish Government, PHS and NES.

**Timeline:** Medium term **Commence:** April 2024 **Complete:** 2025/26

**Details:** Testing for HIV in people who present with a medical condition known or suspected to be associated with an underlying HIV prevalence of 1/1000<sup>1</sup> offers the possibility of improving rates of diagnosis particularly in low prevalence geographical areas where universal testing approaches are not cost-effective. Achieving a consistent and effective approach across health systems has proved particularly challenging despite a plethora of initiatives across the UK and internationally over three decades.

UK-wide implementation guidance to support the existing HIV/British Infection Association Adult HIV Testing Guidelines<sup>xx</sup> is in development. NHS Education Scotland (NES) is working to update materials and training targeted at healthcare practitioners in non-HIV specialist roles and a specialist educator post has been funded by Scottish Government to support the provision of training across Scotland. This project includes raising awareness of the need for HIV testing in those with indicator conditions.

Scotland's size, integrated NHS system, independent clinical educational establishments and professional Royal Colleges offer an opportunity for a whole system improvement-by-design approach to Indicator Condition testing. A model including consistent messaging, patient and public facing information, linkages to professional bodies and guidelines, a portfolio of healthcare worker educational materials, prompts on laboratory and clinical systems and mechanisms to feedback and review testing rates will be delivered through professional training, workforce continuous professional development (CPD) and directly on the ground in Medical Assessment Units, Emergency Departments and in General Practice.

HIV-TEDI will lead expert discussion to advise Scottish Government on developing this coordinated approach to Indicator Condition testing. An important priority for Indicator Condition testing will be the inclusion of General Practitioners (GP), other primary care teams including Advanced Nurse Practitioners, other nursing and dental professionals and pharmacists in education and awareness raising activities.

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<sup>1</sup> The diagnosed prevalence of 1/500 referred to in recommendation 1.6 has been used as a marker of undiagnosed prevalence of 1/1000, based on historical data showing that one third of people with HIV were undiagnosed. The rate of undiagnosed infection in Scotland is now thought to be approximately 7%.

**Action 20:** Investigate missed opportunities for testing in people diagnosed in Scotland and inform the future testing strategy.

**Delivery by:** Glasgow Caledonian University (funded by Scottish Government)

**Timeline:** Short term **Commence:** October 2023 **Complete:** March 2025

**Details:** An academic research study is underway to analyse routine test and diagnosis data and healthcare delivery data for people who have either had a late BBV diagnosis, or no evidence of a BBV test in the 24 months prior to diagnosis (including those who have never been tested). This work will inform evidence-based interventions for BBV testing.

### HiTEOG 1.7: To evaluate HIV testing capacity and modalities by all providers in Scotland<sup>2</sup>.

**Action 21:** Review modalities and pathways to HIV testing by all providers.

**Delivery by:** HIV National Coordinator (see action 24) supported by HIV-TEDI and HIV Clinical Leads.

**Timeline:** Medium term **Commence:** 2024/25 **Complete:** March 2025

**Detail:** In addition to HIV testing on blood samples taken in healthcare settings and Online Postal Self Sampling, the Scottish Government funds Terrence Higgins Trust Scotland to provide a national HIV self-testing service free to all Scottish residents. The service delivers blood-based or oral fluid-based home testing kits via an online ordering portal.

Third sector partners and NHS services also offer a range of outreach testing for groups and individuals who experience barriers to accessing mainstream services using supervised near-patient testing for HIV. Dried Blood-Spot testing is widely used in Drugs & Alcohol services and in some other settings. In parallel with establishing the laboratory capacity for HIV testing in Scotland, there is a need for a comprehensive overview of testing modalities and pathways in Scotland, to ensure professionals and the public have the knowledge and awareness of testing options available and in order to facilitate a more strategic approach to optimising capacity to meet demand.

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<sup>2</sup> Amended recommendation following scoping group discussion.

HiTEOG 2.1: To routinely prompt consideration of HIV on laboratory result reports where the condition is a possible differential diagnosis of HIV.

**Action 22:** Develop a system of standardised laboratory prompts through the national laboratory informatics system.

**Delivery by:** NHS Boards and NHS NSS Laboratory Informatics System team with HIV Clinical Leads and HIV-TEDI.

**Timeline:** Medium term **Commence:** April 2024 **Complete:** March 2025

**Details:** The introduction of a National Laboratory Informatics System (LIMS) to the majority of NHS Boards in Scotland offers the opportunity to introduce a comprehensive and standardised set of prompts to HIV testing, triggered by both test requests (i.e. clinical conditions) and abnormal test results. The national LIMS implementation team have initiated discussions on the possibilities for delivering such a system, which would be supported by appropriate educational materials and pathways through actions 1 and 19.

HiTEOG 3.5: To update local HIV post-exposure prophylaxis (PEP) care pathways to be consistent with current guidance.

**Action 23:** Review and collate local HIV PEP care pathways to confirm that these are consistent with current BASHH-BHIVA guidelines in all NHS Boards.

**Delivery by:** SHPN Sexual and Reproductive Health (SRH) Clinical Leads & HIV Clinical Leads.

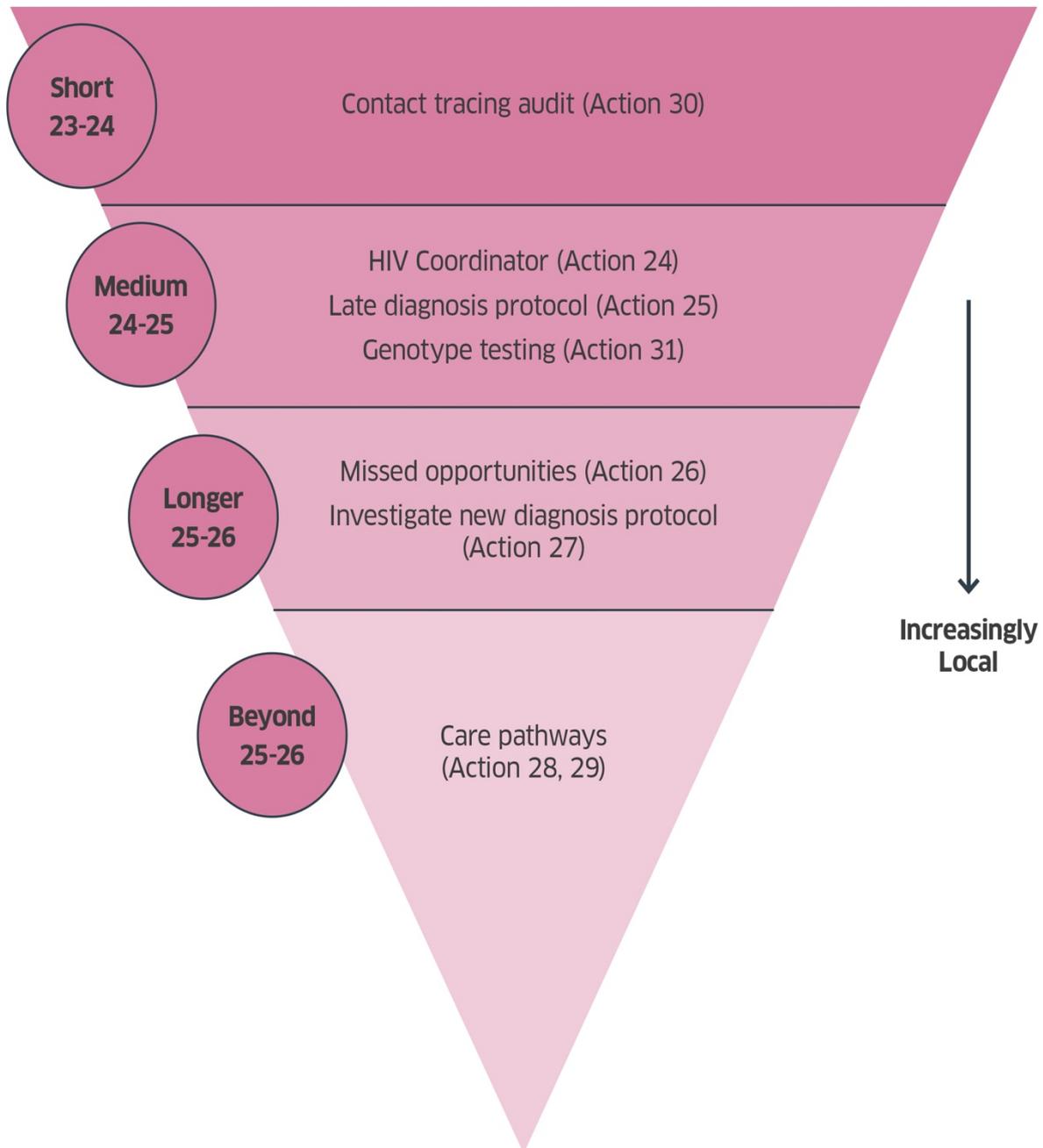
**Timeline:** Medium term **Commence:** April 2024 **Complete:** October 2024

**Detail:** The current BASHH-BHIVA UK guideline for the use of HIV post-exposure prophylaxis (PEP) was published in 2021<sup>xxi</sup>. PEP provision is a routine element of care across specialist sexual health services and Emergency Departments across Scotland. Local guidance should be in line with these national guidelines.

## Tertiary Prevention - Treatment

Tertiary prevention relates to the linkage to and retention in care of people diagnosed with HIV, in order to provide accessible treatment including effective and easily tolerated antiretroviral therapy, which then prevents transmission referred to as “U=U” (Undetectable = Untransmittable). Uptake of treatment in those under care in Scotland is excellent and starting antiretroviral drugs soon after diagnosis - termed ‘treatment as prevention’ (TasP) - and partner notification is a routine part of care which, in turn, will reduce onward transmission of HIV. Work is required to establish the number of people who are living with HIV in Scotland but are not currently under care, and work to re-engage those who are not attending for care; termed ‘Trying to Find’ (TtF).

# Treatment: Tertiary prevention



## Tertiary Prevention Actions

### HiTEOG 3.4 : Enhanced sexual health specialist service capacity to support clinical governance for HIV transmission elimination

**Action 24:** A funded National Coordinator post to oversee coordination of this Delivery Plan and to work with locally identified HIVTE Champions at NHS Board level towards delivery of actions to support elimination.

**Delivery by:** Scottish Government / PHS

**Timeline:** Medium term **Commence:** April 2024 **Complete:** March 2026

**Detail:** The coordination and delivery of a number of key actions relating to HIV transmission elimination across Scotland will fall to local clinical teams within HIV and Sexual and Reproductive Health services and public health colleagues. Extensive liaison with teams in acute medicine, primary care, emergency departments and support services such as laboratories will be required, as well as with other organisations and groups delivering actions against the various recommendations. A wealth of expertise in all these areas exists within the existing specialist clinical workforce, supported by BBV coordinators, Managed Clinical Network leads and other posts within some but not all NHS Boards, and the capacity to deliver when clinical pressures are substantial is constrained. The identification of local champions who can work together to drive progress and who are supported by a National Coordinator will provide the vital link across services and with centrally driven interventions.

### HiTEOG 4.1: Episodes of late HIV diagnosis or diagnosis of HIV after death to be investigated using existing local clinical risk governance pathways for local learning reviews or significant adverse events, with supportive feedback and training offered if required.

**Action 25:** Take forward a nationally approved HIV Late Diagnosis protocol.

**Delivery by:** SHPN HIV Clinical Leads and PHS; Public Health Teams and Clinical Leads within NHS Boards.

**Timeline:** Medium term **Commence:** 2024/2025 **Complete:** On going

**Detail:** Late HIV diagnosis (first presentation linked to underlying immune deficiency and/or a CD4 cell count below 350) or death related to HIV in someone who was not diagnosed until after their death are potentially preventable and in cases where harm has occurred constitute significant adverse events (SAE) requiring formal investigation.

A late diagnosis protocol for Scotland was developed by a Short-Life Working Group of SHPN HIV Clinical Leads in 2019 and provides clear guidance on the approach to investigation and shared learning in cases of late diagnosis. Planned national governance arrangements were interrupted by the COVID-19 pandemic. Implementation of the protocol has been taken forward in several NHS Boards with varying success. As the number of people newly diagnosed with HIV falls further, each will become a 'sentinel case' – i.e. a case requiring further investigation to identify opportunities for prevention. Consideration will be given to a similar protocol to allow the investigation of all new diagnoses of HIV while maintaining anonymity and data protection (see action 27).

**Action 26:** To develop a proposal to collate and report key findings from local reviews of late HIV diagnosis to understand missed opportunities for diagnosis, with the aim of improving HIV testing services.

**Delivery by:** PHS and Clinical Leads

**Timeline:** Longer term **Commence:** 2025/26

**Detail:** Key findings on late diagnosis will help lessons learnt across Scotland. BHIVA & UKHSA have developed an online data entry system for late diagnosis and deaths, allowing data entry by individual clinics.

**Action 27:** Consider a protocol for the investigation of all new diagnoses of HIV.

**Delivery by:** PHS and HIV-TEDI.

**Timeline:** Longer term **Commence:** 2025/26

**Detail:** As new diagnoses become increasingly rare events, we will need to move towards a position where every new diagnosis is investigated to determine origin, and partner notification is undertaken. This will in some cases be an intensive 'outbreak' style response and will help to reduce a very low number of transmissions to zero, and continue monitoring any newly diagnosed infections beyond the elimination goal.

HiTEOG 4.2: To document defined care local pathways to support rapid entry into specialist HIV care after a positive test or access to primary combination prevention (if increased transmission risk identified) after a negative HIV test result.

**Action 28:** Local care pathways to be documented.

**Delivery by:** HIV-TEDI

**Timeline:** Beyond 2025/26

**Detail:** Local care pathways for people newly diagnosed with HIV are currently considered by HIV-TEDI to be robust and there is no evidence of systemic failure in linking people to care following diagnoses. Local services should continue to update their pathways in line with national and international guidance. A national review of pathways will be considered once work to provide a revised and expanded range of testing and prevention options is underway.

HiTEOG 4.3: To provide feedback to HIV care and treatment services when individuals relocate and enter care elsewhere (notably in another UK nation).

**Action 29:** Improvements to current systems to be considered.

**Delivery by:** TBC

**Timeline:** Beyond 2025/26

**Detail:** Initial discussions with the review group suggested that there is no evidence that there are significant gaps in current locally managed systems. Further improvements to existing processes including centrally coordinated data sharing could be considered in order to reduce the number of individuals who are recorded as 'not under care', but this is not an immediate priority and will be reviewed beyond 2025/26.

HiTEOG 5.1: To monitor and evaluate comprehensive contact tracing with partner support for people with newly diagnosed HIV in Scotland.

**Action 30:** Undertake a national Scotland-wide audit of HIV contact tracing.

**Delivery by:** SHPN HIV Clinical Leads with support from: Specialist Trainees in Genitourinary Medicine/Infectious Diseases/Specialist Sexual Health Advisers supported SHPN SRH Clinical Leads and HIV-TEDI

**Timeline:** Short term **Commence:** January 2024 **Complete:** December 2024

**Detail:** Contact tracing is an established pillar of clinical practice within SRH and HIV services and is given high priority in cases of HIV. Partner notification is highly skilled and time-consuming work undertaken by specialist sexual health advisers or trained nursing staff and is given high priority in cases of HIV. However, partner notification for people newly diagnosed with HIV is recognised as being challenging.

BASHH Standards on HIV contact tracing<sup>xxii</sup> were published in 2015 and UK guidelines on HIV contact tracing are currently being updated. As the number of new diagnoses of HIV in Scotland continues to fall, the importance of actions undertaken in connection with each person who is newly diagnosed – including partner notification (and tracing of contacts exposed via other routes, for example in PWID), supply of PEP and PrEP and potentially the use of phylogenetic analysis of HIV (which provides a genetic “fingerprint”) to link chains of transmission – assumes greater importance.

HIV partner notification activity has been maintained despite service pressures during and since COVID-19, but any variation in practice or performance across Scotland is not fully understood. The last UK national audit of HIV contact tracing was undertaken in 2018 and a Scottish national audit of sexual healthcare in people living with HIV was published in 2012. Similarly, the potential for enhancement or improvement of contact tracing activities is not well understood.

Audit findings will be carefully considered in conjunction with the monitoring and evaluation plan (see action 32), analysis of existing data, new research and international expert advice to ascertain the appropriate level of resource and energy to be applied to population measures such as mass testing versus intensive focused attention on individual and linked cases of HIV transmission. Clinical practice in contact tracing and protocols and information recording for investigation of HIV transmission in people newly diagnosed with HIV will be refined for use in conjunction with laboratory data, recognising at all times the need to prioritise the needs and opinions of the person diagnosed with HIV and the sensitivities around stigma and personally identifiable information.

**Action 31:** Development of a proposal for genotypic testing and phylogenetic analysis to support HIV transmission elimination activities.

**Delivery by:** PHS

**Timeline:** Medium term **Commence:** April 2024 **Complete:** March 2025

**Detail:** HIV-TEDI and Scottish Government will work with PHS to develop a proposal for genotypic testing and phylogenetic analysis. This will become particularly important as numbers become small and we move to a more focused approach of case linkage.

## Monitoring and Evaluation

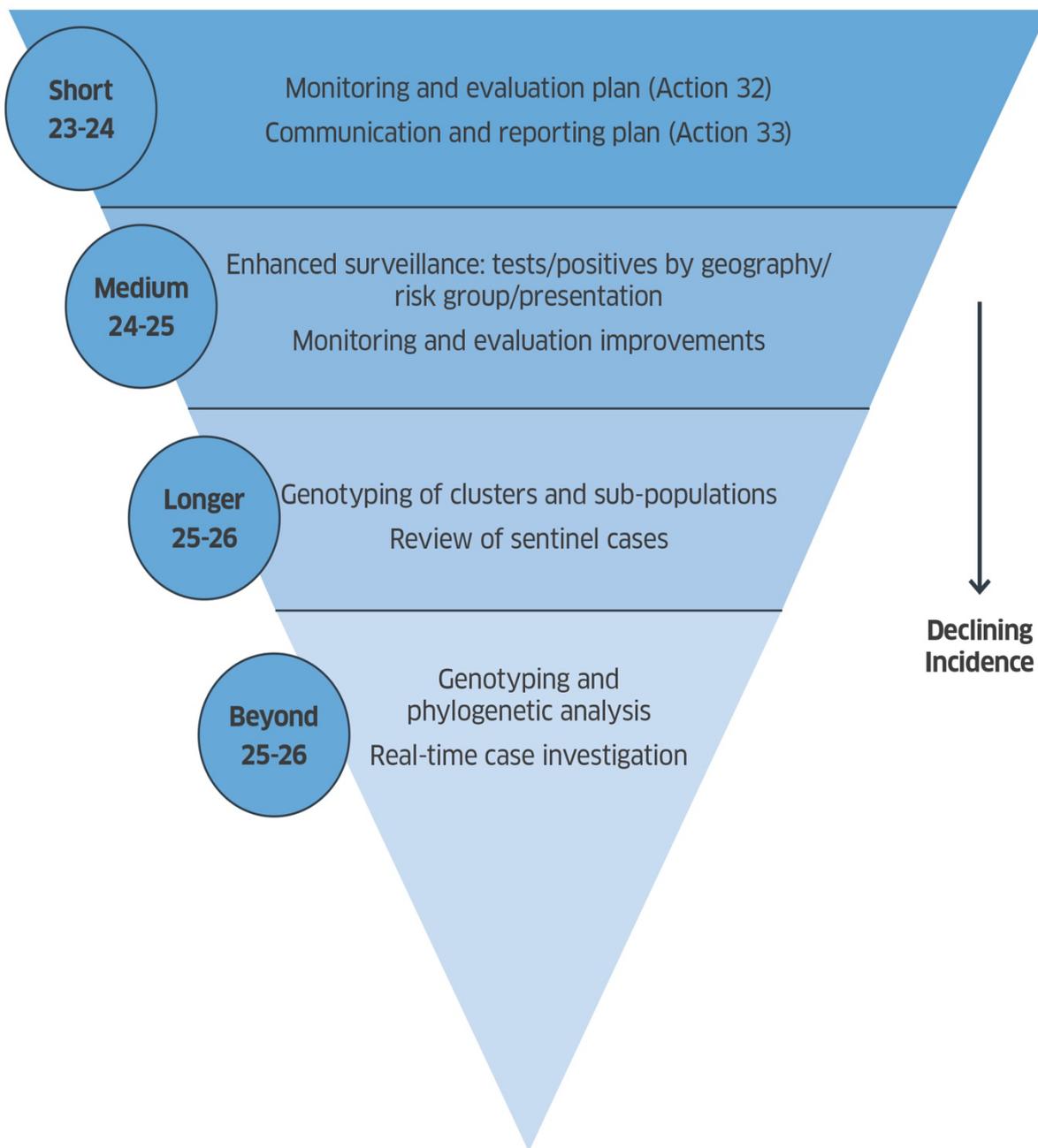
As part of this plan, we must be able to provide evidence of progress towards elimination. Public Health Scotland, as a deliverable for 2023-24, will develop a monitoring and evaluation plan to track progress against HIV transmission elimination goals. The plan will recognise the need for enhanced surveillance to determine if an individual HIV transmission occurred in Scotland, and the benefits of identifying and using 'recent infection' (within the preceding 3-4 months) rather than 'annual incidence' as a marker of progress, because of the improved accuracy and reliability of techniques such as avidity testing. It is also recognised that our efforts must include actions to reduce the number of Scottish residents acquiring HIV outwith Scotland and this should be monitored and reported upon.

Even after we reach the target of eliminating new transmissions within Scotland, there will remain a transmission risk from those entering from countries where HIV rates are high. Transmission risks overseas may not only be from sexual transmission or injecting drug use but also from unsafe blood products. All blood products in the UK have been screened for HIV since 1985.

Consideration will need to be given to how we monitor imported infections and ensure that we remain transmission free once we have achieved transmission elimination.

Currently available data includes the number of tests taken in sexual health services and the number of new diagnoses and comprehensive detail on people attending for care and treatment. A Data Manual for HIV data collection has been drafted by PHS with input from HIV Clinical Leads.

# Monitoring and Evaluation



## Monitoring and Evaluation Actions

These actions are key to the delivery of HIVTE however they do not directly relate to HiTEOG recommendations and therefore do not hold HiTEOG recommendation numbers.

**Action 32:** PHS to develop a monitoring and evaluation plan to support progress towards HIV transmission elimination and address identified surveillance gaps through developing existing or establishing new approaches/systems

**Delivery by:** PHS

**Timeline:** Short term **Commence:** December 2023 **Complete:** March 2024 (with gaps addressed thereafter)

**Detail:** Once the data monitoring plan is developed, identified gaps in surveillance should be addressed. This may need input from NHS Boards on the data they collect. Time taken to implement will be dependent on the content of the recommendations.

**Action 33:** Develop and implement a communication and reporting plan to disseminate data and intelligence to drive decisions for action at both national and local level.

**Delivery by:** PHS

**Timeline:** Short term **Commence:** January 2024 **Complete:** March 2025

**Detail:** To complement the data and monitoring plan, a communications and reporting plan should be developed to outline how collected data are reported to allow changes to be made as required at both national and local level.

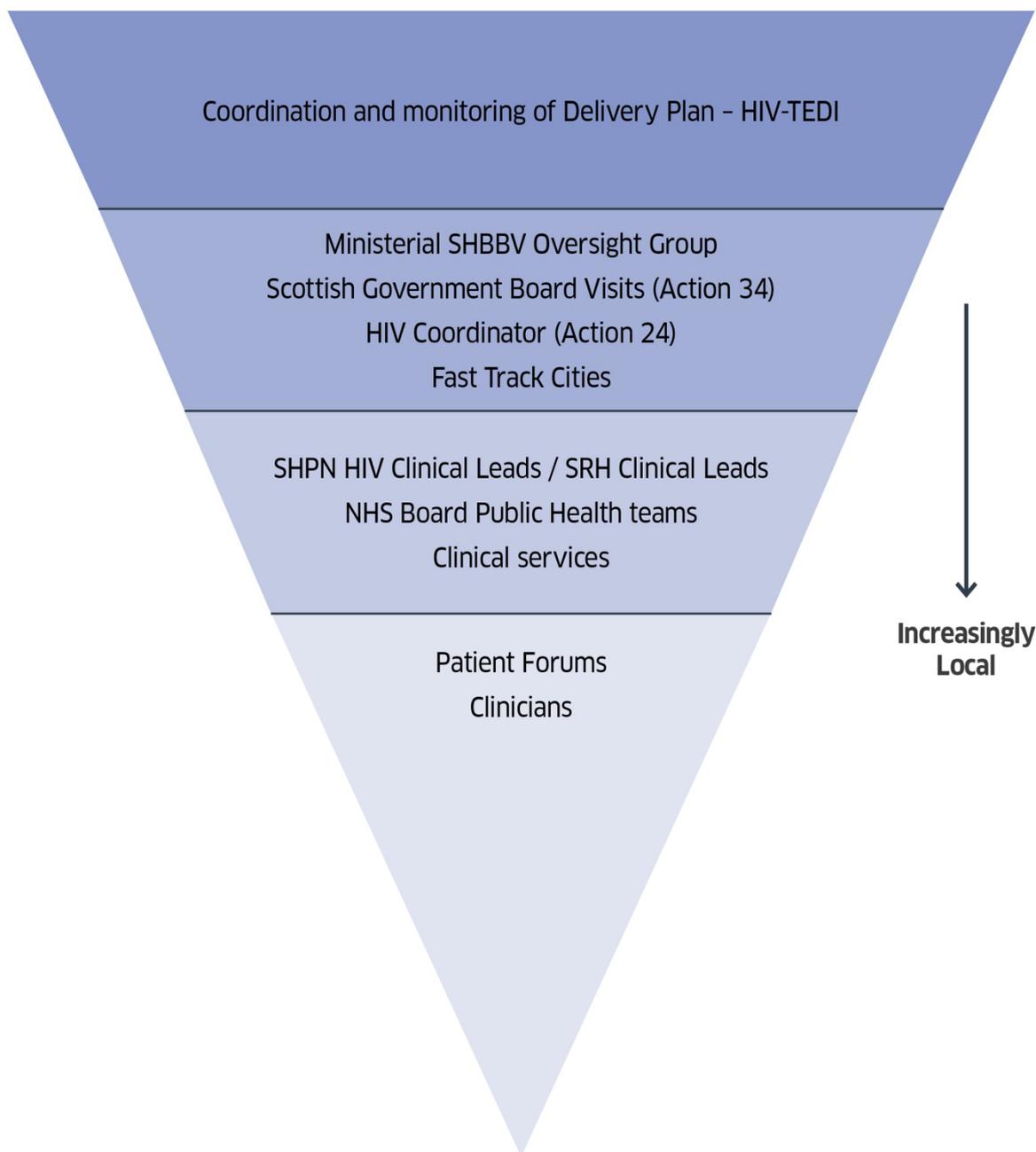
## Leadership, accountability, coordination and delivery

The HiTEOG report recommended the creation of a new steering group to oversee and advise on delivery, coordinate national outcomes and support NHS Boards and partners with local actions. This will be supported by the Scottish Government SHBBV officials and will provide regular updates detailing progress on the actions within this Delivery Plan to the Minister for Public Health and Women's Health via the Ministerial-led SHBBV Oversight Group.

At the completion of the work of the HIV Transmission Elimination Proposal Scoping Group convened by Scottish Government as an interim arrangement from March–June 2023, SHPN SHBBV Strategic Leads convened a HIV Transmission Elimination Delivery Implementation Short-Life Working Group (HIV-TEDI) which has met from September 2023 to provide oversight and coordinate implementation of deliverables for 2023-24 and to provide a forum for discussion to support the oversight and monitoring of the remaining actions to be developed and delivered in the first phase of the action plan. HIV-TEDI reports to SHPN SHBBV Strategic Leads.

The future structure for oversight of HIV Transmission Elimination within the SHPN will be established by April 2024 following a comprehensive review of SHPN SHBBV subgroups. This structure will support the development of a further Delivery Plan in late 2025 which will outline the future strategy and actions from 2026 onwards.

# Leadership, Accountability, Co-ordination and Delivery



HiTEOG 3.6: NHS Boards to annually review local actions to prevent BBV transmission including condom distribution, behavioural and biomedical interventions, provision of injecting equipment, testing in the presence of HIV indicator conditions and routine opt-out testing in relevant settings.

**Action 34:** As per the SHBBV Action Plan, the Scottish Government will reinstate NHS Board Visits and reporting against actions outlined in this Delivery Plan will form part of these visits.

**Delivery by:** NHS Boards, Scottish Government

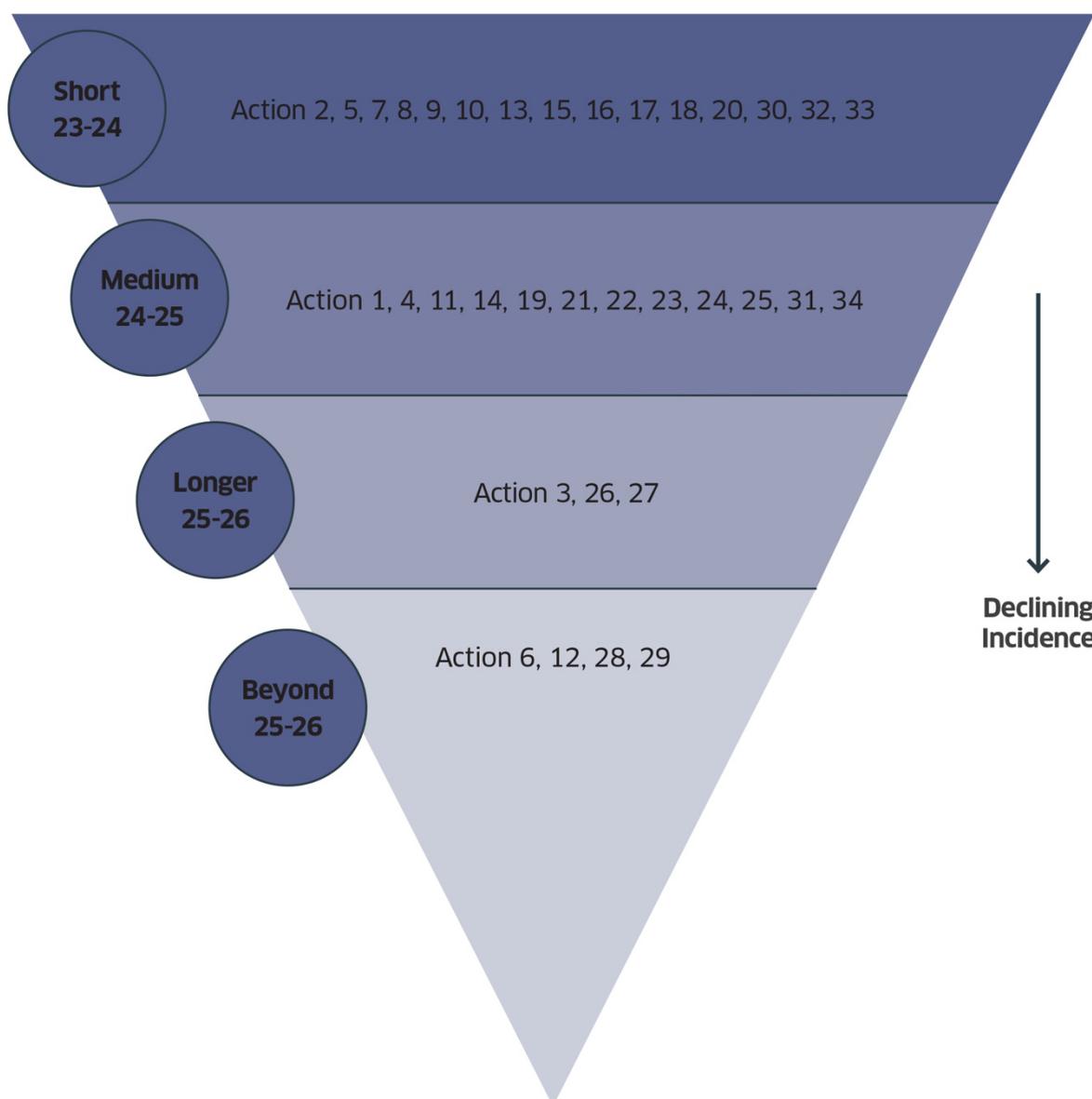
**Timeline:** Medium term **Commence:** April 2024 **Complete:** March 2026

**Details:** SHBBV Board Visits will be arranged as required as part of the SHBBV Action Plan. They will provide NHS Boards with support in achieving sexual health and BBV deliverables. Boards will be asked to report against progress and where required a healthy level of challenge and encouragement will be given. These are planned to commence during 2024.

## Summary

For reference the below diagram contains all the actions shown as short, medium, longer or beyond 2025/26. This is when the work on this action will commence, and it may continue beyond one year.

## Summary



## Glossary

BASHH - British Association for Sexual Health and HIV

BBV – Blood borne virus – HIV, hepatitis C and hepatitis B

BHIVA - British HIV Association

ePrEP - an online PrEP service, designed to give some people the option of managing their PrEP at home.

GBMSM - Gay, Bisexual and other Men who have Sex with Men

GCU – Glasgow Caledonian University

Genotypic testing - Genotypic testing examines the genetic structure (genotype) of a patient's HIV.

HiTEOG - HIV Transmission Elimination Oversight Group

HIVTE - HIV Transmission Elimination

HIV-TEDI - HIV Transmission Elimination Delivery plan Implementation Short-Life Working Group

IEP - Injecting Equipment Provision

Indicator Condition - HIV indicator conditions are those associated with a higher rate of HIV infection (an undiagnosed prevalence of more than 1/1000) because they share transmission routes (e.g. viral hepatitis) or because they arise as a result of early or late immunodeficiency (e.g. bacterial pneumonia, Kaposi's sarcoma).

Indicator Condition Testing - This is an approach where healthcare professionals routinely offer an HIV test to all individuals presenting with an indicator condition because the condition is associated with undiagnosed HIV infection.

LIMS - Laboratory Information Management System

MAT - Medication Assisted Treatment

MAT Standards - MAT standards are evidence-based standards that aim to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.

NES - NHS Education for Scotland

OAT - Opioid Agonist Therapy - an effective treatment for addiction to opioid drugs. The therapy involves taking the opioid agonists methadone (Methadose) or buprenorphine (Suboxone). These medications work to prevent withdrawal and reduce cravings for opioid drugs.

OPSS - Online Postal Self-Sampling – Testing where the individual receives a testing kit at home to take samples to send off to the laboratory for their results.

Opt-out ED testing – an intervention where everyone in an emergency department who gives a blood sample is routinely tested for BBVs unless they opt out. It seeks to address inequalities in testing among people who may not identify themselves as being at risk of a BBV and do not seek testing, and / or may not be offered testing in health care services. It also offers an opportunity to re-engage people previously diagnosed with BBVs but who are not currently in care.

PEP – Post-Exposure Prophylaxis

PHS – Public Health Scotland

Phylogenetic analysis - Phylogenetic analysis can be used to reconstruct the ancestry of the virus to better understand the origin and distribution of subtypes.

PrEP – Pre-Exposure Prophylaxis

SAE – Significant Adverse Event

SHBBV - Sexual Health and Blood Borne Viruses

SHPN - Scottish Health Protection Network

SMVN - Scottish Microbiology and Virology Network

SRH – Sexual and Reproductive Health

TasP - Treatment as Prevention

THT – Terrence Higgins Trust

TOM - Target Operating Model

TtF - Trying to Find

TURAS - Digital education platform developed by NHS Education for Scotland to support health and care professionals working in the public sector.

U=U - Undetectable = Untransmittable. U=U means that people with HIV who achieve and maintain an undetectable viral load - the amount of HIV in the blood - by taking antiretroviral therapy daily as prescribed cannot sexually transmit the virus to others.

UNAIDS - The Joint United Nations Programme on HIV/AIDS

WHO – World Health Organization

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All websites accessed and URL correct in November 2023

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<sup>x</sup> Grimshaw C, Boyd L, Smith M, Estcourt CS, Metcalfe R. (2022) 'Evaluation of an inner city HIV pre-exposure prophylaxis service tailored to the needs of people who inject drugs'. HIV Med. Nov;22(10):965-970. Available at: <https://doi.org/10.1111/hiv.13181> .

<sup>xi</sup> World Health Organization (2022) 'Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance' available at: <https://www.who.int/publications/i/item/9789240053694>

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