

SECTION 9 - APPENDICES

Appendix A - Acknowledgements

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Ken Oates	Consultant in Public Health Medicine	NHS Highland
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Jean Petrie	Specialist Nurse	NHS Tayside
Henry Prempeh	Consultant Public Health Medicine	NHS Forth Valley
Ian Robertson	Social Worker	Fife Positive Support Team
Judith Robertson	Project Administrator	NHS Health Scotland
Nicola Rowan	Programme Manager	Health Protection Scotland
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Stakeholder Review

NAME	DESIGNATION	ORGANISATION
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Chris Kalman		South East and Tayside Regional Planning Group
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Christine Christie	Children's HIV Association	NHS Forth Valley
Andrew Fraser	Director of Health and Care	Scottish Prison Service
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Appendix B – Projections by NHS Board

Background to new predictions for all Scotland

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6. Prediction results (methods (a), (b) & (c) for all Scotland)

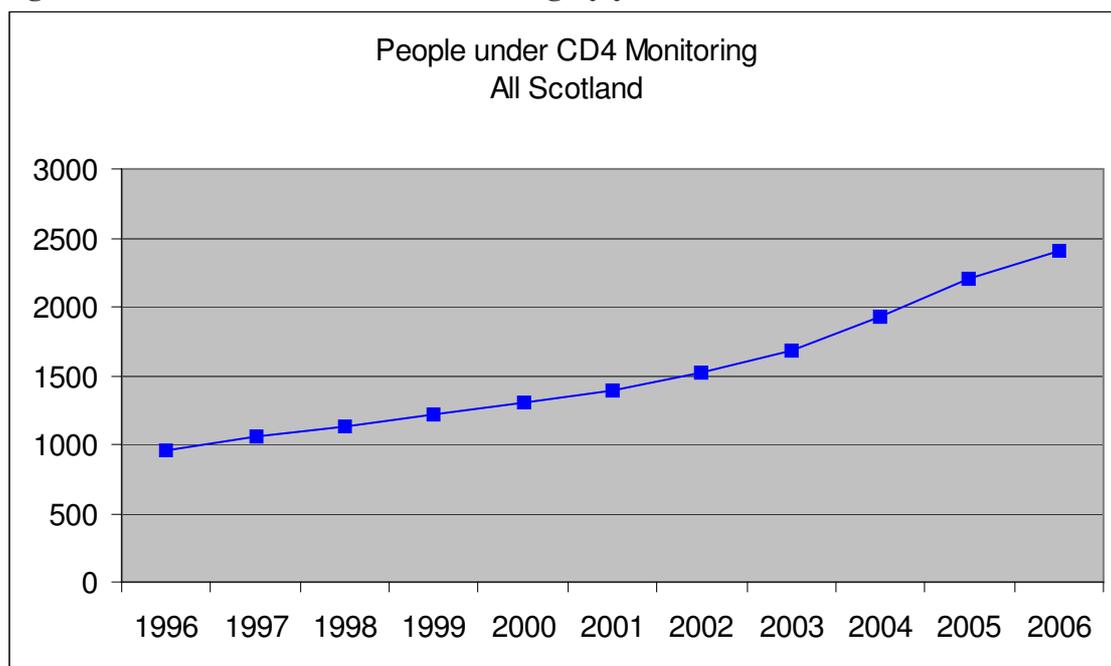
Table 12: Predictions of persons on HAART by year 2007–2011

Table 13: Predictions of persons under CD4 monitoring by year 2007–2011

1. Scottish background

These observations and predictions are based on data from the CD4 monitoring surveillance scheme co-ordinated at HPS (as known to HPS at July 2007, due to reporting delay it is estimated to be complete to April 2007).

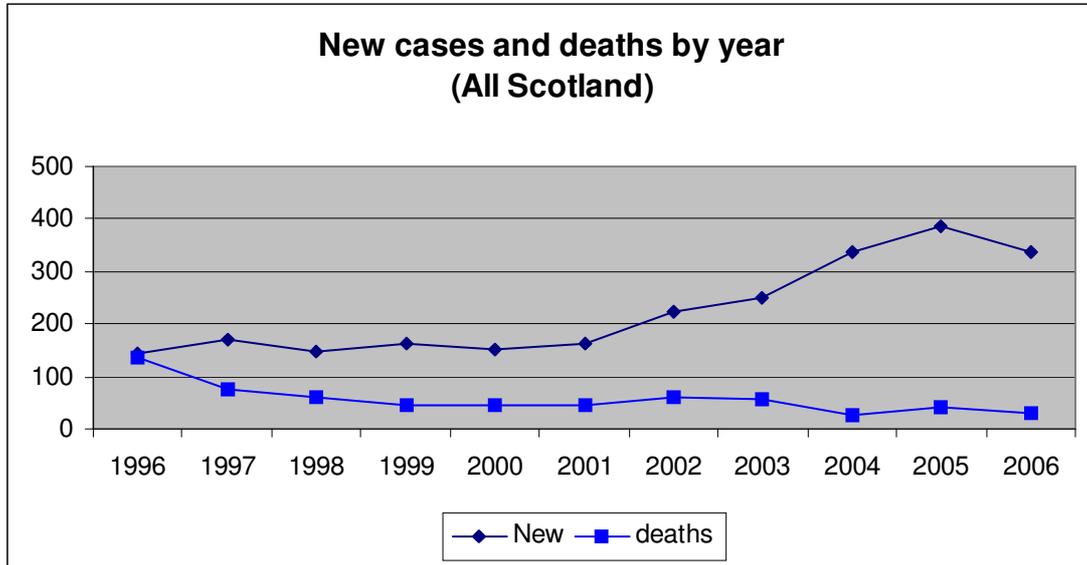
Figure 1: Persons under CD4 monitoring by year (All Scotland)



The number of people under monitoring continues to rise, an inevitable consequence of the number entering the scheme continuing year on year to be considerably higher than the number leaving.

The number of new cases has risen each year, particularly from 2001 – 2005, but fell last year to 341. This is not likely to be due to reporting delay as the data from the labs was complete to April 2007 when the analyses were carried out.

Figure 2: Persons new to CD4 monitoring and deaths by year (All Scotland)

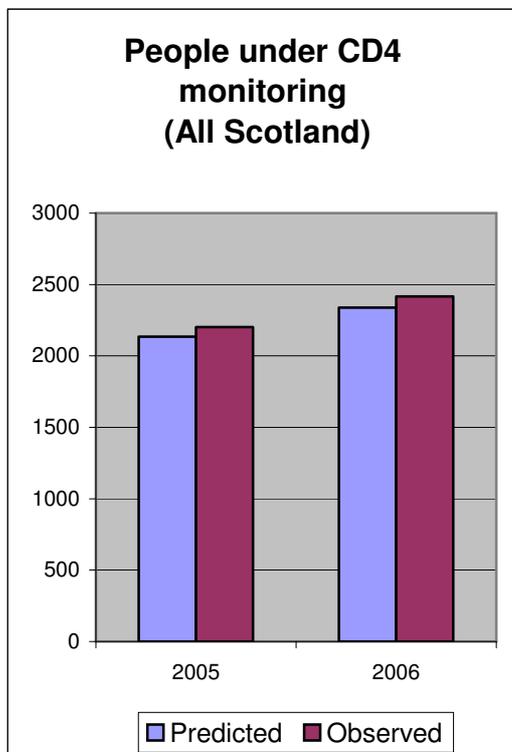
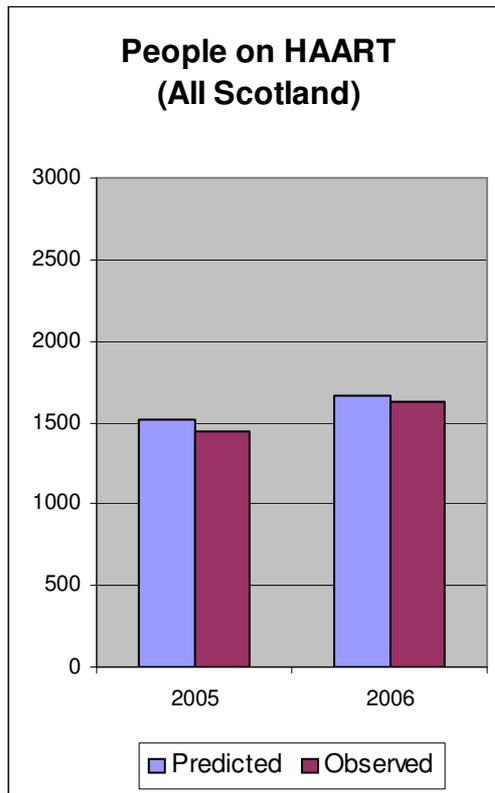
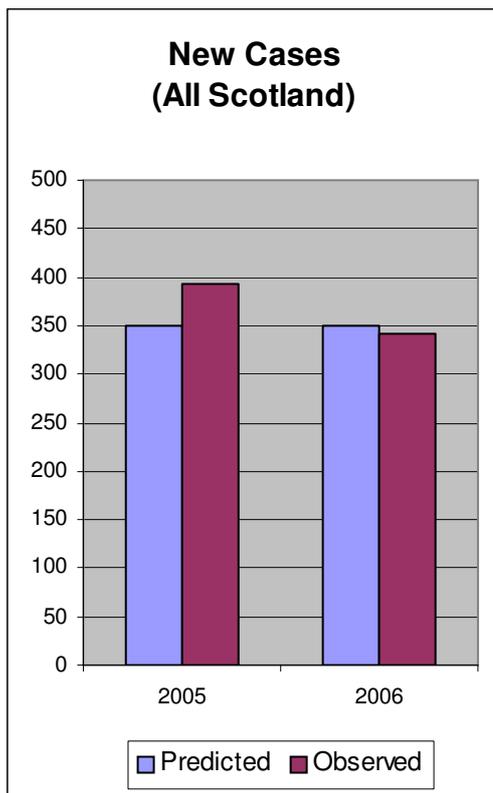


2. Assessment of previous predictions (based on method (c), published in weekly report)

Table 1: Performance of previous predictions

		Pred	Pred	Pred	Obs	Obs	Obs
Region	Year	New	ART	Under CD4	New	ART	Under CD4
All Scotland	2005	350	1513	2135	392	1442	2203
All Scotland	2006	350	1663	2339	341	1625	2417
G Glasgow HB	2005	116	451	644	140	462	718
G Glasgow HB	2006	116	503	714	111	505	777
Grampian HB	2005	28	100	144	31	97	141
Grampian HB	2006	28	112	161	24	110	157
Lothian HB	2005	105	666	874	142	632	915
Lothian HB	2006	105	711	928	120	705	990
Tayside HB	2005	28	146	211	25	119	186
Tayside HB	2006	28	159	226	23	119	190

Figures 3 – 5: Performance of previous predictions



3. Key data available by HB (treatment)

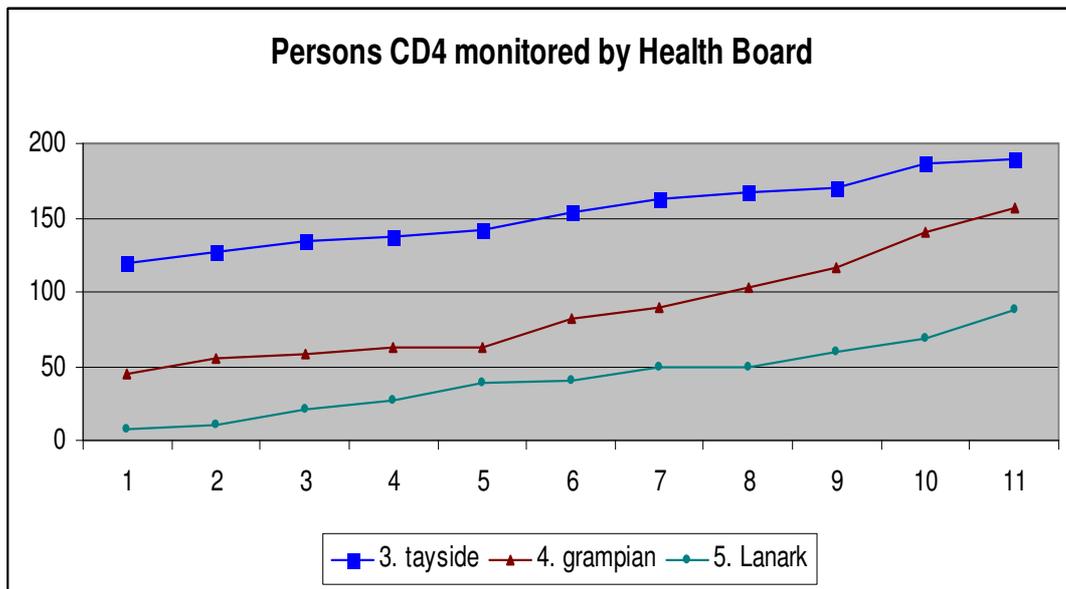
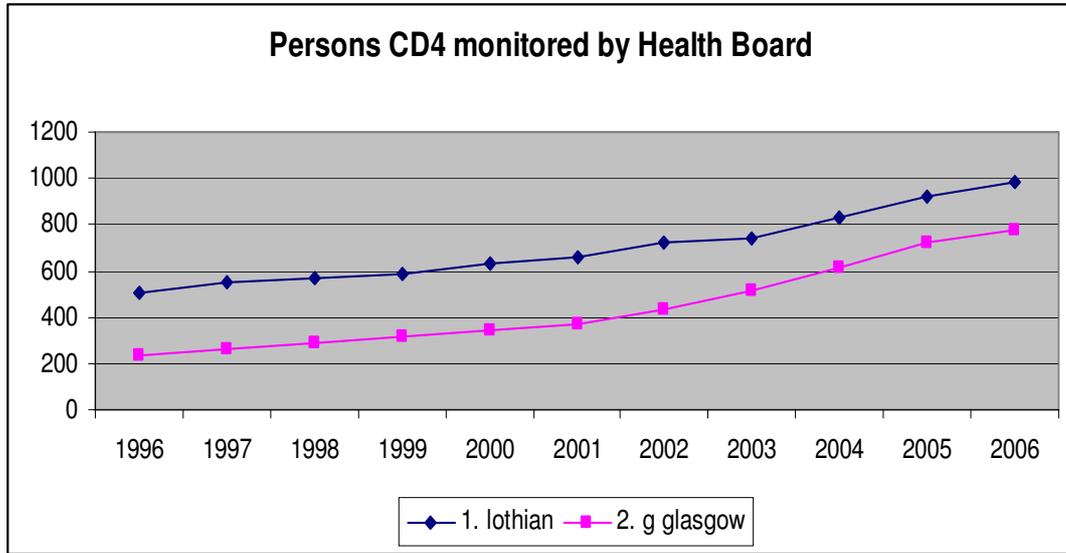
Table 2: Number new to monitoring and deaths by year

HB	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
1. Lothian	62	71	54	52	63	59	85	78	120	142	120
2. Glasgow	39	43	46	53	48	49	82	100	126	140	111
3. Tayside	18	23	17	19	8	21	18	21	21	25	23
4. Grampian	10	16	13	12	8	20	15	21	24	31	24
5. Lanark	1	2	10	9	9	4	11	6	12	11	19
6. Other	14	16	9	18	16	11	11	23	36	43	44
Scotland	144	171	149	163	152	164	222	249	339	392	341
Deaths	138	74	59	46	47	47	59	56	25	43	32

Table 3: Number persons monitored by year

HB	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
1. Lothian	505	549	566	590	633	658	715	741	822	915	990
2. Glasgow	237	262	293	320	340	368	430	512	615	718	777
3. Tayside	120	127	134	138	142	153	163	167	170	186	190
4. Grampian	45	55	58	62	62	82	90	103	117	141	157
5. Lanark	8	10	21	27	39	41	49	50	60	68	88
6. Other	45	56	58	79	91	88	74	107	141	175	215
Total	960	1,059	1,130	1,216	1,307	1,390	1521	1680	1925	2203	2417

Figures 6 & 7: Persons CD4 monitored by HB



4. New Predictions for individual HBs and All Scotland

The prediction model requires for each HB:

- a) the number of people alive and under monitoring at the end of 2005.
- b) the number of people alive and 'lost' at end of 2005.
- c) The number new to monitoring in 2006
- d) an estimate of the number new to monitoring in 2007-2011

As before, we want to look at a few different scenarios. In each case a linear regression model is fitted to the data; the only difference being how many years of data we use.

Method a: uses data from 1996 - 2006

Method b: uses data from 2002 - 2006

Method c: uses data from 2004 – 2006

Table 4: Model parameters (vector a)

HB	Method	new 2006	1. high CD4 not haart	2. high CD4 on haart	3. low CD4 not haart	4. low CD4 on haart	Lost*
1. Lothian	A,B,C	120	147	379	136	253	250
2. Glasgow	A,B,C	111	173	274	83	188	205
3. Tayside	A,B,C	23	40	79	27	40	68
4. Grampian	A,B,C	24	29	49	15	48	50
5. Lanark	A,B,C	19	12	25	13	18	15
6. Other	A,B,C	44	54	52	32	37	73
7. All Scotland	A,B,C	341	455	858	306	584	661

*Numbers not known to be dead (but not monitored since Dec 2004) by Health Board

Table 5: Model parameters (vector n)

HB	Method	2007	2008	2009	2010
1. Lothian	A	128	136	144	152
	B	149	162	176	189
	C	127	127	127	127
2. Glasgow	A	137	147	157	167
	B	141	151	161	171
	C	125	125	125	125
3. Tayside	A	23	23	24	24
	B	26	27	29	30
	C	23	23	23	23
4. Grampian	A	28	30	31	33
	B	31	34	37	40
	C	26	26	26	26
5. Lanark	A	16	17	18	19
	B	18	20	22	24
	C	14	14	14	14
6. Other	A	41	44	47	50
	B	57	66	74	83
	C	41	41	41	41
7. All Scotland	A	373	397	421	445
	B	422	460	499	537
	C	356	356	356	356

5. Prediction results for HB (treatment)

Table 6: Method (a): HAART, observed 2000 – 2006, predicted 2007 – 2011.

	Lothian	G Glasgow	Grampian	Tayside
Year				
2000	371	191	43	84
2001	428	213	53	88
2002	476	256	59	90
2003	513	297	65	106
2004	562	385	79	106
2005	632	462	97	119
2006	705	505	110	119
2007	752 (727 , 780)	601 (577 , 628)	125 (114 , 137)	148 (137 , 161)
2008	809 (780 , 837)	679 (645 , 708)	139 (127 , 151)	159 (145 , 172)
2009	869 (840 , 901)	754 (726 , 783)	153 (138 , 169)	170 (156 , 186)
2010	928 (896 , 961)	833 (801 , 862)	169 (153 , 185)	180 (164 , 194)
2011	991 (958 , 1029)	911 (884 , 947)	183 (169 , 200)	189 (172 , 204)

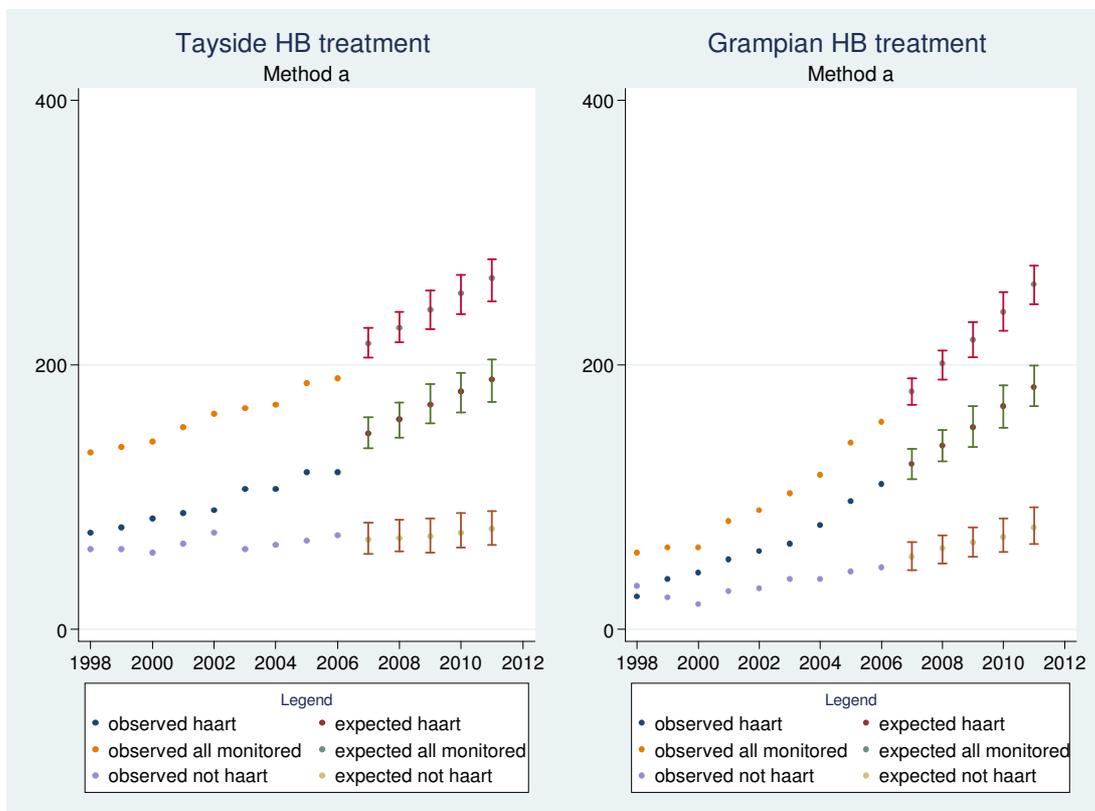
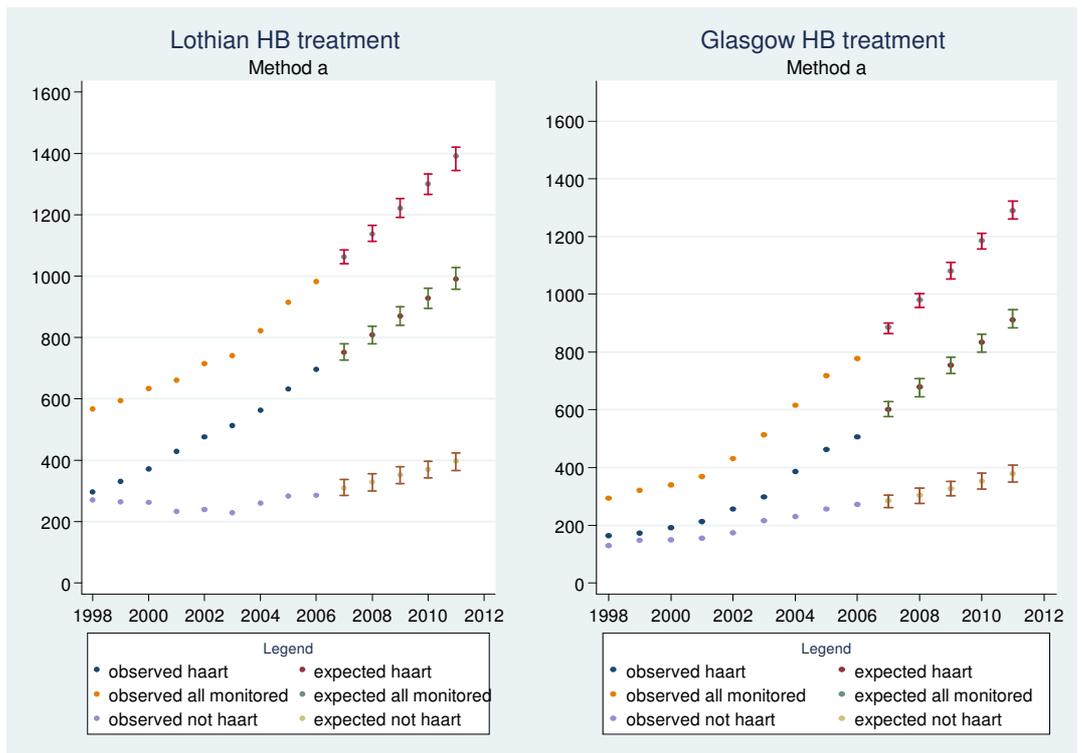
	Lanark	Other	All Scotland
Year			
2000	20	51	760
2001	24	53	859
2002	31	44	956
2003	32	58	1071
2004	40	60	1232
2005	43	89	1442
2006	53	133	1625
2007	63 (54 , 71)	155 (142 , 168)	1844 (1806 , 1889)
2008	71 (62 , 81)	182 (166 , 198)	2039 (1991 , 2088)
2009	80 (70 , 90)	206 (190 , 220)	2232 (2171 , 2293)
2010	88 (79 , 99)	235 (217 , 251)	2433 (2369 , 2488)
2011	96 (84 , 107)	258 (242 , 277)	2628 (2571 , 2688)

Table 7: Method (a): all CD4 monitoring, observed 2000 – 2006, predicted 2007 – 2011.

	Lothian	G Glasgow	Grampian	Tayside
Year				
2000	633	340	62	142
2001	660	368	82	153
2002	715	430	90	163
2003	741	512	103	167
2004	822	615	117	170
2005	915	718	141	186
2006	990	777	157	190
2007	1063 (1041 , 1085)	885 (864 , 901)	180 (170 , 190)	216 (206 , 228)
2008	1138 (1115 , 1165)	980 (955 , 1002)	201 (189 , 211)	228 (217 , 240)
2009	1222 (1192 , 1253)	1080 (1053 , 1110)	219 (206 , 233)	242 (227 , 256)
2010	1300 (1267 , 1333)	1185 (1157 , 1211)	240 (226 , 255)	254 (239 , 268)
2011	1391 (1346 , 1421)	1289 (1261 , 1323)	261 (246 , 275)	266 (248 , 280)

	Lanark	Other	All Scotland
Year			
2000	39	91	1307
2001	41	88	1392
2002	49	74	1521
2003	50	107	1680
2004	60	141	1925
2005	68	175	2203
2006	88	215	2417
2007	92 (85 , 98)	241 (230 , 254)	2677 (2644 , 2716)
2008	103 (96 , 111)	273 (259 , 284)	2923 (2886 , 2967)
2009	115 (105 , 124)	303 (286 , 319)	3181 (3125 , 3221)
2010	127 (115 , 134)	336 (323 , 355)	3442 (3387 , 3488)
2011	137 (127 , 148)	370 (354 , 385)	3714 (3657 , 3757)

Figures 8 – 13: Predictions (2007 – 2011) Method (a)



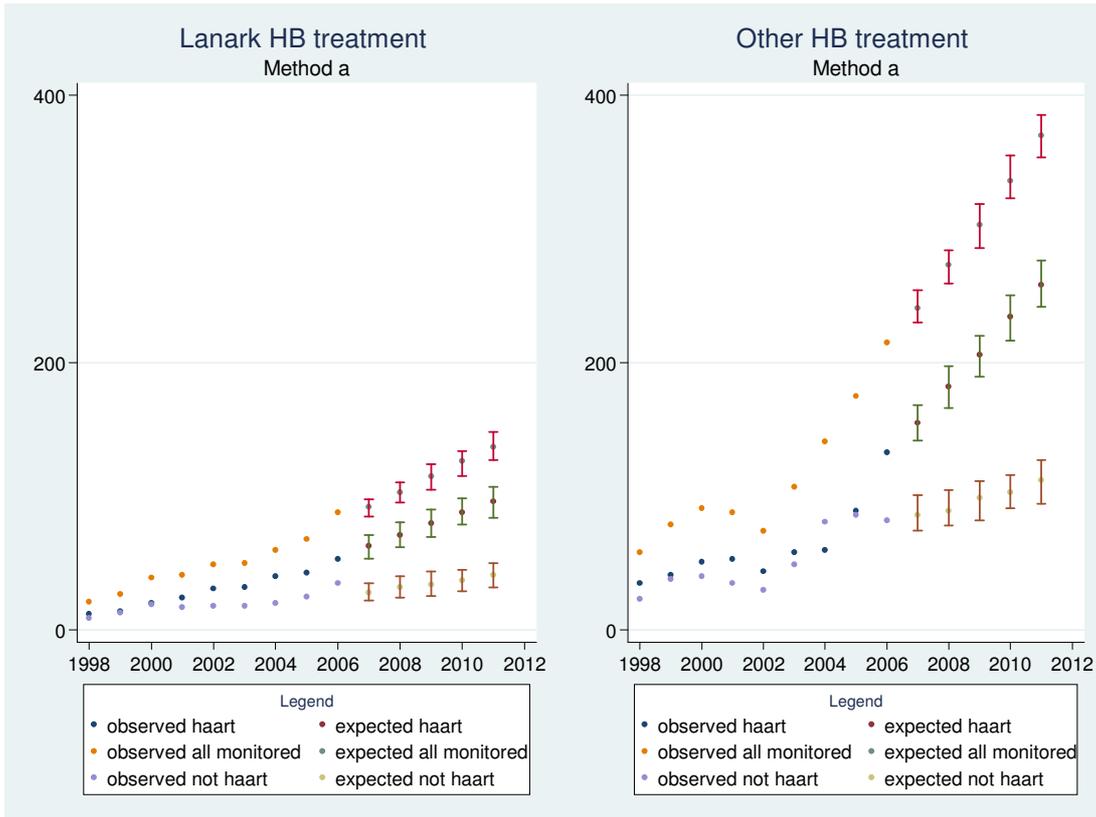


Table 8: Method (b): HAART, observed 2000 – 2006, predicted 2007 – 2011.

	Lothian	G Glasgow	Grampian	Tayside
Year				
2000	371	191	43	84
2001	428	213	53	88
2002	476	256	59	90
2003	513	297	65	106
2004	562	385	79	106
2005	632	462	97	119
2006	705	505	110	119
2007	768 (744 , 795)	605 (577, 629)	126 (113 , 139)	150 (138 , 162)
2008	841 (813 , 871)	678 (653 , 708)	144 (133 , 156)	164 (151 , 180)
2009	920 (887 , 954)	759 (730 , 791)	164 (147 , 178)	179 (163 , 194)
2010	1005 (974 , 1041)	842 (804 , 873)	182 (170 , 198)	191 (172 , 207)
2011	1093 (1054 , 1127)	915 (879 , 951)	202 (182 , 222)	204 (186 , 219)

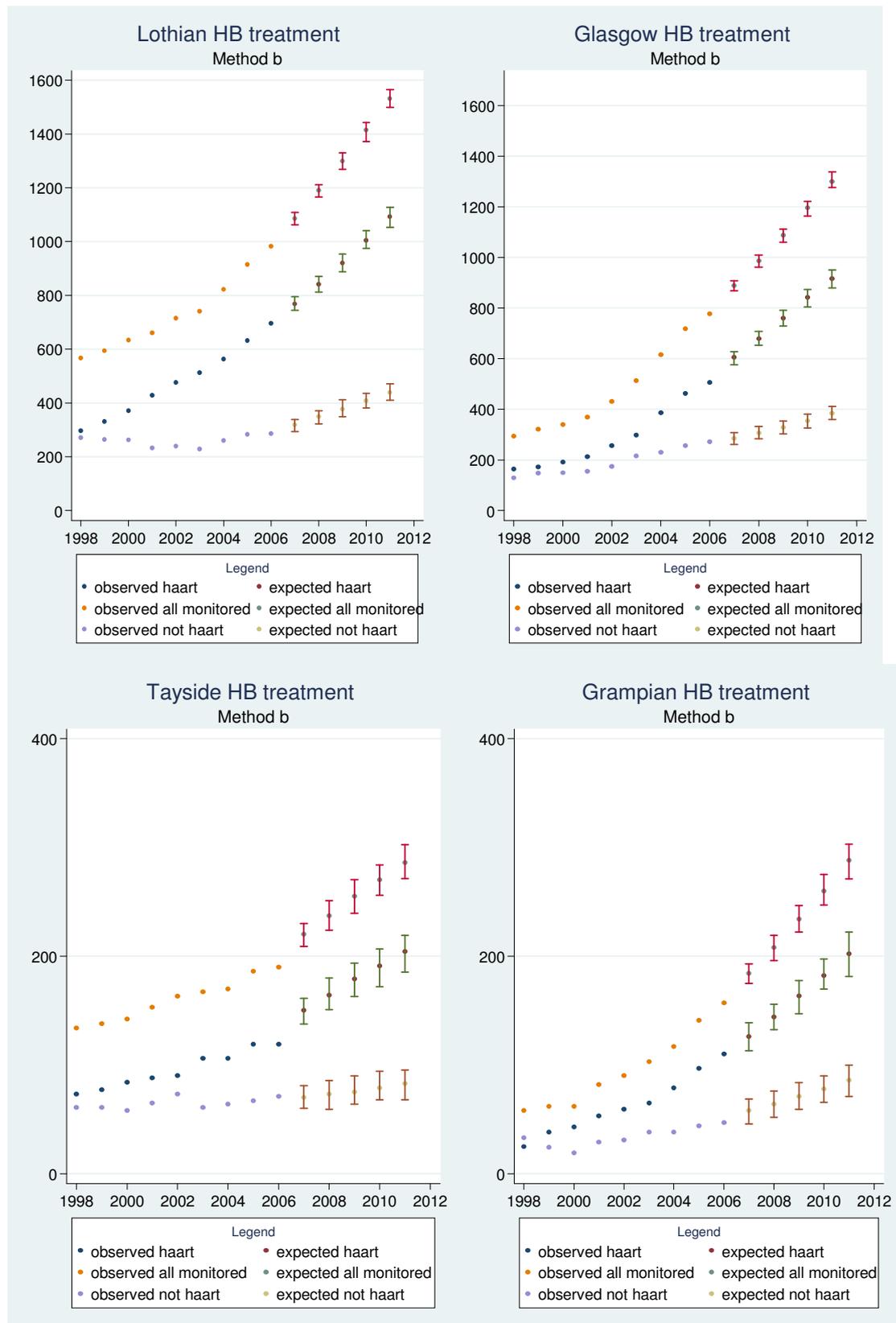
	Lanark	Other	All Scotland
Year			
2000	20	51	760
2001	24	53	859
2002	31	44	956
2003	32	58	1071
2004	40	60	1232
2005	43	89	1442
2006	53	133	1625
2007	64 (56 , 72)	166 (151 , 179)	1879 (1835 , 1927)
2008	75 (65 , 84)	207 (190 , 221)	2109 (2054 , 2169)
2009	86 (76 , 97)	250 (230 , 266)	2358 (2303 , 2397)
2010	99 (86 , 111)	294 (276 , 314)	2613 (2535 , 2647)
2011	113 (101 , 124)	345 (322 , 370)	2872 (2787 , 2914)

Table 9: Method (b): all CD4 monitoring, observed 2000 – 2006, predicted 2007 – 2011.

	Lothian	G Glasgow	Grampian	Tayside
Year				
2000	633	340	62	142
2001	660	368	82	153
2002	715	430	90	163
2003	741	512	103	167
2004	822	615	117	170
2005	915	718	141	186
2006	990	777	157	190
2007	1085 (1062 , 1109)	888 (867 , 908)	184 (175 , 193)	220 (209 , 230)
2008	1190 (1165 , 1212)	986 (962 , 1009)	208(196 , 219)	237 (224 , 251)
2009	1299 (1269 , 1330)	1087 (1060 , 1112)	234 (222 , 247)	255 (240 , 271)
2010	1414 (1372 , 1444)	1195 (1164 , 1221)	260(247 , 275)	270 (256 , 284)
2011	1532 (1498 , 1565)	1299 (1276 , 1339)	288 (271 , 303)	286 (272 , 303)

	Lanark	Other	All Scotland
Year			
2000	39	91	1307
2001	41	88	1392
2002	49	74	1521
2003	50	107	1680
2004	60	141	1925
2005	68	175	2203
2006	88	215	2417
2007	94 (88 , 100)	259 (247 , 272)	2730 (2689 , 2770)
2008	109 (102 , 115)	312 (297 , 327)	3042 (2987 , 3088)
2009	124 (115 , 134)	369 (356 , 386)	3368 (3305 , 3402)
2010	141 (131 , 151)	430 (413 , 445)	3710 (3635 , 3742)
2011	160 (150 , 171)	497 (478 , 517)	4062 (3977 , 4098)

Figures 14 – 19: Predictions (2007 – 2011) Method (b)



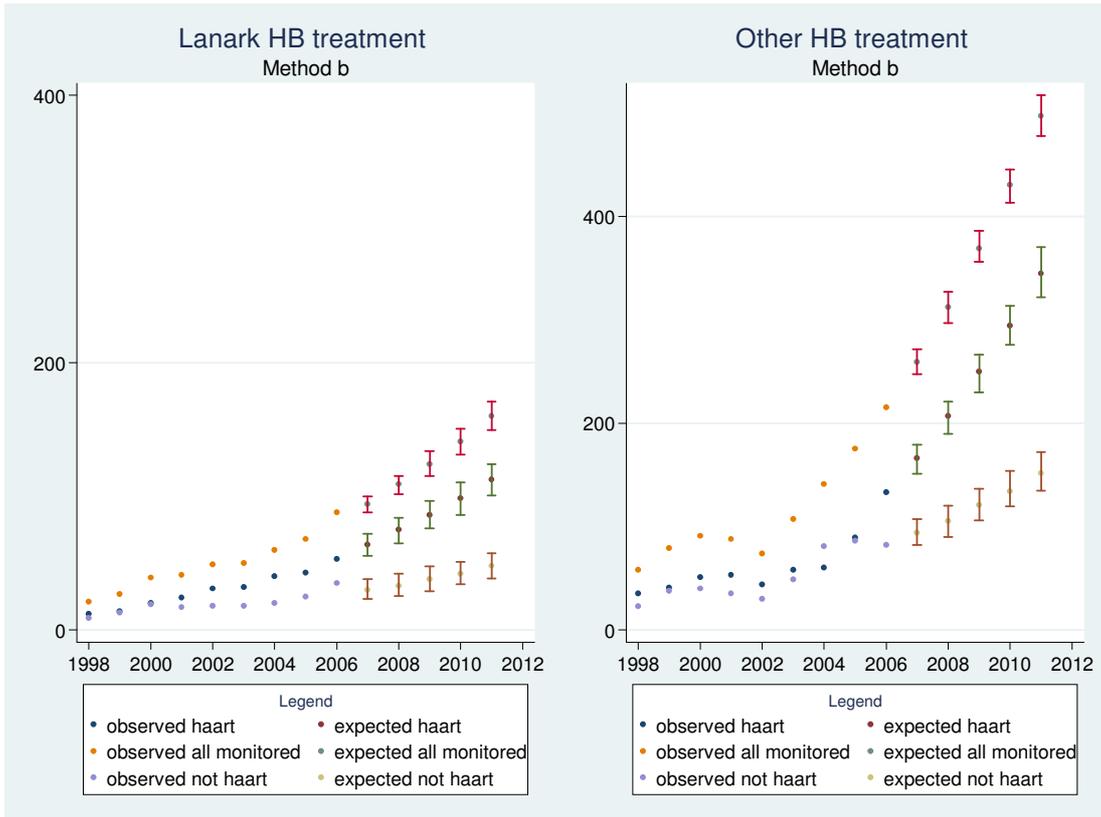


Table 10: Method (c): HAART, observed 2000 – 2006, predicted 2007 – 2011.

	Lothian	G Glasgow	Grampian	Tayside
Year				
2000	371	191	43	84
2001	428	213	53	88
2002	476	256	59	90
2003	513	297	65	106
2004	562	385	79	106
2005	632	462	97	119
2006	705	505	110	119
2007	750 (720 , 776)	591 (562 , 613)	121 (111 , 133)	148 (137 , 161)
2008	797 (770 , 825)	649 (621 , 676)	134 (123 , 147)	159 (145 , 173)
2009	841 (813 , 873)	703 (671 , 734)	144 (131 , 157)	169 (156 , 184)
2010	885 (853 , 919)	751 (718 , 784)	153 (141 , 167)	179 (164 , 194)
2011	926 (894 , 960)	797 (769 , 836)	167 (148 , 182)	186 (170 , 203)

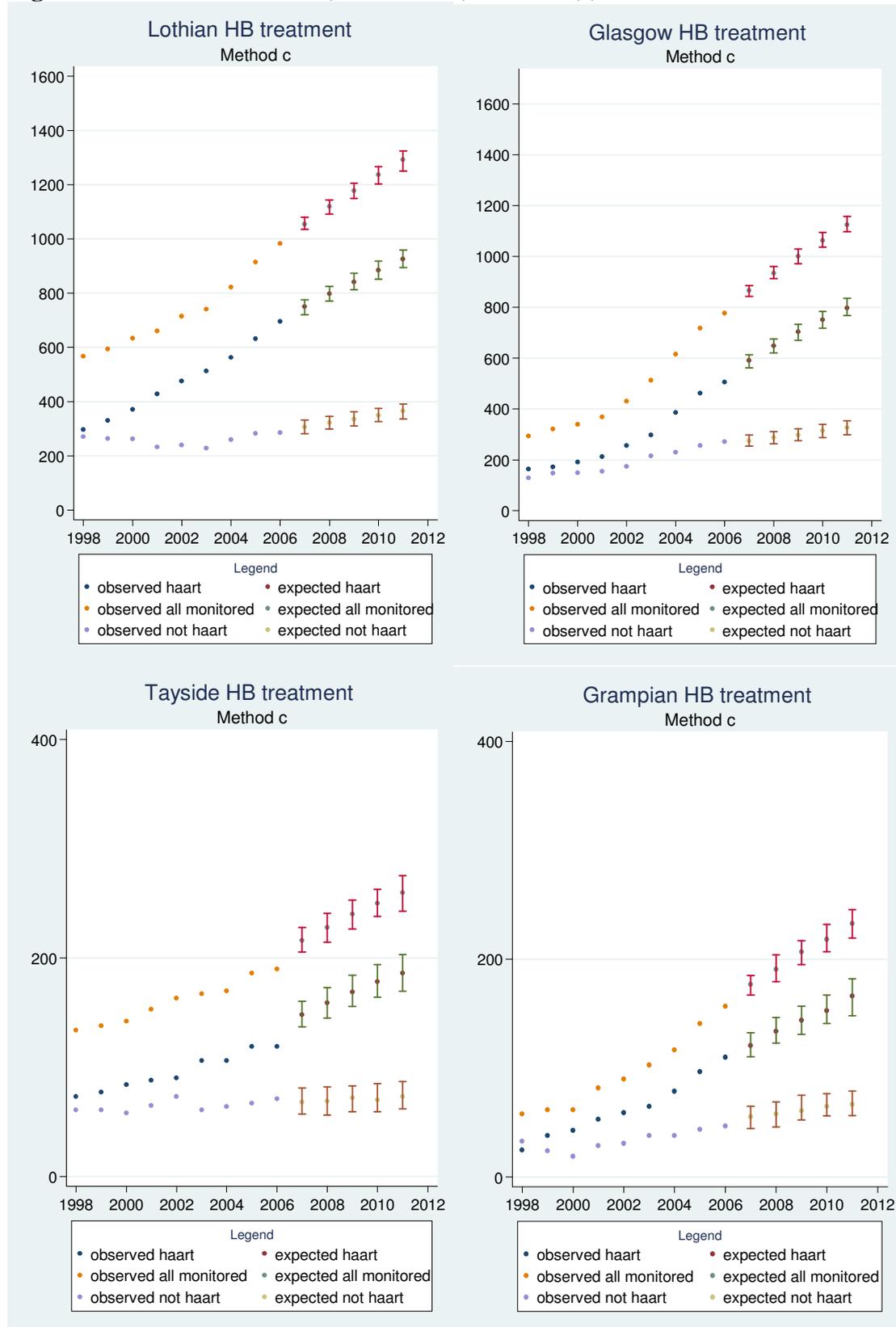
	Lanark	Other	All Scotland
Year			
2000	20	51	760
2001	24	53	859
2002	31	44	956
2003	32	58	1071
2004	40	60	1232
2005	43	89	1442
2006	53	133	1625
2007	61 (54 , 70)	153 (138 , 167)	1824 (1782 , 1872)
2008	68 (58 , 77)	176 (163 , 192)	1983 (1929 , 2032)
2009	73 (63 , 82)	197 (180 , 213)	2127 (2078 , 2178)
2010	78 (68 , 88)	215 (198 , 235)	2261 (2212 , 2325)
2011	84 (74 , 96)	233 (218 , 252)	2393 (2342 , 2453)

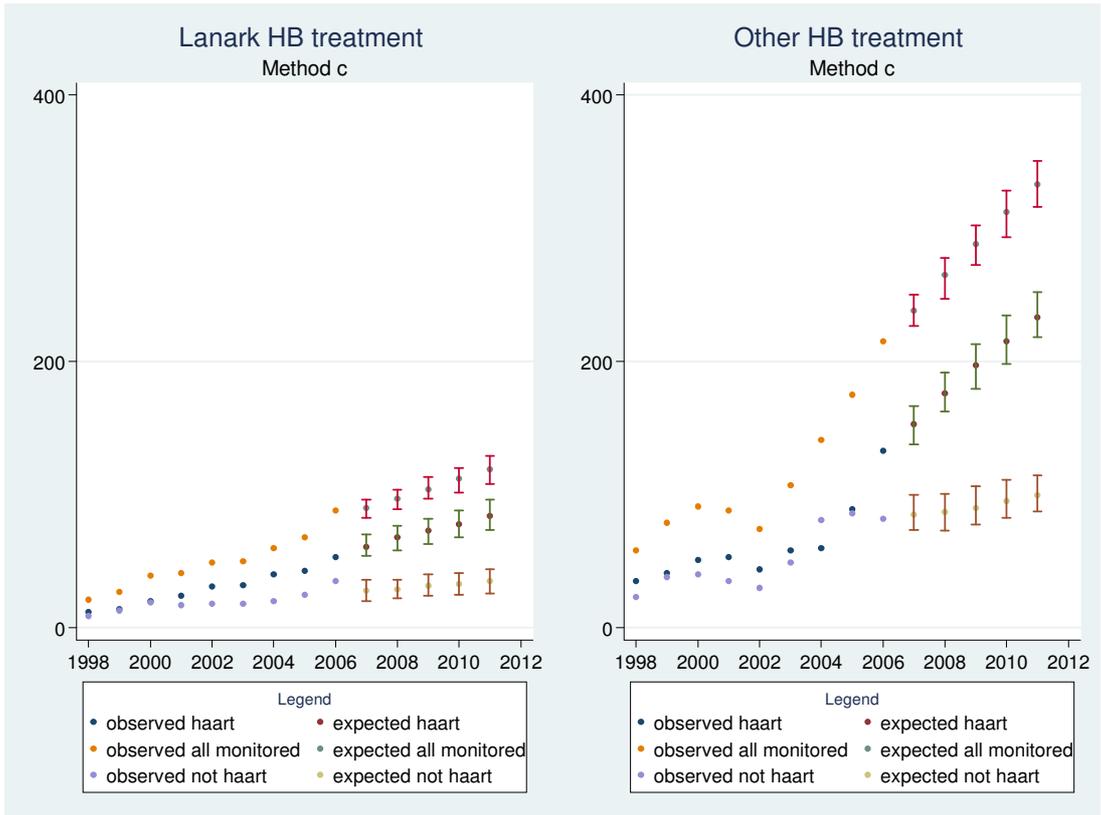
Table 11: Method (c): all CD4 monitoring, observed 2000 – 2006, predicted 2007– 2011.

	Lothian	G Glasgow	Grampian	Tayside
Year				
2000	633	340	62	142
2001	660	368	82	153
2002	715	430	90	163
2003	741	512	103	167
2004	822	615	117	170
2005	915	718	141	186
2006	990	777	157	190
2007	1055 (1035 , 1080)	866 (844 , 885)	177 (167 , 185)	216 (206 , 228)
2008	1119 (1091 , 1144)	934 (913 , 961)	191 (180 , 204)	228 (215 , 241)
2009	1178 (1150 , 1205)	1001 (972 , 1030)	207 (195 , 217)	240 (227 , 253)
2010	1236 (1202 , 1266)	1063 (1037 , 1095)	219 (207 , 232)	250 (238 , 263)
2011	1293 (1250 , 1324)	1125 (1098 , 1157)	233 (220 , 246)	260 (243 , 276)

	Lanark	Other	All Scotland
Year			
2000	39	91	1307
2001	41	88	1392
2002	49	74	1521
2003	50	107	1680
2004	60	141	1925
2005	68	175	2203
2006	88	215	2417
2007	90 (83 , 96)	238 (227 , 250)	2642 (2608 , 2682)
2008	97 (89 , 104)	265 (247 , 278)	2834 (2792 , 2875)
2009	104 (97 , 113)	288 (273 , 302)	3018 (2970 , 3063)
2010	112 (102 , 120)	312 (293 , 328)	3192 (3146 , 3246)
2011	119 (108 , 129)	333 (316 , 351)	3363 (3305 , 3429)

Figures 20 – 25: Predictions (2007 – 2011) Method (c)





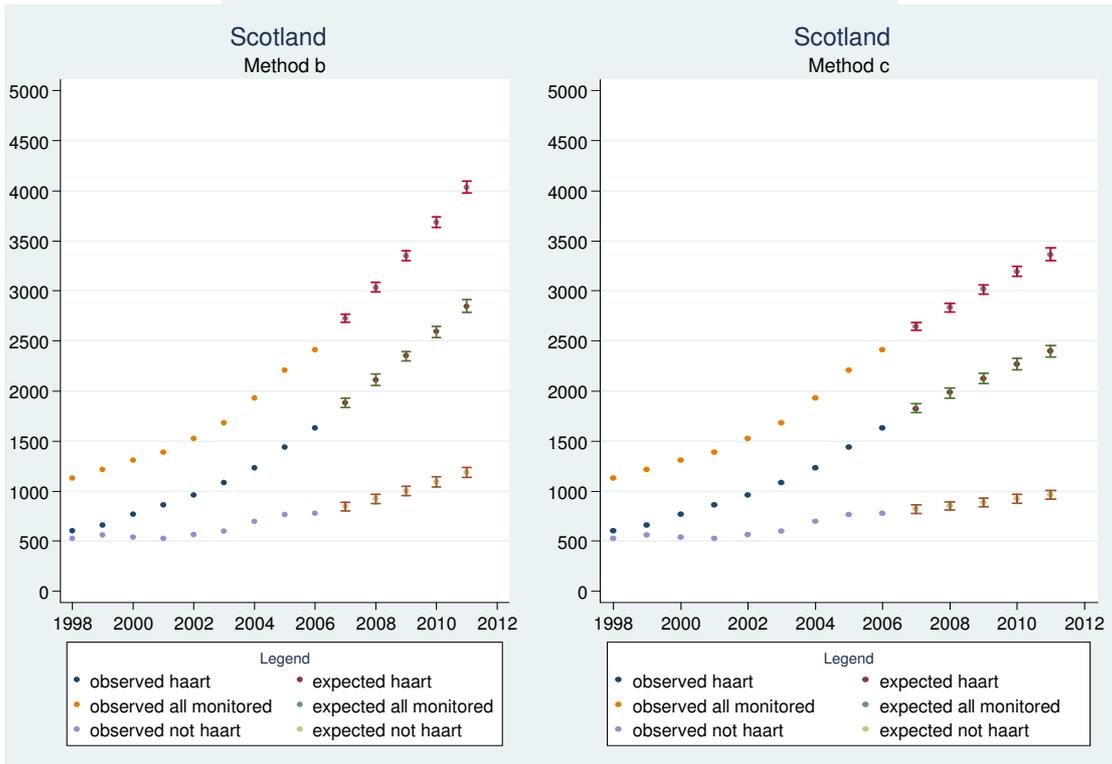
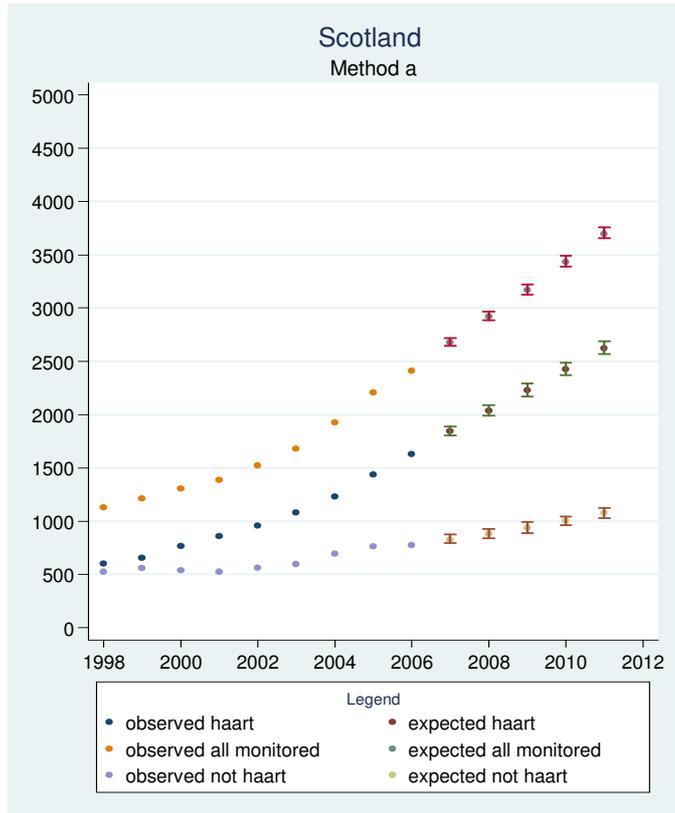
6. Prediction results (methods (a), (b) & (c) for all Scotland)

Table 12: Predictions of persons on HAART by year (All Scotland)

	Method a	Method b	Method c
Year			
2000	760	760	760
2001	859	859	859
2002	956	956	956
2003	1071	1071	1071
2004	1232	1232	1232
2005	1442	1442	1442
2006	1625	1625	1625
2007	1844 (1806 , 1889)	1879 (1835 , 1927)	1824 (1782 , 1872)
2008	2039 (1991 , 2088)	2109 (2054 , 2169)	1983 (1929 , 2032)
2009	2232 (2171 , 2293)	2358 (2303 , 2397)	2127 (2078 , 2178)
2010	2433 (2369 , 2488)	2613 (2535 , 2647)	2261 (2212 , 2325)
2011	2628 (2571 , 2688)	2872 (2787 , 2914)	2393 (2342 , 2453)

Table 13: Predictions of persons under CD4 monitoring by year (All Scotland)

	Method a	Method b	Method c
Year			
2000	1307	1307	1307
2001	1392	1392	1392
2002	1521	1521	1521
2003	1680	1680	1680
2004	1925	1925	1925
2005	2203	2203	2203
2006	2417	2417	2417
2007	2677 (2644 , 2716)	2730 (2689 , 2770)	2642 (2608 , 2682)
2008	2923 (2886 , 2967)	3042 (2987 , 3088)	2834 (2792 , 2875)
2009	3181 (3125 , 3221)	3368 (3305 , 3402)	3018 (2970 , 3063)
2010	3442 (3387 , 3488)	3710 (3635 , 3742)	3192 (3146 , 3246)
2011	3714 (3657 , 3757)	4062 (3977 , 4098)	3363 (3305 , 3429)



Updated projections

Limitations on time and resources meant that model has not been assessed to formally compare observed and predicted values for 2007; although some observed figures have been given. Instead the previous model has been rerun and results are as if the original report in Sept 2007 had been from 2007-2012.

Thus this document should be read in conjunction with “Background to new predictions for all Scotland, Sept 2007“ and should be regarded as an update to it. The following sections have been updated.

1. Scottish background

Figure 1: Persons under CD4 monitoring by year 1996-2007(All Scotland)

Figure 2: Persons new to CD4 monitoring and deaths by year 1996-2007 (All Scotland)

5. Prediction results for HB (treatment)

Table 6: Method (a): HAART, observed 2000 – 2006, predicted 2007 – 2012.

Table 7: Method (a): all CD4 monitoring, observed 2000 – 2006, predicted 2007 – 2012.

Table 8: Method (b): HAART, observed 2000 – 2006, predicted 2007 – 2012.

Table 9: Method (b): all CD4 monitoring, observed 2000 – 2006, predicted 2007 – 2012.

Table 10: Method (c): HAART, observed 2000 – 2006, predicted 2007–2012.

Table 11: Method (c): all CD4 monitoring, observed 2000 – 2006, predicted 2007–2012.

6. Prediction results (methods (a), (b) & (c) for all Scotland)

Table 12: Predictions of persons on HAART by year 2007–2012

Table 13: Predictions of persons under CD4 monitoring by year 2007–2012

NB Children (age 14 or under) are not included in these predictions. Predictions are based on the HPS CD4 monitoring Data which excludes age 14 or under.

Figure 1: Persons under CD4 monitoring by year 1996-2007
(All Scotland)

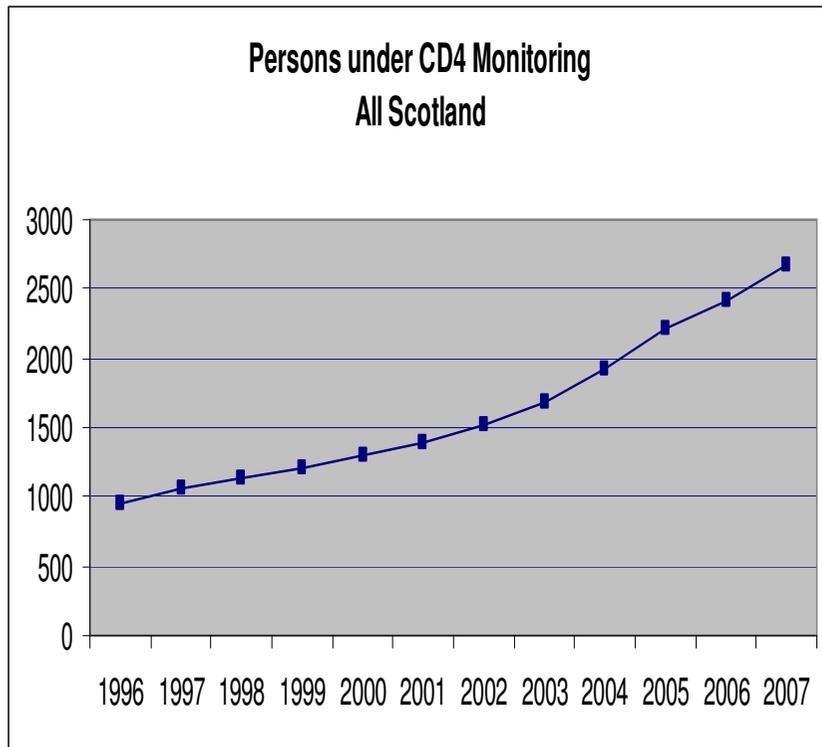


Figure 2: Persons new to CD4 monitoring and deaths by year 1996-2007
(All Scotland)

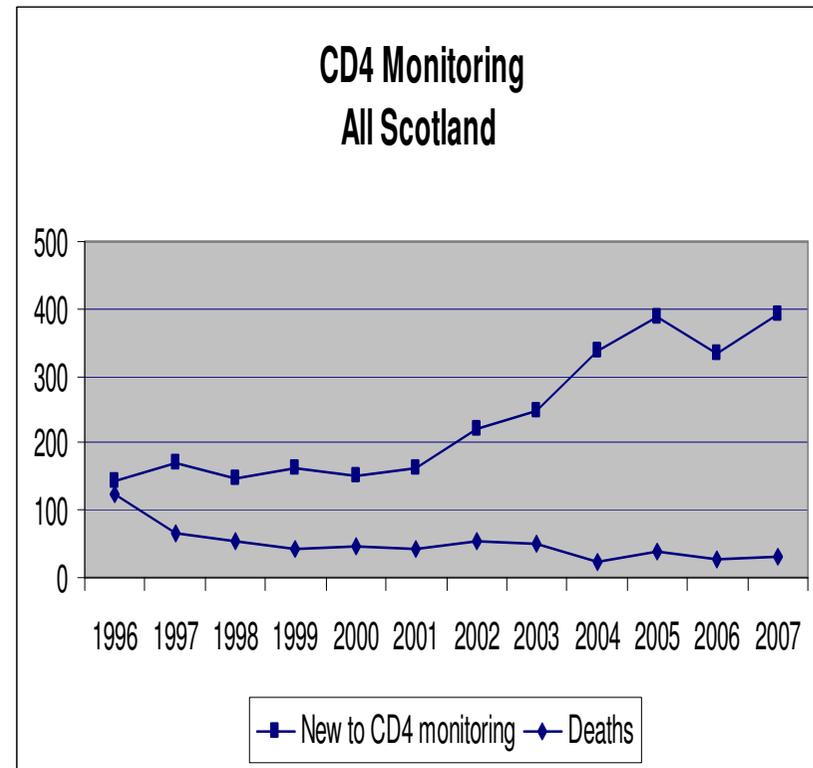


Table 6: Method (a): HAART, observed 2000 – 2006, predicted 2007 – 2012.

	Lothian	G Glasgow	Grampian	Tayside	Lanark	Other	All Scotland
Year							
2000	371	191	43	84	20	51	760
2001	428	213	53	88	24	53	859
2002	476	256	59	90	31	44	956
2003	513	297	65	106	32	58	1071
2004	562	385	79	106	40	60	1232
2005	632	462	97	119	43	89	1442
2006	705	505	110	119	53	133	1625
2007	752 (727 , 780)	601 (577 , 628)	125 (114 , 137)	148 (137 , 161)	63 (54 , 71)	155 (142 , 168)	1844 (1806 , 1889)
2008	809 (780 , 837)	679 (645 , 708)	139 (127 , 151)	159 (145 , 172)	71 (62 , 81)	182 (166 , 198)	2039 (1991 , 2088)
2009	869 (840 , 901)	754 (726 , 783)	153 (138 , 169)	170 (156 , 186)	80 (70 , 90)	206 (190 , 220)	2232 (2171 , 2293)
2010	928 (896 , 961)	833 (801 , 862)	169 (153 , 185)	180 (164 , 194)	88 (79 , 99)	235 (217 , 251)	2433 (2369 , 2488)
2011	991 (958 , 1029)	911 (884 , 947)	183 (169 , 200)	189 (172 , 204)	96 (84 , 107)	258 (242 , 277)	2628 (2571 , 2688)
2012	1051 (1018 , 1083)	996 (956 , 1026)	200 (185 , 217)	200 (180 , 213)	107 (93 , 119)	285 (257 , 301)	2830 (2776 , 2896)

Table 7: Method (a): all CD4 monitoring, observed 2000 – 2006, predicted 2007 – 2012.

	Lothian	G Glasgow	Grampian	Tayside	Lanark	Other	All Scotland
Year							
2000	633	340	62	142	39	91	1307
2001	660	368	82	153	41	88	1392
2002	715	430	90	163	49	74	1521
2003	741	512	103	167	50	107	1680
2004	822	615	117	170	60	141	1925
2005	915	718	141	186	68	175	2203
2006	990	777	157	190	88	215	2417
2007	1063 (1041 , 1085)	885 (864 , 901)	180 (170 , 190)	216 (206 , 228)	92 (85 , 98)	241 (230 , 254)	2677 (2644 , 2716)
2008	1138 (1115 , 1165)	980 (955 , 1002)	201 (189 , 211)	228 (217 , 240)	103 (96 , 111)	273 (259 , 284)	2923 (2886 , 2967)
2009	1222 (1192 , 1253)	1080 (1053 , 1110)	219 (206 , 233)	242 (227 , 256)	115 (105 , 124)	303 (286 , 319)	3181 (3125 , 3221)
2010	1300 (1267 , 1333)	1185 (1157 , 1211)	240 (226 , 255)	254 (239 , 268)	127 (115 , 134)	336 (323 , 355)	3442 (3387 , 3488)
2011	1391 (1346 , 1421)	1289 (1261 , 1323)	261 (246 , 275)	266 (248 , 280)	137 (127 , 148)	370 (354 , 385)	3714 (3657 , 3757)
2012	1474 (1438 , 1509)	1404 (1367 , 1437)	282 (269 , 299)	278 (260 , 296)	152 (135 , 162)	403 (384 , 422)	3986 (3914 , 4051)

Table 8: Method (b): HAART, observed 2000 – 2006, predicted 2007 – 2012.

	Lothian	G Glasgow	Grampian	Tayside	Lanark	Other	All Scotland
Year							
2000	371	191	43	84	20	51	760
2001	428	213	53	88	24	53	859
2002	476	256	59	90	31	44	956
2003	513	297	65	106	32	58	1071
2004	562	385	79	106	40	60	1232
2005	632	462	97	119	43	89	1442
2006	705	505	110	119	53	133	1625
2007	768 (744 , 795)	605 (577, 629)	126 (113 , 139)	150 (138 , 162)	64 (56 , 72)	166 (151 , 179)	1879 (1835 , 1927)
2008	841 (813 , 871)	678 (653 , 708)	144 (133 , 156)	164 (151 , 180)	75 (65 , 84)	207 (190 , 221)	2109 (2054 , 2169)
2009	920 (887 , 954)	759 (730 , 791)	164 (147 , 178)	179 (163 , 194)	86 (76 , 97)	250 (230 , 266)	2358 (2303 , 2397)
2010	1005 (974 , 1041)	842 (804 , 873)	182 (170 , 198)	191 (172 , 207)	99 (86 , 111)	294 (276 , 314)	2613 (2535 , 2647)
2011	1093 (1054 , 1127)	915 (879 , 951)	202 (182 , 222)	204 (186 , 219)	113 (101 , 124)	345 (322 , 370)	2872 (2787 , 2914)
2012	1161 (1118 , 1206)	999 (966 , 1034)	223 (206 , 239)	216 (198 , 233)	125 (111 , 137)	393 (371 , 420)	3123 (3057 , 3193)

Table 9: Method (b): all CD4 monitoring, observed 2000 – 2006, predicted 2007 – 2012.

	Lothian	G Glasgow	Grampian	Tayside	Lanark	Other	All Scotland
Year							
2000	633	340	62	142	39	91	1307
2001	660	368	82	153	41	88	1392
2002	715	430	90	163	49	74	1521
2003	741	512	103	167	50	107	1680
2004	822	615	117	170	60	141	1925
2005	915	718	141	186	68	175	2203
2006	990	777	157	190	88	215	2417
2007	1085 (1062 , 1109)	888 (867 , 908)	184 (175 , 193)	220 (209 , 230)	94 (88 , 100)	259 (247 , 272)	2730 (2689 , 2770)
2008	1190 (1165 , 1212)	986 (962 , 1009)	208(196 , 219)	237 (224 , 251)	109 (102 , 115)	312 (297 , 327)	3042 (2987 , 3088)
2009	1299 (1269 , 1330)	1087 (1060 , 1112)	234 (222 , 247)	255 (240 , 271)	124 (115 , 134)	369 (356 , 386)	3368 (3305 , 3402)
2010	1414 (1372 , 1444)	1195 (1164 , 1221)	260(247 , 275)	270 (256 , 284)	141 (131 , 151)	430 (413 , 445)	3710 (3635 , 3742)
2011	1532 (1498 , 1565)	1299 (1276 , 1339)	288 (271 , 303)	286 (272 , 303)	160 (150 , 171)	497 (478 , 517)	4062 (3977 , 4098)
2012	1631 (1600 , 1675)	1415 (1374 , 1450)	315 (303 , 328)	304 (290 , 321)	179 (169 , 191)	564 (549 , 589)	4413 (4364 , 4469)

Table 10: Method (c): HAART, observed 2000 – 2006, predicted 2007 – 2012.

	Lothian	G Glasgow	Grampian	Tayside	Lanark	Other	All Scotland
Year							
2000	371	191	43	84	20	51	760
2001	428	213	53	88	24	53	859
2002	476	256	59	90	31	44	956
2003	513	297	65	106	32	58	1071
2004	562	385	79	106	40	60	1232
2005	632	462	97	119	43	89	1442
2006	705	505	110	119	53	133	1625
2007	750 (720 , 776)	591 (562 , 613)	121 (111 , 133)	148 (137 , 161)	61 (54 , 70)	153 (138 , 167)	1824 (1782 , 1872)
2008	797 (770 , 825)	649 (621 , 676)	134 (123 , 147)	159 (145 , 173)	68 (58 , 77)	176 (163 , 192)	1983 (1929 , 2032)
2009	841 (813 , 873)	703 (671 , 734)	144 (131 , 157)	169 (156 , 184)	73 (63 , 82)	197 (180 , 213)	2127 (2078 , 2178)
2010	885 (853 , 919)	751 (718 , 784)	153 (141 , 167)	179 (164 , 194)	78 (68 , 88)	215 (198 , 235)	2261 (2212 , 2325)
2011	926 (894 , 960)	797 (769 , 836)	167 (148 , 182)	186 (170 , 203)	84 (74 , 96)	233 (218 , 252)	2393 (2342 , 2453)
2012	974 (933 , 1018)	844 (810 , 873)	174 (159 , 193)	193 (175 , 209)	88 (77 , 102)	251 (231 , 269)	2519 (2456 , 2580)

Table 11: Method (c): all CD4 monitoring, observed 2000 – 2006, predicted 2007– 2012.

	Lothian	G Glasgow	Grampian	Tayside	Lanark	Other	All Scotland
Year							
2000	633	340	62	142	39	91	1307
2001	660	368	82	153	41	88	1392
2002	715	430	90	163	49	74	1521
2003	741	512	103	167	50	107	1680
2004	822	615	117	170	60	141	1925
2005	915	718	141	186	68	175	2203
2006	990	777	157	190	88	215	2417
2007	1055 (1035 , 1080)	866 (844 , 885)	177 (167 , 185)	216 (206 , 228)	90 (83 , 96)	238 (227 , 250)	2642 (2608 , 2682)
2008	1119 (1091 , 1144)	934 (913 , 961)	191 (180 , 204)	228 (215 , 241)	97 (89 , 104)	265 (247 , 278)	2834 (2792 , 2875)
2009	1178 (1150 , 1205)	1001 (972 , 1030)	207 (195 , 217)	240 (227 , 253)	104 (97 , 113)	288 (273 , 302)	3018 (2970 , 3063)
2010	1236 (1202 , 1266)	1063 (1037 , 1095)	219 (207 , 232)	250 (238 , 263)	112 (102 , 120)	312 (293 , 328)	3192 (3146 , 3246)
2011	1293 (1250 , 1324)	1125 (1098 , 1157)	233 (220 , 246)	260 (243 , 276)	119 (108 , 129)	333 (316 , 351)	3363 (3305 , 3429)
2012	1357 (1311 , 1396)	1178 (1142 , 1209)	244 (226 , 263)	270 (254 , 285)	127 (115 , 135)	357 (337 , 371)	3521 (3461 , 3584)

Table 12: Predictions of persons on HAART by year 2007–2012

	Method a	Method b	Method c
Year			
2000	760	760	760
2001	859	859	859
2002	956	956	956
2003	1071	1071	1071
2004	1232	1232	1232
2005	1442	1442	1442
2006	1625	1625	1625
2007	1844 (1806 , 1889)	1879 (1835 , 1927)	1824 (1782 , 1872)
2008	2039 (1991 , 2088)	2109 (2054 , 2169)	1983 (1929 , 2032)
2009	2232 (2171 , 2293)	2358 (2303 , 2397)	2127 (2078 , 2178)
2010	2433 (2369 , 2488)	2613 (2535 , 2647)	2261 (2212 , 2325)
2011	2628 (2571 , 2688)	2872 (2787 , 2914)	2393 (2342 , 2453)
2012	2830 (2776 , 2896)	3123 (3057 , 3193)	2519 (2456 , 2580)

Table 13: Predictions of persons under CD4 monitoring by year 2007–2012

	Method a	Method b	Method c
Year			
2000	1307	1307	1307
2001	1392	1392	1392
2002	1521	1521	1521
2003	1680	1680	1680
2004	1925	1925	1925
2005	2203	2203	2203
2006	2417	2417	2417
2007	2677 (2644 , 2716)	2730 (2689 , 2770)	2642 (2608 , 2682)
2008	2923 (2886 , 2967)	3042 (2987 , 3088)	2834 (2792 , 2875)
2009	3181 (3125 , 3221)	3368 (3305 , 3402)	3018 (2970 , 3063)
2010	3442 (3387 , 3488)	3710 (3635 , 3742)	3192 (3146 , 3246)
2011	3714 (3657 , 3757)	4062 (3977 , 4098)	3363 (3305 , 3429)
2012	3986 (3914 , 4051)	4413 (4364 , 4469)	3521 (3461 , 3584)

Appendix C – Qualitative questionnaires

Voluntary Sector Focus Groups

Q 1	How do clients hear about your services? Roughly how many are referred by the NHS ?
Q 2	How does the voluntary sector link with NHS treatment and care services?
Q 3	What would you say are the current challenges associated with providing support for people living with HIV?
Q 4	Current projections provided by HPS suggest that by the year 2011, there will be 3363 people undergoing CD4 monitoring and some 2393 people on antiretroviral therapy. What are the potential challenges associated with this for the voluntary sector.
Q 5	It seems, looking at some of the annual reports, that the voluntary sector provide some services similar to those provided by the NHS. Why do you think there is a need for this overlap?
Q 7	What improvements could be made to existing NHS treatment and care services? Prompt: current barriers
Q 8	What additional services do you feel that the NHS should provide?

Clinical Focus Groups

Question type	Question	Anticipated time
Introductory question	Could you introduce yourself, state what your role is in this service and to tell me what you did before you started work here.	5 - 10 mins
Transition questions	<u>Tell me a little about you service</u>	5 - 10 mins
	How do people come into your service? Prompts: Who carries out testing? How do referrals come in? Who refers patients?	5 mins
Key questions	Are you aware of any problems at the time of diagnosis? Prompts: e.g delayed transfer for specialist review?	5 mins
	How do you approach partner notification? Prompts: Who does it? How is it carried out?	10 mins

	How is it documented? Audits (ask for latest)	
	How do you approach harm reduction? Prompts: Leaflets/materials	5 mins
	Are there any problems accessing drug therapies? Prompts: Restrictions Cost	5 mins
	How do you manage adherence issues? Prompts: Who carries it out?	10 mins
	Do local GPs have active involvement in the management of HIV+ patients? Prompts: How/in what way	10 mins
	Do you experience any particular challenges re in-patient care?	10 mins
	Are there any challenges in managing onward referrals? Prompts: Pregnant women Children and adolescents Medical conditions psychological medicine voluntary sector / peer support social work harm reduction / health promotion	15 mins
	What sort of patient / public involvement is there in service planning and delivery?	10 mins
	What do you feel are the challenges for your service in the next five years? Prompt - space	10 mins
Ending question	Of all the things we have discussed which is the most challenging?	15 mins

Appendix D – Quantitative schedule

(Please note that a slightly different version was developed for clinical paediatricians.)

Needs assessment of treatment and care services for people with HIV - Questionnaire

The aim of this questionnaire is to collect quantitative data regarding your service. It will take approximately 60 minutes (depending on availability of data) to complete. One questionnaire should be completed per unit.

If you have any queries regarding the questionnaire, please contact Ann Conacher, ScotPHN Co-ordinator (ann.conacher@health.scot.nhs.uk), who will liaise with Cathy Johnman, Lead Author.

If you are able to complete and return the questionnaire prior to your focus group, please do so. However, you may identify queries that you would like to discuss as part of the focus groups. If so, we are happy that you return the completed questionnaire post focus group. However, it would be greatly appreciated if questionnaires could be returned as soon after the focus group as possible.

Completed questionnaires should be returned to Ann Conacher at the following address:

ScotPHN (Ann Conacher)
NHS Health Scotland
Elphinstone House
65 West Regent Street
Glasgow G2 2AF

Or emailed to:- scotphn@health.scot.nhs.uk

Your input is greatly appreciated.

Service details

1.	Name of clinician / service:			
	Address:			
2.	Do you provide(Please circle as appropriate):			
		Out-patient care	Yes	No
		Out-patient care (day time only)	Yes	No
		In-patient care	Yes	No
3.	Please describe your service: (Please circle as appropriate)			
		ID	GUM	Joint
		Stand-alone	Part of generic service	
		Full-time	Part-time	
4.	Which directorate has management responsibility for your service?	<ul style="list-style-type: none"> • Medicine • Women and children • Other 		
5.	Does your service / unit report to a dedicated xxx committee?	<ul style="list-style-type: none"> • HIV • BBV • Sexual Health • Other 		

Workload issues

6.	Please state the number of patients who were under routine follow-up in your service as of the end of 2007 (e.g. seen within the last year - Jan 07-Dec 07?):	_____

7.	Please state the number of people newly diagnosed as HIV positive, coming into your service in 2007:	
8.	Please state the number of previously known HIV positive patients, transferred into your service in 2007:	
9.	Please estimate the percentage of newly diagnosed patients (January 07 – December 07) who were :	
	Diagnosed in clinic – self referral	%
	Diagnosed in clinic – GP referral for testing	%
	Diagnosed and referred by GP	%
	Diagnosed as hospital in-patient	%
	Diagnosed and referred by community antenatal services	%
	Diagnosed and referred by other service	%
10.	How many patients fall into the following risk categories (please give as percentage)?	
	MSM	%
	Heterosexual: UK acquired	%
	Heterosexual: African acquired	%
	Heterosexual: abroad (exluding Africa)	%
	Heterosexual: other high risk	%
	IDU	%
11.	What percentage of all your HIV positive patients are:	
	Scots	%
	Other UK	%
	African	%
	Easter European	%
	Asian	%
	Other	%
12.	What number or what percentage of all your HIV positive patients are on ART?	Number: _____ / _____ %
13.	What percentage started in the last year (Jan 07 – Dec 07)?	%

14.	What percentage of all your HIV positive patients, who have ever had a CD4 count <200, are on ART?	%

Staffing issues

15.	What is your usual complement of staff for HIV management (Number of staff delivering this care)	Number of staff	Number of WTEs
	Consultant ID		
	Consultant GUM		
	Other consultant		
	Staff grade and associated specialists		
	Junior doctors / trainees		
	Nurses		
	Sexual Health Advisors		
	Pharmacists		
	Professions allied to medicine		
	Clinical psychologists		
	Psychiatrists		
	Social worker		
	Occupational Therapist		

HIV Patient Database (Please circle as appropriate)

16.	Do you have an IT system?	Yes	No
17.	Does the IT system link to generic records?	Yes	No
18.	Does the IT system link into other systems?	Yes	No
	If yes, which systems?		

Sexual and reproductive health

19.	Please indicate how you manage issues relating to sexual and reproductive health using the box below:				
		Offer testing	Provided within this service	Refer elsewhere	To where (unit/hospital) do you refer? (If a particular consultant is used,

								please state name where appropriate)
		YES	NO	YES	NO	YES	NO	
	STI screening							
	Contraception							
	Cervical cytology							
	Colposcopy							
	Obstetrics							
	Fertility services							
	Anal cytology in men							

20. Regarding sexual history taking: (Please circle as appropriate)				
a)	Is there a protocol in place to ensure newly diagnosed HIV positive (Within 4 weeks of first HIV positive test) people have had a sexual history taken?	Yes	No	Don't know
	Is this documented in the case notes?	Yes	No	Don't know
	Has an audit been carried out of sexual history taking?	Yes	No	Don't know
	If yes, is it possible to have a copy / summary of the audit?	Yes	No	Don't know
b)	Is there a protocol in place to ensure all HIV positive people have had a sexual health screen offered in the last six months?	Yes	No	Don't know
	Is this documented in the case notes?	Yes	No	Don't know
	Has an audit of the offer of a sexual health screen been carried out?	Yes	No	Don't know
	If yes, is it possible to have a copy / summary of the audit?	Yes	No	Don't know

Regarding HIV positive women:				
c)	Is there a protocol in place to ensure that newly diagnosed HIV positive women have had a cervical cytology test carried out within a year of diagnosis?	Yes	No	Don't know
	Is this documented in the case notes?	Yes	No	Don't know
	Has an audit been carried out of cervical cytology being undertaken within a year of diagnosis?	Yes	No	Don't know
	If yes, is it possible to have a copy / summary of the audit?	Yes	No	Don't know
d)	Is there a protocol in place to ensure that all HIV positive women have annual cervical cytology?	Yes	No	Don't know

	Is this documented in the case notes?	Yes	No	Don't know
	Has an audit been carried out of annual cervical cytology?	Yes	No	Don't know
	If yes, is it possible to have a copy / summary of the audit?	Yes	No	Don't know
21.	Do you have a local care pathway/protocol for patients with sexually transmitted infections?	Yes	No	
	<i>If yes, please provide us with a copy of the pathway/protocol.</i>			

Patient Satisfaction

22.	When did you last undertake a patient satisfaction survey?		
	<i>Please provide a copy of the results/summary of findings.</i>		
23.	How many of your patients are registered with a GP? (Please indicate whether this figure is Known / Estimated / Based on audit.)	(Known /Estimated/ Based on audit)	
24.	How many patients have asked that there is no correspondence with their GP? (Please indicate whether this figure is Known / Estimated / Based on audit.)	(Known /Estimated/ Based on audit)	
25.	Do you provide a translation/interpretation service for patients unable to communicate effectively in English (Please circle as appropriate)	Yes	No
	Is your translation/interpretation service:		
	Easy to access	Yes	No
	Available out of hours	Yes	No
	Available in required languages	Yes	No
26.	If a patient has an urgent HIV related problem (e.g. running out of ART), how do they access your service?		
27.	If a patient becomes acutely unwell and/or requires in-patient admission, how is that managed:		
	Within working hours:		
	Out of hours:		

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28.	How do you manage the following conditions:	Manage this within service		Refer patient on		To where (unit/hospital) do you refer? (If a particular consultant is used, please state name where appropriate)
		YES	NO	YES	NO	
	Hepatitis B co-infection					
	Hepatitis C co-infection					
	Tuberculosis – MDR TB/XDR TB					
	Lymphoma					
	Mental health issues					
	Renal disease					
	Other HIV related cancers					
	Neurological problems (e.g. peripheral neuropathy)					

29.	Do you refer to the following departments/units:	Manage this within service		Refer patient on		To where (unit/hospital) do you refer? (If a particular consultant is used, please state name where appropriate)
		YES	NO	YES	NO	
	Dermatology					
	Endoscopy					
	Lipid, hypertension and cardiovascular medicine					
	Cosmetic procedures					
	Ophthalmology					
	Palliative / palliative medicine					
	Dental/oral health					
	Liver failure (pre-transplantation)					
	Renal failure					
	In-patient intensive care					

29. Cont ./		Manage this within service		Refer patient on		To where (unit/hospital) do you refer? (If a particular consultant is used, please state name where appropriate)
		YES	NO	YES	NO	
	Addiction services					
	Oncology					
	Assisted conception services					
	Obestetrics					
	Paediatric (for testing/management of the children of newly diagnosed HIV positive people)					

30.	Do you have access to services for transition of care of adolescents from paediatric to adult services? (Please circle as appropriate)	Yes	No	
31.	Who would you discuss complex cases with (e.g. resistance, initiation of T20) (If named consultant please state name)?			
32.	Do you use teleconference/video conferencing facilities for complex cases?	Yes	No	
33.	How do you manage patients with complex resistance patterns?	Within this service	Refer on	No management strategy
34.	How often have you had to transfer and HIV positive case to a specialist centre?			
35.	Do you have day beds?	Yes	No	
36.	How many beds are specifically available for HIV patients?			
37.	How many in-patient episodes and bed days were used January 07 – December 07?			

38.	What staff resource is specifically available for HIV in-patient care?	Number of staff	Number of WTEs
	Consultant ID		
	Consultant GUM		
	Other consultant		
	Staff grade and associated specialists		
	StRs/SpRs		
	FY1/FY2		
	Nurses		
	Others (please specify)		

39.	Are you able to provide continuous cover by a consultant ID physician?	Yes	No	
	If not, please describe the arrangements if another specialist is providing cover, either overnight or of you are on annual leave:			
40.	Do you have any challenges in accessing in-patient care re emergencies?	This service can deal with this	We refer to another hospital	Other (please specify below)
41.	Do you have patient management protocols?	Yes	No	
	<i>If yes, please provide a copy.</i>			

42.	Do you have information leaflets for people newly diagnosed with HIV or just starting therapy?	Yes	No
	<i>If yes, please provide a copy.</i>		

Audit

43.	Please describe your internal program of multidisciplinary meetings.	
	CME:	

	Audit:	
44.	Please could we have a copy of any internal audits or patient satisfaction surveys from 2007?	
45.	Do you participate in BHIVA national audits?	Yes No
	If yes, please give details and provide copies of certificates.	
	If no, why not?	

CPD

46.	Please describe how you and your team undertake external CPD:					
47.		International AIDS conference	BHIVA conference	International congress on drug therapy (Glasgow)	SHIVAG annual meeting	CROI
	How many of your staff attended the most recent occurrence of the following meetings?					
	If yes, what is the designation of the staff member who attended e.g. Sexual Health Advisor?					
	Was there a formal feedback from this meeting that other staff in the department attended?					
48.	Does any member of your team experience difficulty in attending CPD events?			Yes	No	
	If yes, in what way:					

Clinical Trials

49.	Does your service participate in clinical trials?	Yes	No
	If yes, which ones?		
	If no, how would a patient access a trial?		

END

Appendix E – Literature search strategy

Search Strategy

In conducting the literature review for the project, the following techniques were used to obtain abstracts from which relevant studies were selected and obtained.

Database Search

The following databases were searched:

- Ovid MEDLINE(R): 1966 to October Week 3 2008
- EMBASE 1980 to 2008 Week 40
- EBM Reviews - Cochrane Database of Systematic Reviews 3rd Quarter 2008
- ISI Web of Knowledge: Web of Science Citation Indexes – accessed October 2008

Title and Keyword searches were conducted using the following threads:

Overarching thread: HIV or Human Immunodeficiency Virus or AIDS or Acquired Immune Deficiency Syndrome

and

First thread: Standard or guideline or recommendation

Second thread: Survival or life expectancy or mort* or death or cause of death or fatal*

Third thread: Antiretroviral therapy or ART or HAART or Highly Active Antiretroviral Therap* or treatment or therap* or care

Forth thread: Epidemiology or prevalence or incidence or risk factors or risks or risk groups

Fifth thread: Need or Needs assessment or services or health services

Sixth thread: Dental care or dental caries or oral disease or oral health or opportunistic disease or mouth diseases

Seventh thread: child* or paediatric or child health

All searches were limited to English language, human and those from 1982 (when HIV was first reported). Where appropriate searches were further limited to the UK (first and fifth thread) and Scotland (forth thread).

Study Selection

Needs assessment evidence was selected if it pertained to the following areas:

- Standards, guidelines or recommendations on the treatment and care of people living with HIV.
- The epidemiology of HIV in Scotland
- Impact of treatment (particularly antiretrovirals) and care on people living with HIV
- Health care needs assessments undertaken for HIV services or Needs assessments of people living with HIV
- Dental health, child health and prison health related to HIV treatment and care

Full text of the articles were available via the NHS e-library, via the Glasgow University Library (including its inter-library loan service) and the Greater Glasgow and Clyde Health Board Library (with access to The British Library)

Reference Checks

Those papers providing an insight into the needs assessment had their references examined for other relevant papers. These were selected initially using their titles and then using their abstracts according to the above criteria.

Web Search

A web search was carried out using Google and Google Scholar using the above threads.

Grey Literature

Government and NHS websites were searched for pertinent grey literature.

National (Scottish and UK) HIV organisations were contacted to source needs assessments undertaken in other areas to use as the comparative component of the needs assessment process.

Appendix F – Voluntary Sector

HIV Scotland

HIV Scotland is a national voluntary agency that works across all sectors and areas of Scotland. The agency, established in 1994, seeks to improve the health and well-being of people living with HIV and affected communities, and to prevent the spread of HIV infection.

HIV Scotland is able to link professionals, organisations and individuals to expert HIV tools and information. HIV Scotland does this by:

Advocating for HIV issues in Scotland and building strategic partnerships

Being active in the development of evidence-informed government policy

Building capacity and coordinating networks within the Scottish HIV sector

Resourcing the HIV sector with training, information, promotional material, websites and campaigns.

HIV Scotland undertakes its work through its three specific projects, Healthy Gay Scotland, African and Minority Ethnic HIV Project and the Training Project.

THT – Terrence Higgins Trust

Terrence Higgins Trust was the first charity in the UK to be set up in response to the HIV epidemic. THT is the UK's leading HIV and sexual health charity, providing a wide range of services (including welfare support and HIV testing) to over 50,000 people a year. Until recently its activities remained south of the border until it merged with PHACE Scotland. THT's Scottish offices cover NHS Greater Glasgow and Clyde, Argyll, Ayrshire & Arran, Lanarkshire, Grampian and Highland board areas. Activity in NHS Greater Glasgow and Clyde mainly centres on welfare rights advice.

Gay Men's Health

Gay Men's Health is a charity that involves and empowers gay and bisexual men to promote the health and well-being of all men who have sex with men, including men infected and affected by HIV. It covers NHS Lothian and NHS Greater Glasgow and Clyde, and has office bases in Edinburgh and Glasgow. They have 10 members of paid staff working in three main project areas and around 80 volunteers.

Waverly Care

Waverley Care is Scotland's largest and leading charity providing care and support to people living with HIV and Hepatitis C, and to their partners, families and carers through the SOLAS centre. As part of its work it also strives to raise awareness of these conditions and their prevention.

Waverley Care recognises that people require different kinds of services to support their different needs. The type of support that people need can differ depending on how recently they have been diagnosed as being HIV positive and where they are in life, for example young, with or without a family, retired, etc.

Waverley Care offers a wide range of services to meet the needs of everyone living with HIV in Scotland. Waverley Care provides - Residential Support in Milestone; General Support, including: Advocacy and information, African health project, arts, buddy service, children and family services, community support, complimentary therapies, counselling, Crusaid Hardship Fund, gay men's support, health promotion, spiritual and pastoral care, women's support and ISIS.

Of particular note is that the African Health Project helps children and young people – affected by HIV (not just children/young people living with HIV) and is one of the few organisations which support carers.

Body Positive Tayside

Body Positive Tayside provides support for people living with HIV and those directly and personally affected by HIV in the Tayside area. It offers a variety of support: a drop-in centre, information, one to one support and complementary therapies for people with HIV, their families and carers.

HIV-AIDS Carers & Family Service Provider Scotland

This group began in Glasgow in 1990 as a small self-help group for parents whose adult son or daughter had HIV or AIDS. It now offers a range of services (such as self-help groups, hospital visit/appointment transportation, respite, bereavement support) to anyone affected by a loved one having HIV or AIDS. These services are offered to individuals living throughout Scotland, although their primary focus remains in Glasgow and the West of Scotland.

The Anam Cara Living Centre

This is a Glasgow based charity working to support people with blood borne viruses. They have peer-support groups and a drop in service.

Peer Support Project in the Brownlee Centre

This is actually a statutory NHS based service which will provide patient-focused peer support (via volunteers) to complement the available services in the Brownlee unit. It aims to create a safe, socially focused environment for people living with HIV to discuss their concerns, benefit from the experience of peers and influence the patient involvement agenda.

Haemophilia Society Scotland

The Haemophilia Society is the only national and independent organisation for all people affected by bleeding disorders. The Society is led by



affected people and works in close partnership with the NHS. It provides information and support for all people affected by the bleeding disorder and represents their interests.

A source of support remains the Haemophilia Centre and many have helped establish and run support groups, provided specialist counselling and social work facilities etc.



ScotPHN r e p o r t

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