

## **Introduction**

The British Association for Sexual Health and HIV (BASHH) is a national organisation committed to improving sexual health (including HIV) in the UK.

Membership is multidisciplinary and includes doctors, nurses and other health care professionals working in all areas of Sexual Health and HIV. BASHH has close working relationships with the Medical Foundation for AIDS and Sexual Health (MedFASH) and the British HIV Association (BHIVA) as well as other organisations in the area of Sexual Health and HIV.

The activities of BASHH include educational conferences, providing training for doctors and nurses in Sexual Health and HIV, developing National Standards for the management of Sexually Transmitted Infections (STIs), monitoring standards of care through the Clinical Governance framework, co-ordinating national clinical audit, service reviews, and the publication of two scientific journals (Sexually Transmitted Infections and the International Journal of STD and AIDS).

We welcome the opportunity to respond to the London Assembly's Health Committee scrutiny of AIDS in London. We support the responses submitted to you by BHIVA and MedFASH. In addition, we would like to put forward some specific points for the consideration of the Committee.

## **Section B: Commissioning**

1. The overwhelming majority of patients infected with HIV have their outpatient and inpatient care provided by by clinicians working in Genitourinary Medicine Departments (GUM). GUM departments also play the major role in the detection of HIV infection through widespread testing of clinic attenders. The majority of new cases of HIV infection in the UK are diagnosed in GUM clinics.
2. In London and elsewhere in the UK, GUM departments may be managed either from PCTs or within the acute hospital sector We support the standards

recommended by MedFASH which state that *'all people with HIV should have access to comprehensive specialist HIV treatment and care service and to a full range of supportive services and medical specialties. All these services should be available irrespective of the site of care'*. HIV care should be provided by centres with appropriately trained specialists regardless of whether they are sited in PCTs or the acute hospital sector.

3. Sexual Health and HIV are not mentioned in the current NHS Planning and Priorities Framework, and this together with the lack of a National service Framework for HIV and STIs is leading to a de-prioritisation of these services within PCTs and the Strategic Health Authorities. With mainstreaming of HIV budgets, we are very concerned that resources could be diverted away from this sector at a time when the demands of the services are most acute. This is a cause for grave concern especially as we are currently facing a serious upsurge in the incidence of STIs and HIV in London and the rest of the UK.
4. Effective commissioning of HIV care requires a good understanding of the complex issues that transcend both professional and geographical borders of PCTs. Hence, we are very concerned about the ability of PCTs to effectively commission services especially as many of the commissioners appointed to this area are new. We welcome the Department of Health (DoH) Sexual Health Commissioning toolkit for PCTs, and support its recommendation that commissioning be undertaken through consortium arrangements.
5. We also support the development of HIV service networks that cross PCT boundaries the principle of patient choice.
6. HIV infected patients often choose to obtain care from centres away from their PCTs for reasons of choice and confidentiality. We feel that is essential that the principle of patient choice is retained in this sensitive area of care.

## **Section C: Prevention, public health awareness and reducing the transmission of HIV**

1. GUM services have a major role in this area through the promotion of widespread testing for HIV and other STIs.
2. As HIV infection is an STI, we feel very strongly that strategies for the control and prevention of HIV should not be separated from those of other STIs. We wish to draw the Committee's attention to the recent House of Commons Health Select Committee's report on the 'crisis in sexual health' which clearly highlighted some of the serious problems faced by GUM services through many years of under investment.
3. London and the rest of the UK are facing a major epidemic of STIs. Departments of GUM are overwhelmed with workload through years of under investment. Most GUM clinics have unacceptably long waiting times for patients wishing to access services. This adversely affects upon the quality of care and favours onward transmission of HIV and STIs. HIV transmits more readily between individuals in the presence of other STIs. There is an urgent need to support GUM services to enable them to cope more effectively with the unprecedented demand for services, and thus improve access for patients.
4. In the most recent Health Care Journal, there is a review of Strategic Health Authority Local Delivery Plans. Although HIV is mentioned in the 5 London StHA plans, no service improvement or investment targets have been identified. STIs were mentioned for South London only. As STIs facilitate transmission of HIV and sex is the principal route of infection, it behoves the London Assembly to review service delivery and prevention activities of both. There is a clear need to ensure that PCTs increase investment and that the London Assembly finds a way of ensuring prioritisation of sexual health and HIV care, treatment and prevention services.

## Summary

The HIV epidemic is continuing unabated.. It will require innovative and integrated solutions across both professional and geographic boundaries to effectively address this challenge. BASHH hopes that the control of STIs and HIV will be prioritised within the political framework through this scrutiny. There is an urgent need to facilitate high quality, integrated services which are equitable across Greater London (and beyond) for all patients with STIs and HIV.

We would welcome the opportunity to submit further evidence either in writing or orally to support the issues raised by us. We would also appreciate the opportunity to contribute to any future reviews relevant to sexual health, sexually transmitted infections, and including HIV.

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Interim General Secretary