Section 1: Ownership and background

1.1 Title Human Immunodeficiency Virus (HIV) Services Standard

1.2 Start date September 2009

1.3 Publication date: July 2011

1.4 Owner Prince Obike

1.5 Directorate/unit/committee/group: Standards & Indicators Team

1.6 Related Programme of work: Sexual Health & Hepatitis C

1.7 Type of work being assessed: Output

Section 2: Involvement and impact

2.1 Aims of the output: To provide a mechanism to quality assure HIV services provided by NHSScotland

2.2 Stakeholders: Individuals affected or living with HIV and their families/carers, NHS boards providing HIV services, organisations providing HIV services commissioned by NHS boards; voluntary organisations working in HIV or related fields; Scottish Government Health and Social Care Directorate

2.3 Evidence of potential impact (from existing Healthcare Improvement Scotland documentation, research, consultation or literature search):

HIV is known to have a 'disproportionate burden on marginalised minority groups such as men who have sex with men (MSM), people from Sub Sahara Africa, asylum seekers and refugees and people who inject drugs'(1).

The highest prevalence rates of HIV within the UK are amongst men who have sex with men and black African heterosexuals(2).

Men who have sex with men account for 42 per cent of all the reported HIV infections seen for care during 2007 in the 15-59 age group in UK(3).

The number of new HIV diagnosis in young people in the UK remains relatively low compared with older age groups (4). There is more HIV diagnosed in the 25 to 34
age group in Scotland than any other group (39 per cent) and proportionately more new diagnosis of HIV are observed in the 35-44 age group than any other (35 per cent) (5).

There are more men than women diagnosed with HIV in UK (6). There are more men (75 per cent) than women (25 per cent) newly diagnosed with HIV in Scotland (5).

The diagnosed prevalence of HIV in England is 3.7 per cent among black Africans which is over 4 times the rate found in the white population (0.9 per cent).

HIV diagnosis among black Africans represents 40 per cent of all new diagnosis in the UK.

Black Africans accounted for 69 per cent of all new diagnosis among heterosexuals, of whom two-thirds were women.

Among those newly diagnosed with HIV, the percentage of late diagnosis (after the point when treatment should have begun) was highest among black Africans (42 per cent) (1). Late diagnosis is an important determinant of HIV related morbidity and mortality in the UK (7).

The prevalence of HIV/Aids is 'dramatically higher' among homeless people than in general population (8).

As this report is being prepared after our standards have been finalised and published, it is not possible to demonstrate how the project and advocacy group took cognisance of the above evidence during development of the standards. However, the evidence identified here will be used to inform future review of the standards.

2.4 Areas where evidence is unavailable or unclear:

There is no data on the prevalence rate of HIV in Scotland by protected characteristics (for example people from sub-Sahara Africa, asylum seekers and refugees, men who have sex with men, people who inject drugs and homeless people).

There is no data on HIV infections in Scotland by protected characteristics (for example people from sub-Sahara Africa, asylum seekers and refugees, men who have sex with men, people who inject drugs and homeless people).

There is no data on new HIV diagnosis in Scotland by protected characteristics (for example people from sub-Sahara Africa, asylum seekers and refugees, men who have sex with men, people who inject drugs and homeless people), except by gender and age group.
There is no data on late diagnosis in Scotland by protected characteristics (for example people from sub-Saharan Africa, asylum seekers and refugees, men who have sex with men, people who inject drugs and homeless people).

References


### Section 3: Checklist

#### 3.1

We have checked the following protected characteristics, as a legal obligation:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Positive Impact identified</th>
<th>Negative Impact identified</th>
<th>Additional information</th>
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<tr>
<td>Age</td>
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<td>Insufficient data to determine positive or negative impact</td>
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<td>Disability</td>
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<td>Gender</td>
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<td>Pregnancy or Maternity</td>
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<td>Race</td>
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<td>Religion or Belief</td>
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<td>Sexual Orientation</td>
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<td>Language or social origin</td>
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<td>Poverty</td>
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</tbody>
</table>

In accordance with Healthcare Improvement Scotland policy we have also checked the following characteristics:

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<th>Negative Impact identified</th>
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</thead>
<tbody>
<tr>
<td>In accordance with Healthcare Improvement Scotland policy we have also checked the following characteristics:</td>
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</table>

#### 3.2

*This output promotes or improves equality by* supporting NHS Scotland to deliver quality services to those infected by or at high risk of infection from HIV regardless of protected characteristics.

#### 3.3

*A full Equality Impact Assessment is not required.*

This has been agreed because insufficient data is available on the impact of HIV on people with protected characteristics.
3.4 **Recommendations:** Review literature and available data on HIV prevalence, infection and diagnosis (including late diagnosis by protected characteristics (especially men who have sex with men, people from Sub Sahara Africa, asylum seekers and refugees and people who inject drugs) following assessment of HIV services in NHS Boards in Scotland against these standards. Liaise with Equality &Diversity Advisor to identify future action including availability of Scottish data for robust assessment of impact on people with protected characteristics.

3.5 **Review date for this Checklist:** N/A

3.6 **Assessors:** Prince Obike  
**Date of assessment:** 26/11/2012

3.7 **Quality Assurance (E&D Officer):** Jeniffer Kibagendi/Rosemary Hampson  
**Date of Quality Assurance:** 20/12/2012