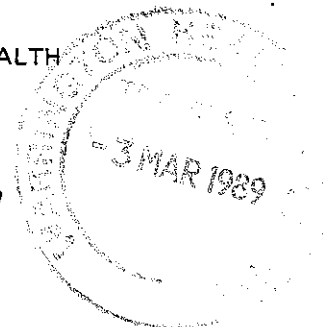


Mr Cooke



Your reference:  
Our reference:

DEPARTMENT OF HEALTH  
RICHMOND HOUSE  
79 WHITEHALL  
LONDON SW1A 2NS  
TELEPHONE 01 210 3000  
210



EL(89)P/36

General Managers )  
Regional Health Authorities ) For action  
District Health Authorities )

Chief Executives )  
County Councils )  
Metropolitan District Councils ) For information  
London Borough Councils )  
Directors of Social Services Departments )

General Managers )  
Special Health Authorities for )  
London Post-Graduate Teaching Hospitals )

Chief Executives )  
Health Education Authority )  
National Health Service Training Authority )

Director )  
Public Health Laboratory Service )

| Priority | Action | By |
|----------|--------|----|
| RF       | ✓      | A  |
| RA       | ✓      |    |
| LA       |        |    |
| FA       |        |    |
| HA       |        |    |
| PHS Sec  |        |    |
| PHS Dir  |        |    |

February 1989

Dear General Manager

**HIV AND AIDS : RESOURCE ALLOCATIONS 1989/90**

**SUMMARY**

1. Health Circular HC(88)66 announced the distribution of resources to Regional Health Authorities and to the London Post-Graduate Special Health Authorities for 1989/90. Appendix 3 provided details of each RHA's share of the 'AIDS' funds. This letter gives guidance on the use of those allocations and further Directions and guidance on monitoring arrangements.

**POLICY AIMS AND BACKGROUND**

2. The Government's two broad policy aims on AIDS and HIV infection are the prevention of the spread of HIV infection; and the provision of diagnostic and treatment facilities and counselling and support services for those infected or at risk. Specific AIDS and HIV related service objectives for the 1989/91 planning period were set out in Health Circular HC(88)43: Health Service Development - Resource Assumptions and Planning Guidelines.

## E.R.

3. This letter sets out those areas of AIDS and HIV related service provision to which Ministers expect authorities to give particular attention in 1989/90. Guidance is being provided, exceptionally, in this level of detail, because of the relative size of each RHA's AIDS allocation - the total provision earmarked for AIDS is £129.53 million - and in response to requests from representatives of the NHS.

### PREVENTION OF THE SPREAD OF HIV INFECTION

4. Ministers expect authorities to use a substantial part of the extra resources being provided in 1989/90 to prevent the spread of HIV infection. Key elements will be:

- Local HIV prevention initiatives, with a District HIV Prevention Coordinator (paragraphs 5 and 6)
- Development of services for drug misusers (paragraphs 7 to 9)
- Improvement of Genito Urinary Medicine (GUM) Services (paragraph 10).

### LOCAL HIV PREVENTION INITIATIVES

5. HC(88)43 requires each health authority to set up community-based initiatives aimed at helping individuals change behaviour which puts them at risk of HIV infection, focused on particular target population groups. Ministers expect at least £14 million overall to be spent by health authorities in England in 1989/90 on such initiatives. In determining Sub-Regional allocations for this purpose, each Regional Health Authority will need to consider:

(a) the target populations; to include:

- people attending Genito-Urinary Medicine clinics;
- drug users, and their sexual partners;
- men who have sex with men;
- prostitutes and their clients;

(b) other population groups for whom special prevention initiatives may be required, eg

- young people (in schools, further education, youth clubs etc)
- people with learning difficulties
- minority ethnic communities

(c) the distribution, and concentrations of such population groups within the Region, and how the available money can be targetted and used most effectively.

(d) prevention initiatives already underway, and the availability of experienced health and local authority staff, voluntary sector workers, and staff of other agencies able to work closely with members of the target groups.

## E.R.

As far as practicable the development of these initiatives should involve representatives of the population groups whose behaviour they aim to influence. That argues for joint planning with local authorities and community based voluntary organisations and self-help groups, and grant aid to enable the voluntary sector to take the lead where appropriate.

6. Each district health authority is asked to ensure that arrangements are made for the effective planning and co-ordination of HIV prevention initiatives locally (including those related to drug misusers). Each District should ensure it has a named person, the District HIV Prevention Co-ordinator, to carry out this work, and to seek to ensure that the health authority's activities tie in with those of the local authority and voluntary agencies. The Co-ordinator, who might where local circumstances make this suitable serve more than one District, should work closely with the Director of Public Health. The Department is establishing a group, involving the Health Education Authority, and NHS staff working in this field, to prepare urgently a draft Job Description for these Coordinators, and to consider their training and support needs.

### DRUG MISUSE SERVICES

7. Previous guidance has emphasised the importance of encouraging as many drug misusers as possible to make and maintain contact with agencies which can help them change both sexual and drug-using behaviour away from practices which carry a risk of acquiring or passing on HIV infection. Drug misuse services are likely to be at the forefront of this prevention activity. Regional Health Authorities have been asked to ensure that services are developed so that the following provision is available in each District:

- i. advice and counselling;
- ii. detoxification and longer-term treatment;
- iii. longer-term support and after care.

There will be an important, continuing need for services for people who seek help for a range of drug related problems. But in the light of HIV, services must make themselves known and accessible to all drug misusers, including those who are not immediately willing or able to stop misusing drugs altogether but who may be putting themselves or others at risk of HIV-infection. New models of service may be needed to make and maintain contact with this group, and help them change their behaviour away from HIV risk behaviours. Advice on preventing the spread of HIV infection among drug misusers was provided by the Advisory Council on the Misuse of Drugs (ACMD) in its report 'AIDS and Drug Misuse : Part 1' and in accompanying and subsequent guidance (HC(88)26/LAC(88)7 and HC(88)53/LAC(88)18). A second report by the ACMD, addressing the needs of drug misusers who have HIV disease will be published shortly.

8. Included in the total allocation for AIDS is an additional £5 million, from 1989/90, specifically to develop further the HIV-prevention role of drug services, and to help them respond to the needs of drug misusers who become infected and ill - in anticipation of action recommended in the ACMD's second report. This brings to a total of £9 million the amount earmarked for drug misuse services (including the roll forward of £1 million announced under

## E.R.

HC(88)26/LAC(88)6 and £3 million announced under HC(88)53/LAC(88)18). Appendix 3 to HC(88)66 shows the distribution of that £9 million between RHAs. The amounts shown are in addition to RHAs' shares of the (revalued) £5.745 million available since 1986/87 for the development of drug services (under HC(86)3/LAC(86)5). All these funds (totalling just under £15 million) are allocated to Regions on a continuing basis in proportion to their populations aged 15-34 (see paragraph 16 of this letter on monitoring arrangements).

9. In determining the sub-Regional allocation of its AIDS allocations, to ensure that at least the amount indicated in HC(88)66 is spent on drug services, each Regional Health Authority is asked to consider the need to:

- i. expand or develop community-based services in particular localities;
- ii. strengthen hospital-based specialist support for community-based services;
- iii. increase efforts to make services known and accessible;
- iv. provide training for staff (in the statutory and non-statutory sectors) who have contact with drug misusers;
- v. meet increased costs arising from the prescribing of substitute drugs, the provision of needles and syringes, facilities for the safe disposal of injecting equipment, and the provision of condoms.

Additionally, as an aid to monitoring the numbers and characteristics of people making and maintaining contact with drug misuse services, the Department has funded the development of a data-base currently in use throughout one Region, in a form suitable for use in other Regions. Further guidance asking Regions to implement this system will be issued shortly. The cost of doing so - which is unlikely to exceed £30,000 per Region - should be met from each Regional Health Authority's allocation.

### GENITO-URINARY MEDICINE CLINIC SERVICES

10. Ministers have made it clear that they expect health authorities to give greater attention to developing GUM services because they have a vital role in preventing the spread of HIV infection and sexually transmitted diseases. They will therefore expect authorities to make full use of the opportunity which these additional resources provide to improve these services. Each District Health Authority was asked in 1986 (letter from the Secretary of State, dated 23 December 1986) to ensure adequate resources were provided to enable GUM services to meet the growing demands on them related to HIV/AIDS. This request was reiterated in HC(88)43. Since the issue of that circular, the report has been received of a small team commissioned by the Department to consider the implications of HIV/AIDS on the workload of GUM clinics. A copy of that report and a summary are enclosed. In determining sub-regional allocations for that purpose, of its AIDS money, each Regional Health Authority is asked to consider:

## **E.R.**

(a) the current workload of GUM services within the Region; and availability and distribution of medical (particularly consultants), nursing, health advisers and social work staff.

(b) the recommendations made in the GUM inquiry team's report, and, in particular, the issues highlighted in the summary.

### **HIV AND AIDS : TREATMENT AND CARE**

11. A significant part of each RHA's allocation is expected to be used to offset the additional costs incurred by hospital and community health services in meeting the treatment and care needs of people with HIV disease. The proportion of resources will differ between Regions and Districts, reflecting the current and expected future distribution of people known to be infected who are receiving treatment. In determining sub Regional allocations for this purpose in 1989/90 each Regional Health Authority is asked to consider:

(a) current patterns of referral (including self referral) to existing hospital outpatient and inpatient services, and the patterns of provision the Region expects to see develop over the next 5 to 10 years;

(b) the need to develop appropriate community health services in districts where people with HIV disease are currently resident;

(c) the current provision required for meeting the needs of people with HIV disease for continuing emotional and practical support;

(d) the provision required to meet HIV-related training needs of health service staff, informal carers and people working in the voluntary sector.

Consideration will need to be given to the implications of funding decisions for future policy on allocations to DHAs (as outlined in "Working for Patients" (Cm 555)).

### **OTHER SERVICE DEVELOPMENTS**

12. There are a number of other activities related to HIV infection on which a part of Regions' 'AIDS' allocations may need to be spent:

(a) **Monitoring and Surveillance** HC(88)43 requires each health authority to review current arrangements for local monitoring and surveillance of HIV infection and related illnesses; and to ensure that they have adequate information on the current extent and rate of increase of the spread of HIV locally, and on the extent of sexual and other behaviours that may increase the risk of infection.

(b) **Protection of Donated Blood, Organs and Tissues:** Measures should be taken as necessary to ensure that blood, blood products and donated organs and tissues are protected against HIV infection.

## E.R.

(c) **Infection Control:** Each health authority has been requested to review and improve, where necessary, control of infection policies and procedures, and the training given to health care staff and other professional groups to prevent the spread of HIV and other blood borne pathogens in health care settings. Authorities will need to ensure that sufficient supplies are available of necessary equipment. Existing advice from the Chief Medical Officer is currently being reviewed, and the revised advice may require further resources to be devoted to infection control.

### ALLOCATIONS - GENERAL

13. In 1988/89 additions were made to particular RHAs' cash limits to allow the continued funding of initiatives which had been started in previous years with centrally allocated funds. These are:

Haemophilia Reference Centres (for work done in monitoring HIV infection)

Northern Region Community Support Centre

AIDS Counselling Training Units (NW Thames, North Western, and West Midlands RHAs)

HIV information collection projects (NW and NE Thames RHAs)

For 1989/90, provision for the continuation of these initiatives has been included in the relevant RHAs' total AIDS allocations.

14. Allocations to the SHAs for London Postgraduate Teaching Hospitals have been made in response to estimates of the additional costs which these authorities will inescapably incur in 1989/90 in the treatment and care of people infected with HIV or with related illnesses, including AIDS. The exception to this is where an SHA provides a significant "local" service to a particular region. In such cases (only affecting the Thames regions), it has been agreed that the RHA will make an appropriate allocation to the SHA.

### MONITORING ARRANGEMENTS

15. The AIDS Allocations announced in HC(88)66 are 'ring-fenced'. They must be spent, in pursuit of the Government's broad policy aims, on activities designed to prevent the spread of HIV infection or to provide treatment, counselling and support for those infected or at risk. They cannot be spent on activities designed to achieve other aims.

16. Enclosed with this letter at Appendix 1 are further Directions on the making of reports under the AIDS (Control) Act 1987 and guidance on the completion and publication of reports by District and Regional Health Authorities in 1989. The Directions concern the presentation of statistical information, and require the use for this purpose of Forms A(C)A1, 2 and 3, which are attached to the Appendix; the guidance supersedes that annexed to Health Circular HC(88)40. The Guidance asks District Health Authorities to present their reports in four-linked parts as follows:

**E.R.**

Part A - Presentation of statistics

Part B - Narrative report on services and facilities

Part C - Manpower

Part D - Financial details

Each Regional Health Authority is asked to present in the same format a summary report for the Region as a whole.

17. Each District Health Authority is required to publish its report by the end of June 1989; each RHA is required to publish its report by the end of July 1989. Regions' reports can be submitted to the Department as annexes to RHAs' Planning Statements. The Department will then follow up HIV and AIDS related issues, as necessary, in the context of the established NHS planning and accountability review process.

#### ENQUIRIES

18. Any enquiries about this letter should be addressed to:

Mr Michael Brown  
AIDS Unit  
Department of Health  
Room A204  
Richmond House  
79 Whitehall  
LONDON  
SW1A 2NS

Tel: 01-210 5303



A B BARTON  
AIDS Unit

This letter will be cancelled and deleted from the communications index on 1 January 1991.





**AIDS (CONTROL) ACT 1987**

**GUIDANCE ON COMPLETION OF 1989 REPORTS**

1. Each District Health Authority is required by the AIDS (Control) Act 1987 and subsequent Directions to publish a report on action taken on HIV infection and AIDS in its District in the period 1 April 1988 - 31 March 1989, and action planned in the year 1 April 1989 - 31 March 1990.
2. Each Regional Health Authority is required to publish a report on action taken on HIV infection and AIDS in its Region in the period 1 April 1988 - 31 March 1989, and action planned in the year 1 April 1989 - 31 March 1990.
3. To facilitate the preparation of a national summary of action taken and planned, each Authority is requested to present its report in 1989 in four linked parts as follows:

**Part A - Statistical Information**

**Part B - Narrative Section**

**Part C - Manpower**

**Part D - Financial Information**

Information provided in Parts C and D should relate directly to the description of services and facilities contained in Part B.

**PART A - STATISTICAL INFORMATION**

4. The statistical information required should be presented in reports using the Forms A(C)A1, 2 and 3, which are attached to the Directions at Annex A to this Appendix. The Communicable Diseases Surveillance Centre will provide the necessary information, as available, and authorities should use this in completing the forms. The CDSC will safeguard medical confidentiality by giving actual figures only when the number of cases or test results is nil or 10 or over. Authorities are not required to establish separate systems for collecting the information or to verify the figures provided by the CDSC.

**PART B - NARRATIVE SECTIONS**

5. The narrative section of each Authority's report should contain information on facilities and services provided in the year ended 31 March; 1989 for testing for, and preventing the spread of AIDS and HIV and for treating, counselling and caring for persons with AIDS or infected with HIV; and on facilities and services to be provided for those purposes in the year ending 31 March 1990. That information should be set out under the headings in Annex B to this Appendix. (These headings reflect those used in the separate guidance on the use to be made by health authorities of their 'AIDS' allocations.)

6. Under each heading a clear distinction should be made between what was provided in the year ended 31 March 1989 and what developments in service provision are planned for the year ending 31 March 1990. The accounts given of drug misuse and GUM services should cover all completed and planned service developments,

identifying where possible activities which can be specifically related to preventing the spread of HIV infection and to the treatment, care and support of people who are infected. Developments in drug misuse services funded through the earmarked allocations available to health authorities in 1988/89 should be separately identifiable. Where a variety of settings are available for provision for testing for HIV antibodies and for related counselling services, (eg in relation to GUM and drug services and in GPs' premises) these should be described under the relevant headings. Information should be provided where available on services and facilities provided by other agencies locally. This can be incorporated or included as an appendix to the report.

#### **PART C - MANPOWER**

7. Details should be provided as required by the Schedule to the Act (as amended), of the estimated numbers of whole time equivalent staff employed by health authorities wholly or mainly on AIDS and HIV related work, under the headings used in the narrative section, distinguishing between (i) medical, (ii) nursing and (iii) other staff. Although not required by the Act, Authorities may submit estimates of numbers of other staff involved in HIV related work or whose work has been substantially modified or increased by the impact of HIV and AIDS, if it is felt that this would give a more complete picture of the manpower resources involved.

#### **PART D - FINANCIAL DETAILS**

8. Estimates should be provided of the total spending by each District Health Authority on HIV related services in 1988/89 under the headings used in the narrative section, and projected spending in 1989/90. An indication should be given of how those HIV related costs have been calculated. An indication should also be given of the amount of that expenditure covered by earmarked AIDS allocations. An estimate should be provided of total expenditure by each DHA on drug misuse services. Each RHA should provide a summary of those estimates of expenditure for the Region as a whole and indicate the uses to be made of the Region's AIDS allocation in 1989/90.

#### **PUBLICATION AND SUBMISSION OF REPORTS**

9. Each health authority should make arrangements to publish its report as it thinks fit. Each District Health Authority's report must be published by the end of June 1989; each RHA's, by the end of July 1989. Regional Health Authorities' reports should not exceed 20 pages in length including the statistical forms. It is not necessary for RHAs to submit copies of their District Health Authorities' reports to the Secretary of State.

10. Each Regional Health Authority should annex one copy of its AIDS (Control) Act report to its 1989 planning statement. Five further copies of the report should be submitted at the same time to:

AIDS Unit  
Room A207  
Richmond House  
79 Whitehall  
LONDON  
SW1A 2NS

EL(89)36

ANNEX A  
(To Appendix 1)

AIDS (CONTROL) ACT 1987  
DIRECTIONS AS TO CONTENTS OF REPORTS

The Secretary of State for Health in exercise of the power conferred by section 1(2), (4) and (8) of the AIDS (Control) Act 1987 further directs each Regional Health Authority and each District Health Authority in England as follows:

(a) the periods within which the reports required by the AIDS (Control) Act 1987 are to be made by District Health Authorities to Regional Health Authorities and by Regional Health Authorities to the Secretary of State shall be three months and four months respectively of the end of the reporting period specified in the directions given on 13 July 1988;

(b) the statistical information to be provided by an Authority relevant to a reporting period shall be in the form of the documents annexed hereto.

Accordingly, the form annexed to the Directions given on 13 July 1988 is superseded as from the date of the present Directions.

Signed by authority of the  
Secretary of State for  
Health

*ABBanton*

An Assistant Secretary of  
the Department of Health.

24 February 1989



**AIDS (CONTROL) ACT 1987**  
**STATISTICS ON REPORTED AIDS CASES AND DEATHS**

DISTRICT/REGIONAL HEALTH AUTHORITY .....

Year ended 31 March 1989

Signed.....

Name.....

Tel No. ....

| PERIOD                            | PEOPLE WITH AIDS  | First reported from this DHA/RHA | Known to be resident of this DHA/RHA |
|-----------------------------------|---|----------------------------------|--------------------------------------|
| April 1st 1988 - March 31st 1989  | - diagnosed, reported to, and accepted by CDSC in period                          |                                  |                                      |
|                                   | - numbers of above known by 31st March 1989 to have died                          |                                  |                                      |
| April 1st 1988 to March 31st 1989 | - cumulative number diagnosed, reported to, and accepted by CDSC by end of period |                                  |                                      |
|                                   | - numbers of above known by 31 March 89 to have died                              |                                  |                                      |

**NOTES**

1. This form should be completed as part of the reports made by authorities under the AIDS (Control) Act 1987.
2. The form should be completed from information supplied by CDSC.
3. If the number to be reported in any of the above columns is nil enter a zero. If the number is between 1 and 9, enter an asterisk (\*). If the number is 10 or over, enter the actual number.



## AIDS (CONTROL) ACT 1987

STATISTICS ON HIV ANTIBODY POSITIVE TEST RESULTS IN PERIOD OF REPORT  
BY DHA/RHA OF SPECIMEN ORIGIN

DISTRICT/REGIONAL HEALTH AUTHORITY .....

Year ended 31 March 19..

Signed .....

Name .....

Tel No .....

| <u>Transmission Category</u> | <u>Male</u> | <u>Female</u> | <u>Unknown</u> | <u>Total</u> |
|------------------------------|-------------|---------------|----------------|--------------|
|------------------------------|-------------|---------------|----------------|--------------|

Homosexual/Bisexual

Intravenous drug abuser  
(IVDA)

Homo/bisexual and IVDA

Haemophiliac

Recipient of Blood

Heterosexual Contact:

partner with above risk  
factorspartner without above  
risk factorspartner's risk  
undeterminedChild of at risk/infected  
parent

Multiple risks

Other/undetermined

NOTES: (1) This form should be completed as part of the reports made by authorities under the AIDS (Control) Act 1987, as amended.





## AIDS (CONTROL) ACT 1987

## STATISTICS ON HIV ANTIBODY POSITIVE TEST RESULTS, BY DHA/RHA OF SPECIMEN ORIGIN, CUMULATIVE TOTAL TO END OF PERIOD OF REPORT

DISTRICT/REGIONAL HEALTH AUTHORITY .....

Year ended 31 March 19..

Signed .....

Name .....

Tel No .....

| <u>Transmission Category</u>       | <u>Male</u> | <u>Female</u> | <u>Unknown</u> |
|------------------------------------|-------------|---------------|----------------|
| Homosexual/Bisexual                |             |               |                |
| Intravenous drug abuser (IVDA)     |             |               |                |
| Homo/bisexual and IVDA             |             |               |                |
| Haemophiliac                       |             |               |                |
| Recipient of Blood                 |             |               |                |
| Heterosexual Contact:              |             |               |                |
| partner with above risk factors    |             |               |                |
| partner without above risk factors |             |               |                |
| partner's risk undetermined        |             |               |                |
| Child of at risk/infected parent   |             |               |                |
| Multiple risks                     |             |               |                |
| Other/undetermined                 |             |               |                |

- NOTES:**
- (1) This form should be completed as part of the reports made by authorities under the AIDS (Control) Act 1987, as amended.
  - (2) The form should be completed using data supplied by CDSC.
  - (3) If the number to be reported is nil, enter "NIL". If the number to be reported is less than 10 enter "\*". If the number to be reported is 10 or over enter the actual number.



**AIDS (CONTROL) ACT 1987**

The information contained in the narrative sections of AIDS (Control) Act reports should be set out under the following headings.

**I. Local HIV Prevention Initiatives**

**II. Drug Misuse Services**

- Advice and counselling for drug users
- Detoxification and longer term treatment services
- Longer-term support and aftercare
- Training and support for Health Authority and other agencies' staff

**III. GUM Clinic Services**

**IV. HIV and AIDS : Treatment and Care**

- Hospital care - outpatient, day patient and inpatient care;
- Community Health Services - including continuing and terminal care provision;
- Emotional support and counselling services for people with HIV infection and AIDS;
- Training and support for professional and informal carers.

**V. Other Services and Facilities**

- Monitoring and surveillance;
- Protection of blood supply
- Infection control procedures
- Other services



## REPORT OF WORKING GROUP ON WORKLOADS ON GUM CLINICS: SUMMARY

1. The attached report is of a working group set up in 1988 as a result of increasing concern about the rising workload and pressure on GUM services as a result of:

a sharply rising trend in the incidence of many sexually transmitted diseases

the increased role which some clinics were now playing in testing and counselling HIV patients.

2. The terms of reference for the group were:

to examine current and forecast workloads on GUM clinics, taking account of AIDS and other STDs, and to recommend any action which may need to be taken on manpower (including nursing manpower) training, resources and accommodation.

3. The group was led by a retired DGM: its membership comprised a consultant in GUM medicine, a health adviser and a nurse manager.

4. The report's recommendations, are listed at the end of each chapter and those to which the working group attach priority on pages 27-29. The group's report was based on a detailed look at a sample of 10% all GUM clinics in England (one in every region) and because of the urgency of the problem it addresses the report was completed very quickly. As the report stresses the spread of HIV is related to genital ulceration and other sexually transmitted diseases and a GUM has a vital role in controlling the epidemic.

5. A number of its recommendations are directed at the Department of Health and the circular which accompanies this report is a direct response to the first three priority recommendations. Ministers have made it clear that health authorities should give special attention to GUM services and have made additional resources available in 1989-90 as part of the AIDS-related expenditure package to assist this process.

6. Other DH recommendations relate to manpower, staff role, training for nurses and health advisers and pay structure. These are being actively considered. The recommendation that the existing design guidance on GUM clinics should be updated will be taken forward during 1989.

7. Many of the other recommendations require action by health authorities. They fall into the following categories:

speed of consultation: patients presenting with new problems should be seen on the day of presentation or failing that the next occasion the clinic is open

a more sensitive approach to handling patients with sexually transmitted diseases: the report stresses the need for privacy, a clear signposting of facilities and for account to be taken of patients' views about the way the service is provided

accommodation: the standard of accommodation should be no less than that which would normally apply in out-patient departments: suitable space for counselling and staff facilities: make arrangements for expansion either internally or externally.

better support services and equipment: important to have good telephone access during clinic hours and out of hours: appropriate clerical and secretarial backup for providing important statistical returns: availability of good diagnostic support services.

counselling: a comprehensive counselling service with support from clinical psychologists or psychiatrists is seen as continuing to be very important: HIV ab testing should only be offered with appropriate pre and post-test counselling and support.

staffing levels and training: there is evidence that role and levels of staffing need to be reviewed. A particular problem with lack of secretarial and clerical support from the services identified. The pressure on staff and need for a high level of commitment needing to be recognised.

planning and coordination of services: The report found a general absence of systematic planning of GUM services and recommended a systematic and comprehensive approach to planning the expansion of the service in view of the problems it was likely to face in the next few years. In this context the development of broadly-based and targeted health promotion activity in GUM in cooperation with clinic services will be important.

8. Not all the report's recommendations are relevant to all districts particularly as practice in them is still evolving rapidly but taken together they present a picture of a service described by the Minister of Health as "the Cinderella service in so many hospitals". The points listed above provide a possible checklist for districts to use when considering how services can be improved and how best use can be made of the additional resources now being made available.