

# Health Service Circular



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*sets out a specific action on the part of the recipient with a deadline where appropriate*

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## HIV/AIDS SERVICES 2000/2001

ALLOCATIONS AND ACTION REQUIRED: 2000/01

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**For action by:** Health Authorities (England) - Chief Executive  
Health Authorities (England) Directors of Public Health  
Health Authorities(England) Directors of Performance Management  
Health Authorities(England) Directors of Finance

**For information to:** Local Authorities - County Councils Chief Executives  
Local Authorities - London Borough Councils Chief Executives  
Local Authorities - Metropolitan District Councils Chief Executives  
Local Authorities - Shire Unitary Authorities Chief Executives  
Social Services Directors - England

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**Further details from:** Linda Johnson-Laird  
Room 711 Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
0171 972 4397  
linda.johnson-laird@doh.gsi.gov.uk

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*Additional copies of this document can be obtained from:*

Department of Health  
PO Box 777  
London  
SE1 6XH

Fax 01623 724524

It is also available on the Department of Health web site at  
<http://www.doh.gov.uk/coinh.htm>

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# HIV/AIDS SERVICES 2000/2001

## Summary

1. This HSC sets out the transitional arrangements for implementing the new residence based allocation formula for HIV/AIDS allocations, (as previously notified in AWP(00-01) HA 32), and for HIV prevention in 2000/01.
2. For HIV/AIDS treatment and care it
  - ◆ sets out the steady state arrangements, for 2000/2001
  - ◆ requires health authorities to collectively streamline the contracting arrangements for each NHS Trust;
  - ◆ emphasises the need to maintain open access GUM services;
  - ◆ sets out the arrangements for commissioning specialised services for HIV/AIDS treatment and care from 2001/2002.
3. For HIV prevention it reminds Health Authorities that the HIV prevention budget provides the funds for antenatal HIV testing. A progress report should be included in AIDS (Control) Act reports for 1999/2000.
4. Finally, it requests:
  - ◆ outturn reports on HIV prevention funds;
  - ◆ AIDS (Control) Act returns.

## Action

5. For 2000/2001 Health Authorities should:
  - ◆ pass on their full treatment and care allocation to providers of HIV/AIDS treatment and care services, applying steady state so that each provider receives, as a minimum, the income identified in the remapping exercise, uplifted by 5% for inflation;
  - ◆ work within the arrangements for specialised commissioning to ensure effective arrangements are in place for commissioning specialised HIV/AIDS treatment and care services, including risk sharing as appropriate, for implementation from 2001/2002.

## Treatment and care services

6. In 2000/2001 a special allocation of £184.3 million has been made available for treatment and care services for HIV and AIDS, (as notified in AWP(00-01)HA 32) on 18 May 2000. For the first time this has been allocated through a residence based formula.
7. During 1999/2000 we identified what was spent on HIV/AIDS treatment and care by each Health Authority with each provider organisation, and mapped this to the Health Authority of residence for each patient.

8. During 2000/01 steady state will apply. Health Authorities will therefore need to commission services from those organisations which provided services for their residents in 1999/2000. As a minimum all provider organisations should receive their 1999/2000 income uplifted by 5%.
9. After commitments under the steady state arrangements have been met, Health Authorities are expected to use the balance of their allocation to commission further HIV/AIDS treatment and care services for their residents.
10. Health Authorities should work together, to safeguard service quality, range and access, including across Regional boundaries; to redeploy any savings to other HIV/AIDS treatment and care services; to minimise the need for NHS Trusts to negotiate with large numbers of different authorities; and to reduce duplication of effort and unnecessary overheads.
11. Work is currently underway to produce a definition of the specialised services listed in HSC 1998/198, including specialised HIV/AIDS treatment and care services. The definition will be available in the autumn, ready for implementation through Regional Specialised Commissioning Groups from 2001/2002.

### **Genitourinary medicine services**

12. In the past, HIV/AIDS treatment and care allocations have supported improvements in genitourinary medicine (GUM) services. Health Authorities were asked to identify expenditure on GUM services from the 1999/2000 HIV/AIDS treatment and care allocation. These sums have been uplifted by 5% and then allocated back to health authorities, to commission a similar level of GUM services in 2000/01. As recommended by the HIV/AIDS Stocktake Group, in its report to Ministers in 1998, a review of how best to fund GUM services in the longer term is underway and will be completed in time for implementation in 2002/2003. Open access services for GUM should be maintained.

### **HIV prevention**

13. £54.8 million is available as a special allocation for HIV prevention. Health Authorities should match funding to local needs, targeting those most vulnerable to HIV infection, and using at least 50% of their HIV prevention budget for the target groups listed in HSC 1999/127:
  - ◆ men who have sex with men;
  - ◆ men and women who travel to, or have links with, high prevalence countries, where the predominant mode of transmission is sex between men and women (currently African countries);
  - ◆ people diagnosed with HIV and AIDS;
  - ◆ injecting drug users.
14. Materials intended for use in schools should be pre-tested with teachers, parents and governors, to ensure they are acceptable and appropriate. In producing materials for use in schools, Health Authorities must also have regard to the Department for Education and Employment's sex and relationships education guidance.

### **Preventing mother to child transmission**

15. Health Authorities are reminded of the national target to achieve an 80% reduction by December 2002 in the number of children who acquire HIV from their mothers, (HSC 1999/183).. The HIV prevention budget should be used to support antenatal services in recommending an HIV test to all pregnant women.

### **Epidemiological data: AIDS (Control) Act Reports**

16. CDSC will provide four Tables for inclusion in each Health Authority's return for 1999/2000. The previous tables (ACA 1,2 and 3) will be replaced by two Tables from the Survey of Prevalent Diagnosed HIV Infections (SOPHID tables 2 and 5), and two tables from national surveillance data, summarising first HIV diagnoses, AIDS and deaths over time, and new diagnoses by exposure category. These four Tables will be sent to Health Authorities in early August.
17. A review of the reporting requirements under the AIDS(Control) Act will be completed this year.

### **Performance monitoring**

18. All Health Authorities should submit:
- ◆ full year outturns on use of all HIV prevention funds (including progress on preventing mother to child transmission) in 1999/2000 and in 2000/2001 to Rob Greig (Room 711, Wellington House email [rgreig@doh.gsi.gov.uk](mailto:rgreig@doh.gsi.gov.uk)) by 30 September 2000 and 31 August 2001 respectively.
  - ◆ three copies of the completed proformas only, (including those covering the epidemiological data) required under the AIDS (Control) Act for the year 1999/2000 to Linda Johnson-Laird (Room 711, Wellington House e mail [linda.johnson-laird@doh.gsi.gov.uk](mailto:linda.johnson-laird@doh.gsi.gov.uk)) by 30 November 2000.

### **HIV/AIDS Strategy**

19. It was announced on 24 May that the HIV/AIDS and Sexual Health Strategies have been integrated into a single programmeA draft strategy will be published for consultation by Autumn 2000.

This circular has been issued by:

**SHEILA ADAM**  
**HEALTH SERVICES DIRECTOR**