



**Shaping attitudes  
Challenging injustice  
Changing lives**

*London 2012*



**NAT (National AIDS Trust) is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expertise and practical resources. We champion the rights of people living with HIV and campaign for change.**

## OUR VISION

Our vision is a world in which people living with HIV are treated as equal citizens with respect, dignity and justice, are diagnosed early and receive the highest standards of care, and in which everyone knows how, and is able, to protect themselves and others from HIV infection.

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## OUR WORK IS FOCUSED ON ACHIEVING FIVE STRATEGIC GOALS:

- ▶ effective HIV prevention in order to halt the spread of HIV
- ▶ early diagnosis of HIV through ethical, accessible and appropriate testing
- ▶ equitable access to treatment, care and support for people living with HIV
- ▶ enhanced understanding of the facts about HIV and living with HIV in the UK
- ▶ eradication of HIV-related stigma and discrimination.

## HOW WE WORK

We believe we make the most lasting and positive impact on the greatest number of lives by changing attitudes, behaviour, decisions and policies - and we seek to influence those whose actions have the biggest impact on the lives of people affected by HIV in the UK.

We listen to people living with, and affected by, HIV and those who support them and we put the needs and rights of HIV positive people at the heart of everything we do

We pride ourselves on being independent and evidence-based. We are committed to partnership working and we work in a collaborative and productive manner with a range of partner organisations to share experience and knowledge and make the greatest collective difference.

# MESSAGE FROM THE CHAIR



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This has been another challenging year for NAT as we have begun to see the impact of changes introduced by the Health and Social Care Act and continued Welfare Reform, coupled with ongoing pressure on public spending budgets.

Our response has been threefold: to do all we can to influence the changes that are occurring; to educate those who have responsibility for making or implementing decisions; and, at the same time, to explain the changes to people living with HIV so that they feel informed and empowered.

At a time of radical change to the benefits that many people with HIV rely on, we have successfully campaigned for an alternative assessment tool (which recognises the impact of fluctuating conditions like HIV) to be piloted and for the transfer of long term claimants of Disability Living Allowance (DLA) to the new Personal Independence Payment (PIP) to be delayed until 2015 to allow any implementation issues to be addressed.

In parallel, we have developed training on HIV for Jobcentre Plus staff and have updated our factsheets and other information on benefits for people living with HIV to reflect all the recent changes.

In England the changes to health and social care have been significant and, as the only voluntary sector organisation on the HIV Clinical Reference Group (CRG) established to advise the newly-formed NHS England, we played a pivotal role in shaping the national service specification for HIV treatment and care which defines the care received by people across the country. We also produced a 'toolkit' for Local Authority Commissioners with responsibility for HIV testing – many of whom are new to HIV.

We produced a new resource for people living with HIV – 'My Care, My Voice' - which explains what they are entitled to expect from NHS and social care services, what to do if they don't receive it

and also outlines the ways that they can influence decisions made about their local services.

We have also continued to develop our education and awareness resources. This includes both those aimed at the general public - like our HIVaware website, and specific targeted resources - such as our guidance on HIV for Police Forces which is designed to address continuing insensitive and discriminatory behaviour towards people living with HIV.

At the same time, we have remained at the forefront of emerging HIV policy issues - such as 'Treatment as Prevention', Pre-exposure Prophylaxis and changing patterns of drug use - and have very much shaped the debate.

I am immensely proud of everything that the charity has achieved over the last 12 months and, as always, I would like to thank our committed and hard-working staff team and to pay tribute to our volunteers, activists, partners and our numerous supporters who enable us to continue our vital work – shaping attitudes, challenging injustice and changing lives.



Dame Denise Platt DBE



# PREVENTION AND TESTING

**“Around seven gay or bisexual men a day in the UK are diagnosed with HIV. To tackle this issue, we urgently need the HIV epidemic amongst gay and bisexual men to be treated as a public health priority.” - NAT**

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**From April 2013, local authorities started to commission HIV prevention and testing services in England. During a period of rapid transition and change, NAT wanted to make sure that these new commissioning bodies had the skills, information and support to reduce the current high levels of late HIV diagnosis.**

To do this, NAT produced a comprehensive guide, ‘Commissioning HIV Testing Services in England: A practical guide for Commissioners’ and sent it to all people with a responsibility for commissioning HIV testing before the changes came into place in April 2013.

The toolkit gives step-by-step advice about how to assess need in the local area, examples of the kind of services which should be available and case studies of innovative best practice from across the country.

The resource has been extremely successful and received positive feedback from a number of commissioners. The commissioning toolkit is accessed online so it can be kept up-to-the-minute with best practice examples and enhanced in response to feedback from commissioners.

**Jackie Routledge – Co-chair of the English HIV and Sexual Health Commissioners Group said:**



**This resource sets out clearly, and in simple language, the rationale for testing and the links to the relevant policy. It brings all the evidence and best practice into one place. I recommend this excellent resource to all those with the responsibility for commissioning sexual health.**



**There was increasing debate and confusion within the HIV sector on the effectiveness of HIV treatment to reduce infectiousness. This had implications for when people were advised to start treatment, on prevention messages and in employment and legal cases.**

NAT persistently, and in the end successfully, lobbied two key clinical bodies – British HIV Association (BHIVA) and Expert Advisory Group on AIDS (EAGA) - to produce a joint statement on Treatment as Prevention (TasP) to bring consensus and authority on the issue. NAT were also a member of the working group which drafted the statement.

The statement endorsed TasP as a way to tackle the rising numbers of new HIV diagnoses in the UK. NAT is now using the statement to call on the NHS to allow people with HIV to start treatment early if they want to avoid transmission and to influence other national policies.

**NAT has highlighted the importance of notifying partners of people diagnosed with HIV early on as a key way to reduce**

**late HIV diagnosis. Tracing and testing recent sexual partners has proven to be a very successful way of identifying and diagnosing people who are unaware they have HIV, but we know little about how consistently this is done across sexual health clinics and there are no agreed measures of successful outcomes.**

NAT argued for, and this year secured, a national audit of HIV partner notification from the British Association for Sexual Health and HIV (BASHH), the organisation for sexual health clinicians. NAT worked with BASHH and BHIVA on the national audit which took place in sexual health clinics across the country. Using the audit, NAT will push for further work to create consistent outcomes to measure the success of partner notification.

When the Department of Health developed the model service specification for local sexual health services, NAT's suggestion for clearer content on partner notification was included.

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**The Government changed its approach to the provision of Opioid Substitution Therapy (OST) to people who inject drugs, insisting that it should only ever be temporary and incentivising providers to exit people from drug treatment. There was a risk this approach could deter people from entering treatment and mean those coming off OST early could relapse. The result could well be more people injecting, including needle-sharing, and greater HIV transmission.**

NAT joined with other concerned charities and healthcare professionals in a coalition to oppose this policy change. We also took the opportunity to hold an expert seminar on HIV and injecting drug use, and from this we produced a report, 'HIV and

Injecting Drug Use'.

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As a result of our work on this matter, a group of experts with on-the-ground experience of these issues has been set up by Public Health England (PHE) to advise the government on harm reduction. A national survey has also commenced of the coverage and quality of needle exchange programmes, another key element in effective HIV prevention.

As a result of pressure from NAT and its partners, the government has begun to modify its position on OST to a more evidence-based approach.

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**At NAT's expert seminar on HIV and injecting drug use, the issue of significant levels of problematic drug use amongst gay men was raised - including the use of newer drugs, injecting and sharing of needles, and drugs being used to facilitate high risk sex. Such trends in behaviour risk leading to significant increases in HIV transmission.**

NAT's seminar and report prompted HIV Prevention England (HPE), the national HIV prevention programme, to look in detail at this issue at a further meeting and plan a response. BASHH agreed to produce advice outlining the issue of recreational drug use and sexual health, to help sexual health clinics understand the problem and be better able to identify those service users who need help.

NAT also wrote to the London Councils, who were newly responsible for public health in the capital and were reviewing the services they commission on HIV prevention, calling on them to commission 'joined-up' services for gay men which link drug treatment and sexual health support. This recommendation has now been put into action.



Image provided by Positive East

# HEALTH AND SOCIAL CARE

“Support to help people living with HIV live a more independent life not only benefits individuals, but saves money, as it avoids the need for more substantial care in the future.”  
- NAT

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**The new system for commissioning health and social care services in England includes fresh and increased opportunities for people living with HIV, and their communities, to influence decisions and shape services in local areas. However, the new system is complex and not yet well understood by members of the general public.**

To make sure that people living with HIV are empowered to have their say about the services they use, NAT developed a resource, ‘My Care, My Voice’. As well as explaining the new NHS in an accessible way, it sets out the rights and entitlements people living with HIV have when using NHS and social care services. It explains current clinical standards for HIV services so that patients know what to expect and can be confident when speaking to their care team. ‘My Care, My Voice’ supports people living with HIV to be ‘true’ partners in their care and shape the broader services in their community.

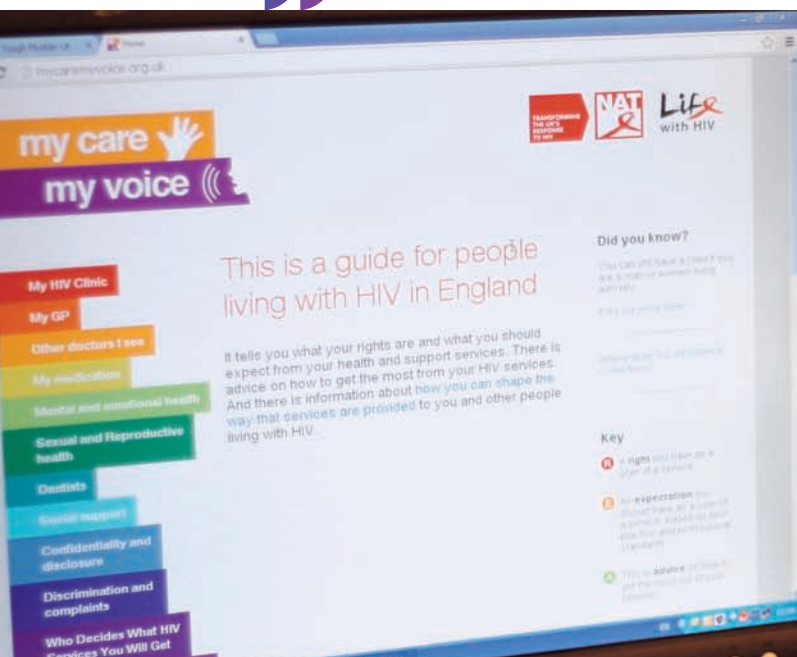
Elaine said:

I think the resource is terrific; it would have been extremely useful and reassuring to have this available when I was first diagnosed.

**From 1 April 2013, HIV treatment services started to be commissioned by a new national body, NHS England, who are advised on how to operate by an expert group called the HIV Clinical Reference Group (CRG).**

NAT was the only voluntary sector organisation on the newly-formed CRG and we wanted to make sure that as many voices as possible were heard when the group developed the framework for HIV services. NAT widely consulted with our contacts, including the 130 members of our HIV Policy Network of voluntary sector organisations and HIV nurses, about issues being considered by the CRG.

Thanks to engagement with our networks we were able to encourage a strong response to the public consultation on what the service specification for HIV treatment and care should look like. This resulted in a stronger acknowledgment of the importance of the voluntary sector and peer support, a greater recognition of the contribution of the HIV specialist nurses and a more positive approach to treatment as prevention. All these will translate into better services for people with HIV.





Tommy McIlravey, Chief Executive of Sahir House, said:



NAT processes a huge amount of data from various sources and presents it in a manner which is meaningful and accessible. An example of this is in compiling figures for local authority allocations under the AIDS Support Grant. This allows people living with HIV, and the organisations who support them, to compare the responses of various councils. This allows us to ask intelligent questions of local decision makers and, where necessary, hold them to account.



**NAT knew that people living with HIV who have support needs were finding it increasingly hard to access social care, as local authorities have tightened their eligibility criteria.**

We launched an investigation into the impact social care assessments were having on people living with HIV and released a report, 'Access to social care in England: local authority assessments', which looked specifically at Fair Access to Care Services (FACS) assessments.

We used this as a strong evidence base to argue the case for fairer eligibility criteria and the preventative value of open-access services in the consultation on the Care Bill. When the Bill came out, prevention was a strong feature.





# POVERTY AND SOCIAL DISADVANTAGE

“There is a strong link between HIV and poverty. We are working to tackle the root causes of poverty among people living with HIV, including cuts to welfare support, unemployment and poor housing.” - NAT

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**This year, Personal Independence Payment (PIP), a benefit which helps with some of the extra costs caused by long-term ill-health or a disability, replaced the Disability Living Allowance (DLA).**

NAT has worked hard to make sure that the needs of people living with HIV are represented as PIP is rolled out. We campaigned for, and won, a concession from the government ensuring that existing DLA claimants with long-term awards will not be forced to migrate to PIP until 2015. This will be after the benefit has been running for two years and the first independent review has taken place as we hope any initial problems in the assessment process will be ironed out by then.

We are working with PIP assessment providers, Capita and ATOS, to provide training on HIV to their staff. We also published an updated factsheet for people living with HIV on what the changes mean for them.

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**We have been campaigning steadily for some years to make the ‘fitness for work’ test - the Work Capability Assessment (WCA) - more accurate for assessing the needs of people with fluctuating conditions, including HIV. While many people living with HIV today are able to work, some still experience poor health which means they need to claim Employment and Support Allowance (ESA).**

NAT is part of a working group of charities who have proposed specific improvements to the WCA. This year, the Department for Work and Pensions (DWP) committed to formally testing these improvements with ESA claimants through the Evidence Based Review. As the testing will only take place in certain areas, we successfully lobbied to make sure that people living with HIV were specifically invited to be part of the testing. We hope this will lead to more accurate decisions on their fitness for work test.

**Meg Hillier, MP for Hackney South and Shoreditch, said:**



**I found the briefing NAT produced on the problems people living with HIV face in the WCA process really useful, and I appreciated the way NAT worked with Positive East to find local case studies I was able to use in Parliament.**



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**We had received a number of complaints about HIV awareness amongst staff providing employment advice at Jobcentre Plus branches.**

NAT worked with the DWP to create a new training module for frontline staff. The module went live in November 2012 and is now part of the training offered to all new employees. It is also being promoted as part of the DWP's work on equalities. NAT will continue to campaign to make sure that all relevant staff, not just new employees, undertake the training.

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**The government's housing policy reforms are ignoring the support and privacy needs of people living with HIV who need safe, good quality housing to maintain their health.**

In February 2012 we conducted a survey of our Policy Network Members, asking them what they were seeing on-the-ground with their clients. We found a significant increase in requests for support around housing.

There were concerns about how local authorities in England might use their new powers to allocate social housing and whether the assessment process was fair for people living with HIV. We also



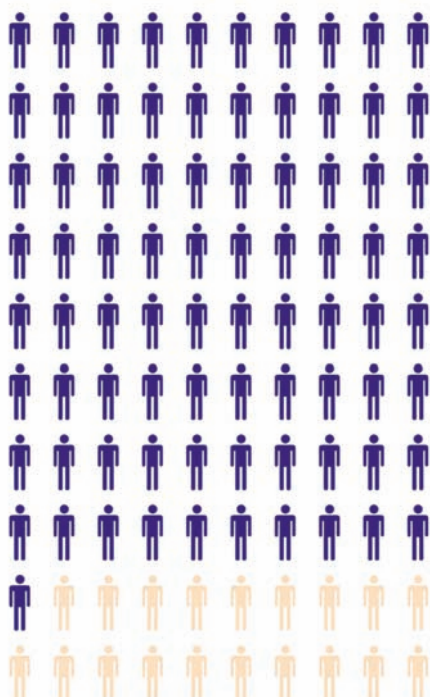
had concerns about the so called 'Bedroom Tax', which could increase hardship for people living with HIV, and the shared room rate which means anyone under 35 would only receive housing benefit for one room in a shared house, which could raise issues of confidentiality and privacy.

To highlight these concerns with the people making the decisions and to make sure that people who delivered housing support understood the specific needs of people living with HIV, we published a briefing note, 'Housing and HIV'.

We sent the briefing to all 330 local authorities responsible for housing in England, along with a call to properly consider and assess the needs of people living with HIV in the allocation of social housing – especially around placing homeless people into unsuitable private sector accommodation.

We also promoted the importance of HIV training and awareness for frontline housing staff. To support this, we launched an 'Activist Ask' to request that our HIV Activists Network members write to their local council about housing allocations and HIV awareness and training. We have had a good response to both campaigns, with many authorities saying they are using the training resource and protecting the needs of people living with HIV.

We asked our Policy Network 'has there been a change in the last 12 months in the number of people living with HIV who are contacting your organisation for housing advice?'



Demand for advice stayed the same



Increased demand for advice

**People living with HIV who claim asylum but are living in destitution can apply to the Home Office for help with housing and some very limited income support while their claim is being assessed. Those who need accommodation must accept it wherever it is available in the country - sometimes far away from the HIV clinic that has been treating them. This process is called 'dispersal' and it can lead to disruption in treatment and care, as people can be moved at very short notice.**

A few years ago, we achieved a change in Home Office guidance to make sure that arrangements are made to promote continuity of care when someone is moved away from their clinic. This year, we achieved our goal of getting commitment from the Home Office that they will not routinely disperse people living with HIV away from the clinic where they are being treated. This is a great step forward in helping the most vulnerable people stay in care and get the support of their clinic while they are going through the asylum process.

**In October 2012, thanks to campaigning from NAT, HIV treatment became free to all people living in England, regardless of their immigration status. However, many people weren't made aware of the change in policy.**

NAT took proactive steps to make sure that the new rules were clearly explained to everyone affected - people living with HIV, the organisations who support them and, of course, people providing HIV testing and treatment.

**At present, anyone is able to register with a GP but there are often practical barriers in the process which keep some migrants and asylum seekers away. We were also aware of government plans to introduce new charging rules which would make it even harder for these marginalised groups to register.**

In response, we have developed a strong evidence base showing the individual, public health and human rights costs of reducing access to primary care. We have used this data to engage politicians and the media on this issue.

# PUBLIC AWARENESS AND THE MEDIA

**“Greater public understanding will lead to lower levels of HIV transmission and a more supportive society for people living with HIV.” - NAT**

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**Public awareness of HIV remains low. People commonly misunderstand how HIV is transmitted and have stigmatising ideas and presumptions about what living with HIV is like.**

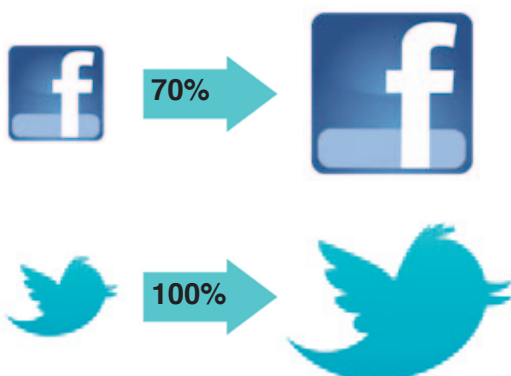
To help educate the public about HIV we created [www.hivaware.org.uk](http://www.hivaware.org.uk). Since its launch in October 2011, HIVAware has grown into one of the most respected places to find information about HIV on the web.

During the past year, we developed HIVAware in terms of both content and design, including introducing ‘at a glance’ pages on key topics that visitors searched for.

We also implemented a clear promotional strategy, taking advantage of free Google AdWords. As a result, we had more than 425,000 visitors to the website over the 12-month period the adverts were visible.

Feedback from users completing our online feedback form was overwhelmingly positive, with 87% regarding the site as useful/very useful and 84% saying that they would be likely/very likely to recommend the site to someone else. And we were also delighted to win three website awards.

People are using social media now more than ever to interact and find out news. Over the past year we’ve increased our use of social media, increasing our presence on Facebook by 70% and earning more than 9,500 ‘likes’, and doubling our number of followers on Twitter to more than 7,500.



**Press coverage on HIV often focuses on criminalisation cases, sensational stories about possible transmission through impossible routes such as spitting or standing on needles, and cure research. World AIDS Day (WAD) is an opportunity to educate the public on the reality of living with HIV and the facts about transmission.**

For World AIDS Day 2012 we almost doubled the amount of coverage compared to 2011, reaching over 75 million people.

We worked with several journalists to write a Times supplement on HIV, featuring seven articles with quotes from NAT and secured a double page spread in the Independent on Sunday. We secured a large amount of coverage on the new Health Protection Agency statistics on HIV rates across the country, including the Guardian, The Daily Mail, BBC News and the Express.

NAT’s sparkly red ribbon brooch was worn by the X Factor judges on the World AIDS Day (WAD) show, as well as on Graham Norton and by the T4 presenters.

For WAD, we also launched the ‘AreYouHIVaware’ quiz. The quiz challenged people’s understanding and beliefs about HIV, as well as educating users with the correct answer. It was a huge success and was responded to around 15,000 times.

The quiz was promoted in the Public Health Wales newsletter, and embedded on the Baseline, UK Positive Lad and the Children’s Society’s websites. Brook’s education team used the quiz in all their WAD activities and promoted it amongst their clinic managers, and the quiz was also promoted by the Imperial College Healthcare NHS Trust. Stephen Fry tweeted about the quiz, which was re-tweeted 250 times and Dr Christian Jessen also tweeted about the quiz on multiple occasions.

Analysing the results of the quiz, we found people had a number of misconceptions about HIV. We used the quiet news period in January to release the results and generated media coverage in the Daily Mail, the Metro and a number of local and gay media outlet.



**Historically the media have used HIV as a way of sensationalising a story. They often aren't aware of the facts about transmission and use inappropriate language.**

NAT monitors the media's coverage of HIV daily and responds immediately when the media gets it wrong. Often this can mean the paper will change a headline or phrase, sometimes they will print a retraction and sometimes we will submit a letter or article setting the record straight. We had a number of successes in this area over the past year.

Another way we hold the media to account is through our 'Press Gang' - a virtual group of people living with HIV, who will counter inaccurate media coverage directly, adding to the comments after the article, contributing to discussion boards, and writing letters to editors.

This year we also held media training with the Sun newspaper, providing their journalists with advice about reporting HIV.

Paul Clift, King's College Hospital:

“

Newly-diagnosed people with HIV are still referred to me for support, mainly to counter the impact of poor reporting about HIV in the general media. It's so important that organisations such as NAT keep up their work across all media, and expand more strongly into social media, so that the current levels of ignorance and prejudice are weakened.”

**We found the worst offenders for incorrect reporting on HIV were the local press.**

To address this we launched a campaign of local press engagement. We targeted the media in high prevalence areas and worked with them to cover the issue of HIV in their area. In total, we had 100 pieces of coverage across the country.

We timed our local media push with the responsibility for HIV prevention and testing being transferred to local councils, meaning it was an important time to get local people talking about HIV. By creating a buzz in the local media, we put the issue of HIV firmly on the local agenda and made sure everyone was talking about it.



# THE LAW, HUMAN RIGHTS AND DISCRIMINATION

“People living with HIV are particularly vulnerable to discrimination, as HIV remains a highly stigmatised condition.” - NAT

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**In 2012 NAT found that many police forces across the country had outdated, stigmatising and incorrect information about HIV in their blood-borne virus (BBV) training and occupational health guidance. This was causing unnecessary worry for police officers themselves and mistreatment of people living with HIV.**

In response, NAT published a new resource for police forces in Britain this year, called: ‘HIV: A Guide for Police Forces - How to address HIV in police occupational health policies and BBV training’.

The guide is targeted at police occupational health staff, trainers, health and safety officers and medical advisors in police forces and aims to improve existing HIV training and guidance. It contains up-to-date information on HIV and an easy to use checklist of important areas which should be covered in relevant training materials and occupational health policies.

NAT has written to every police force and all newly elected Police and Crime Commissioners in the UK, as well as police professional and training bodies to ask them to use this new guide and make sure that training around HIV is correct and up-to-date. The early feedback on the guide from the police has been very positive with a significant number now looking at revising their policies.

Dr Andrew Freedman, Trustee of the Executive Committee, BHIVA said:

“

This new guide is clear, easy to understand and is an excellent resource which I hope that police across the UK will use to improve how they respond to HIV and people living with it.

”

**In May 2012, NAT became aware that some pathologists were refusing to conduct post-mortems on people with HIV who had died. After researching the issue, NAT found there was no guidance or reason to justify such a refusal.**

In order to prevent such practice and raise awareness of this discrimination in service provision for people with HIV, we produced a policy briefing called ‘HIV and post-mortems: best practice for pathologists’ in January 2013.

We highlighted that as long as the correct health and safety procedures were carried out and universal precautions taken, there should be no







reason to refuse to conduct a post-mortem on a person with HIV. To do so would be unreasonable, discriminatory and unethical.

The briefing was well received and endorsed by both the Coroner's Society and the Association of Anatomical Pathology Technology (AAPT). NAT wrote an article in the 'Biomedical Scientist' with Zoe Rutherford, a Senior Anatomical Pathology Technician (APT) at St Thomas' Hospital Mortuary.

**Zoe said:**

“

I just wanted to tell you, and congratulate you, on what a resounding success the article has been. The APT community is buzzing over it.

”

NAT will continue to campaign to make sure that bad practice amongst pathologists is challenged and to work with the AAPT and the Royal College of Physicians to ensure adequate HIV training and guidance is available.

**In 2010, we produced an easy-to-read guide for people living with HIV explaining how criminal law applies to transmission of HIV for people in England and Wales. There was a need for similar information for people with HIV in Scotland, where the law is different and more complex.**

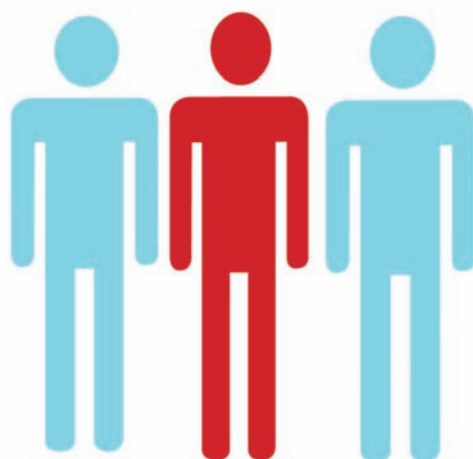
We worked with Terrence Higgins Trust (THT) and HIV Scotland to produce a Scotland-specific guide. This will empower people with HIV to act

within the law and know their rights if allegations are made against them.

**People living with HIV continue to face discrimination at work, yet in NAT's research, 'Working with HIV', only 4% of HIV positive respondents claimed they would go to a Trade Union to speak about their problems at work.**

In light of this, NAT have campaigned to increase Trade Unions' awareness of workplace HIV discrimination and harassment. As part of World AIDS Day we wrote to all national Trade Unions in the UK bringing their attention to HIV-related discrimination and our employment resources, 'HIV + Recruitment' and 'HIV@Work', highlighting the current legal protections against HIV discrimination and harassment and the role Trade Unions could play in asserting these rights at work.

We have had articles on HIV awareness in the magazines of a number of Trade Unions, including The Teachers' Union (NASUWT), the National Union of Teachers (NUT), The University and College Union (UCU), Transport Salaried Staffs' Association (TSSA) and the Chartered Society of Physiotherapy (CSP).



Research revealed that one in three people diagnosed with HIV have experienced HIV-related discrimination at some time.

# INFLUENCING GOVERNMENT AND PARLIAMENT

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## Consultation responses

It has been another busy year for consultations. NAT has responded to 44 consultations, which reflects the wide range of policy areas that can have a direct or indirect impact on people living with HIV.

These included:

- The third and final Harrington Review into the Work Capability Assessment
- The Equality Act 2010 - employment tribunals
- Management of HIV infected Healthcare Workers in Northern Ireland
- Integration of Adult Health and Social Care in Scotland
- The Draft Mandate for the NHS Commissioning Board
- BHIVA Standards of Care for Adults living with HIV
- Draft Care and Support Bill
- Patients Voice for Wales
- Draft Service Specification for HIV Treatment
- National Curriculum in England
- Commission on Sex in Prison
- Human Rights and Legislative Scrutiny Priorities 2013/14.

## Spotlight on the need for a national HIV strategy for England

In October 2012, NAT published our Shadow National HIV Strategy for England - 'HIV: A Strategy for Success' (the other UK nations already have strategies). This ambitious document called on the government to develop a holistic HIV strategy for England that goes beyond sexual health, to include a focus on equality, human rights and living with HIV as a long-term condition. The shadow strategy was very well-received and has been widely quoted by Parliamentarians. The need for a national strategy was also raised in Health Questions, where MPs have a chance to question the Secretary of State for Health and it was also debated in the House of Lords in early 2013.

In March the government published its long-awaited Framework for Sexual Health Improvement in England, outlining its vision for sexual health services in England. Whilst the Framework will be an invaluable resource for commissioners with responsibility for sexual health, it does not replace the need for a comprehensive strategy for HIV. NAT believes we still need a national strategy which recognises HIV as a life-long condition and effectively addresses issues such as social care, poverty, unemployment, inequality, discrimination, the needs of an ageing population and the HIV risk for people who inject drugs.





## **Celebrating 25 years of NAT in parliament**

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In the autumn, we held a very successful parliamentary reception in the House of Lords. It was hosted by Baroness Margaret Jay, NAT's first Chief Executive, and we were welcomed to the River Room in the House of Lords by the Lord Speaker. The event was attended by nearly 20 parliamentarians and peers, as well as NAT's supporters over the years. We were proud to display our Red Ribbon Art and show our short film celebrating the history and impact of NAT, as well as giving our shadow strategy an official parliamentary launch.

## **World AIDS Day parliamentary work**

The promotion of our new shadow strategy document became a key part of our campaigning in parliament around World AIDS Day. We asked MPs and peers to show leadership on HIV and to read and promote the strategy, particularly targeting MPs in high prevalence areas. As usual, we enclosed a red ribbon with each letter which resulted in an impressive number of Red Ribbon wearers at Prime Minister's Questions just before World AIDS Day. We were also proud to host messages on the World AIDS Day website from the Prime Minister, Deputy Prime Minister and the Leader of the Opposition. We followed this work up through our HIV Activists Network by creating a World AIDS Day Ask for Activists, which was to email their MPs to ask what they were doing to show leadership on HIV.

## **Briefing Members of parliament and peers**

We continued our close working relationship with the All Party Group on HIV and AIDS by making sure that MPs and peers were briefed for relevant debates. We also worked on a key briefing document with the All Party Parliament Group (APPG) to explain how the new structures in the NHS would impact on HIV services and people living with HIV (including a reference to our new HIV Testing Toolkit).

We made sure that in a debate on Work Capability Assessments (WCA), that the impact of the WCA on people living with HIV was heard in parliament, and promoted questions on testing, sexual health, 'HIV/AIDS support funding', and occupational health restrictions for people living with HIV. We produced relevant HIV-related briefing documents on benefits and welfare reform, sex and relationships education and public health regulations.

We continue to monitor legislation and build new relationships in parliament with members across both houses, helping to inform and shape thinking and debate.

With the advent of 'localism' and the increasing role that local authorities have in commissioning and shaping public health, sexual health and HIV testing, as well as its traditional role in providing social care and housing, we have also increased our engagement with local councils and councillors.

We also secured a supporting statement from David Cameron for the 'Halve It' campaign.



# FINANCIAL INFORMATION

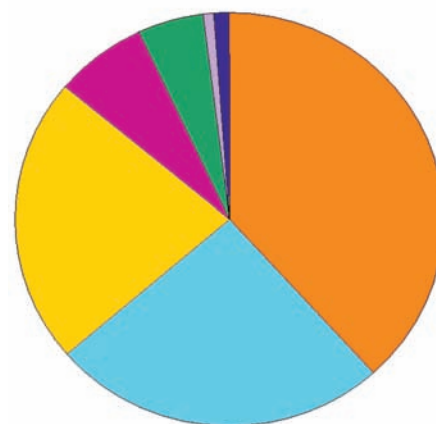
“Our independence is vitally important to us – nearly all of our income comes from public donations, corporate supporters, grant-making trusts and foundations and our events and community fundraising.”  
- NAT

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These pie charts summarise information extracted from NAT’s annual financial statements which have been agreed by the Board of Trustees and audited by Chiene + Tait Chartered Accountants.

## INCOME

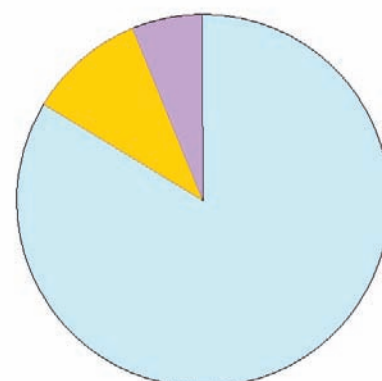
	£	%
Grant making trusts & foundations	321,150	38%
Individual & community fundraising (including legacies)	222,921	27%
Corporate supporters	188,739	22%
Partnership funding	53,201	6%
Fundraising events	41,423	5%
Government & other statutory funders	6,750	1%
Investment	4,758	1%
<b>Total income</b>	<b>838,942</b>	<b>100%</b>



**84 pence in every pound donated to NAT is spent directly on our core policy and campaigning work**

## EXPENDITURE

	£	%
Core policy work	667,588	84%
Fundraising & publicity	80,964	10%
Governance	49,373	6%
<b>Total expenditure</b>	<b>797,925</b>	<b>100%</b>



A more detailed report on the financial position and activities of NAT during 2012/13 can be found in our annual report and financial statements, which can be requested from [info@nat.org.uk](mailto:info@nat.org.uk) or by calling 020 7814 6767.



# OUR PARTNERS, ALLIANCES AND NETWORKS

“As a small organisation, strategic alliances and partnerships are crucial to our success.” - NAT

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This year we have worked with, and drawn on the expertise of, a number of different networks and **organisations including:**

## **Policy Network**

NAT's Policy Network is made up of over 130 voluntary sector organisations providing support and services to people living with HIV across the UK. The Policy Network helps us stay in touch with current issues on the ground and we use this intelligence to identify priorities in our work. We also support Policy Network members by providing regular policy updates, resources and guidance, and encouraging them to campaign locally.

## **Press Gang**

Press Gang is a virtual group of people living with HIV, supported and encouraged by NAT to challenge inaccurate and stigmatising stories about HIV in the UK media. The aim of the group is to enable people living with HIV to have a greater voice in the press, encourage more responsible reporting among journalists and increase the impact of NAT's work, by challenging stigma and discrimination in media coverage.

## **The HIV Activists Network**

Our Activists are a virtual network of people who are passionate about the rights of people living with HIV. The Network, open to anyone living in the UK, enables people to get involved via email in NAT's campaigning work to bring about change in areas such as health, benefits and discrimination. Over the last year, membership of the Activists Network has more than doubled to over 270 people. There has been a wide range of campaigns, including asking councils to support the housing and social care needs of people living with HIV, encouraging GPs to refresh their knowledge of HIV and campaigning for fairer benefits assessments for people living with HIV. The Activists Network continues to play an important role in NAT's campaigning activities.



# PEOPLE MAKING IT HAPPEN

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## Staff (as at 30 June 2013):

Cristina Jimenez, Office Administrator   Deborah Jack, Chief Executive   Doug Templeton, IT Officer  
Eleanor Briggs, Assistant Director of Policy & Campaigns   Gary Paul, Finance Manager  
James Hastings, Fundraising Officer   Jamie McCloskey, Fundraising Officer   Jonathan Bell, Interim  
Director of Finance & Resources   Meghan Smith, Communications Officer   Philip Glanville, Policy and  
Parliamentary Officer   Sally Thomas, Policy & Campaigns Officer   Sarah Radcliffe, Policy & Campaigns  
Manager   Stef McCarthy, Assistant to the Chief Executive's Office   Susan Cole, Community Engagement  
Officer   Suzi Price, Communications Manager   Tom Perry, Policy & Campaigns Officer  
Yusef Azad, Director of Policy & Campaigns



## Key external partners and networks in 2012/13:

African Health Policy Network (AHPN)   AIDS Action Europe   All Party Parliamentary Group on HIV and  
AIDS   Arthritis Care   British Association for Sexual Health and HIV (BASHH)   British HIV Association  
(BHIVA)   Brook   Care and Support Alliance   Children's HIV Association (CHIVA)   Crohn's and Colitis UK  
Disability Benefits Consortium (DBC)   Disability Rights UK   Detention Forum   Doctors of the World UK  
Entitlement Working Group   Equality and Diversity Forum   EU HIV/AIDS Civil Society Forum  
Expert Advisory Group on AIDS (EAGA)   Food Chain   Forward-ME Group   FPA   George House Trust  
GMFA   HIV Scotland   HIV Social Workers Network   i-Base   Maternity Action   MEDFASH   Migrant  
Rights Network   Mind   MS Society   NAM   National HIV Nurses Association   NCB Children and Young  
People HIV Network   Parkinson's UK   Positive East   Positive Life   Positively UK   Press Complaints  
Commission (PCC)   Royal College of Nursing (RCN)   Royal College of Psychiatrists   Sex Education  
Forum   Shelter   Sigma Research   Society of Sexual Health Advisers   Still Human, Still Here   Terrence  
Higgins Trust (THT)   Waverley Care



**Trustees:**

Dr Barry Peters David Johnson Dame Denise Platt DBE Gary Watson (up to 30 April 2013)  
 Graham Duncan Howard Charman (up to 29 March 2013) Judy Hague Dr Lee Winter  
 Professor Martin Green OBE Dr Olwen Williams OBE Pat Knowles MBE Professor Paul Flowers  
 Rebecca Mbewe Robert MacKay Dr Valerie Delpesch

**Fundraising Events Group:**

David King Howard Shaughnessy Kris Harm Robert MacKay Steve Mannix

**Ambassadors:**

David Grayson CBE Lady Falconer of Thoroton John Bowis OBE Mark Chataway Professor Michael Adler CBE Rt Hon Lord Norman Fowler Rt Hon Sir Patrick Nairne GCB MC (until June 2013)  
 Baroness Prashar CBE Lord Puttnam CBE Robin Pauley Dame Ruth Runciman

**Champions:**

Alan Cumming Dr Christian Jessen Daniel Lynch Duncan Armitage Duncan Jennings Gary Watson  
 Jamie Kerr Jin Chin John Cavanagh John Copley Karon Monaghan Ken Watters Lucy Clayton  
 Mark Leverton Matthew Williams Nigel Simon Noel Qualter Peter Croxford Peter O'Neill  
 Peter Roscrow Philip Jones Phillipe Genre Robin Wilkinson Rogerio Barreto de Freitas Trevor Martin

**Consultants:**

Hannah Bate Michael Carter Robert James

**Clinical Advisory Group:**

Dr Adrian Palfreeman Dr Ann Sullivan Ceri Evans Dr Christian Jessen Dr Dan Clutterbuck  
 Eileen Nixon Professor Jane Anderson Heather Wilson Dr Iain Reeves Jamie Hardie Dr Kate Adams  
 Dr Lee Winter Dr Macky Natha Dr Martin Fisher Nicky Perry Sarah Zetler Dr Steve Taylor  
 Dr William Ford-Young



Some of our Fundraising Events Group  
 Spring Awakening May 2013



Baroness Margaret Jay speaking  
 at NAT's Parliamentary Reception  
 October 2012



NAT Champion & member of  
 CAG  
 Dr Christian Jessen



**We would also like to thank the many volunteers and interns who gave their time and energy freely, including:**

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### **Interns:**

Alice Needs **Julian Northcote**

### **Volunteers:**

**Akerke Omirzak** Amy Derber **Andrew Skinner** Anthony Townsend **Archie Featherstone-Jack**  
Becca Jopling **Ben Ching** Benet Porter **Caroline Hanson** Christie Lang **Christos Fronimos**  
Darcy Bowman **Darren Bone** David McCleery **Elisabete Carapuça** Elliott Pentland **Emma Jopling**  
Eunice Marfo **Ewelina Rychlinska** Gus Featherstone-Jack **Holly Garraway** James Melville  
**John Cruickshank** Jonathan Green **Josephine Johnson** Josie Anderson **Julie Lachtay** Kenneth  
Smailes **Lisa Mutuke** Lucia Balcazar **Luther Chen** Lyndsey Sambrookes-Wright **Mariela Karlborg**  
Nigel Wrightson **Oliver Coates** Olivia Blaney **Paul Nicol** Priyanka Chandrasekharan **Purshila**  
**Wambui** Rachael McCallum **Rachel Sanders** Robert Geismar Saloni Miglani **Sarah Featherstone**  
Shah Chowdhury **Siân Cook** Simon Johnson **Sophie Hague** Timothy Gerig **Tom Triantafillou**  
Will Wallace **Winifred Oliobi**



Pride Parade, London  
July 2013



Students supporting NAT on World  
AIDS Day 2012



Kinetic Theatre Arts rehearsing for  
Rent for NAT June 2013



Gary Barlow wearing NAT's  
sparkly red ribbon on X  
Factor December 2012



Supporters raising funds for NAT at  
Tough Mudder June 2013



Nail art for World AIDS Day 2012



Pride Parade, London July 2013

# OUR THANKS

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**We would also like to thank the following individuals and organisations for their generous support and time:**

## A

AbbVie Pharmaceuticals [Adrian Palfreeman](#) Alan Cumming [Allan Anderson](#) Alexis Gauthier [Alison Brimelow](#)  
[Andrew Freedman](#) [Andrew Manning](#) Andrew Pearmain [Andrew Shields](#) Andy Bell [Anglo American Group Foundation](#) Ann Sullivan [Anna Maria Geretti](#) Annie Lennox [Anthony Townsend](#) Antony Cotton [Ansys UK](#)  
Astute Healthcare

## B

[Baker McKenzie](#) Bank of America [Barclays Bank](#) Baseline Magazine [Becca Jopling](#) Becky Hogg [Belmont Trust](#)  
Ben Oakley [Bill Pryde](#) Blake Smith [Bloomberg](#) Bonita Trust [Boutique Marketing](#) Brian Paddick [Brian Rice](#)  
Brian West [Bristol-Myers Squibb](#)

## C

Caroline Lucas MP [Carol Campbell](#) Caspar Thompson [Charlotte Hawkins](#) Charlotte Saunders [Cheney School](#)  
Chester Boyd [Dr Christian Jessen](#) Christopher Palmer [Christopher Biggins](#) City of Norwich School  
[Cooperative Group](#) Craig McCormack [Craig Walsh](#)

## D

Dan Clutterbuck [Daniel Breslin](#) Daniel Lismore [David Hobbs](#) David Hudson [David Insall](#) David Scarr  
Deutsche Bank [Dharmesh Limbachia](#) Diageo [Dino Portelli](#) Baroness D'Souza [Donal Heath](#)  
Duncan Jennings [Durex](#)

## E

[Eamonn O'Moore](#) Edward Clifton [Edwinstree Middle School](#) Eidsgaard Design [Eileen Nixon](#) Eleanor Collier  
Ellie O'Connor [Elias Phiri](#) Elijah Amooti [Elton John AIDS Foundation](#) Eugene Peter Magennis



Christopher Biggins and Su Pollard  
hosting Spring Awakening May 13



Barclays Bank World AIDS  
Day 2012



Daneil Lismore's Red Ribbon  
Art for NAT

# OUR THANKS

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## F

Dr Fiona Burns Foundation Open Society Institute

## G

Gaia Bursell Garance Marneur Gary Barker Gavin Phillips Gaydar Radio Geoff Haley Gerhard Jenne  
Gerry Wade Gilead Sciences Europe Gilead Sciences Ltd Giles Deacon Gill Bell Gina McKee GlaxoSmithKline  
Gok Wan Google Grant Sugden Graham Johnson Greg Barker MP

## H I

Halesway Hayford & Rhodes Heather Alcock Heather Wilson HMV Hugo & Cat Ian Louden  
Inspired Science Insurance Surgery International School of Aberdeen IPFA iS Health Group Ishbel Gall

## J

Jacques Azagury James Chalmers Jamie Hardie Professor Jane Anderson Janssen-Cilag Jason Gardiner  
Jason O'Toole Jasper Conran Jean-Marie Wood Jin Chin Jo Brand Jodie Harsh John Cruickshank  
John Laing Trust Johnny Partridge Jonathan Ashley Jonathan Elford Jonathan Grimshaw Jonathan Keane  
Jonathan Roberts Josh Rafter Baroness Joyce Gould

## K

Kate Adams Keith Birch Keith Nurse Kenrick Williams Kent Walter Kerry Ellis Konditor and Cook

## L

Levi Strauss Foundation Ligne Roset Westend Live Audio Production L'Oreal (UK) Louise Stephen Lynn Johnson

## M

MAC Cosmetics UK MAC AIDS Fund Macky Natha Maggi Hambling Make a Difference (MAD) Trust  
Baroness Margaret Jay Mark Beecroft Mark Langsbury Mark Newman Martha Chinouya Martin Fisher  
Martin Murchie Mary-Jane O'Neill Mary Poulton Mathew Bose Matthew Todd Matthew Williamson  
Meaghan Kall Memory Sachikonye Men@Play Menna Bevan Merck, Sharpe & Dohme Miriam González Durántez  
Monument Trust My Cupcake Club





# OUR THANKS

22

## N

Natalie O'Donnell Nathaniel Ault Nationwide Building Society Nickel Spa Nicky Perry Nicole Farhi  
Lord Norman Fowler

## O

Odd Firm of Sin Olivia Barton Olivia Brookman Olswang Online Medical Services Ltd The Online Clinic

## P Q

Pam Ann Pamela Nash MP Paul Elfick Paul Fleming Paul Smith Peter Moores Foundation Peter O'Neill Phil  
Roth Philip Treacy Preventx Price, Waterhouse, Cooper-Knowledge and Network Services Printlogic Solutions  
QSoft Consulting

## R

Radley Yeldar Reckitt Benckiser UK Ricky Benson River Charitable Trust Rob Ryan Robert Fieldhouse  
Robert Gordon University RAG Robert Hasty Robert Taylor Roger Pebody Rolf (the Irish Wolf) Rosa Rey  
Royal Bank of Canada Ruth Lowbury Ruth Smith Sarah Zetler Scottish Government

## S

Sian Cook Simon Collins Simon Difford Simon Johnson Simon Kirby MP Standard Bank Steve Taylor  
The Lord Speaker Su Pollard Susie Summers

## T

TAG Fine Arts Tara McGarrell The STI Clinic Thomas Cresswell Tim Gerig Tim Noblett Toby Lloyd Tommy  
McIlravey Tricia Guild Troy Norcross Trust for London Tunku Mudzaffar

## U

UBS University College London University of Portsmouth Students Union

## VWZ

ViiV Healthcare Virgin Active Dr Vivian Hope Waitrose Whitecross Street William Ford-Young Winnie Ssanyu  
Sseruma Zoe Rutherford

& all of NAT's Friends





**You can help us continue to make a difference**

**As a policy and campaigning organisation NAT doesn't benefit from the Government contracts that so many charities rely on. That is why support from individuals like you is so important to enable us to continue our important work - shaping attitudes, challenging injustice and changing lives.**

**To find out about our plans for next year and how you can support us, visit:**

**[www.nat.org.uk](http://www.nat.org.uk)**

**[www.lifewithhiv.org.uk](http://www.lifewithhiv.org.uk)**

**[www.hivaware.org.uk](http://www.hivaware.org.uk)**

**You'll also find us on Twitter @Nat\_AIDS\_Trust and Facebook!**

**NAT, New City Cloisters, 196 Old Street, London EC1V 9FR**

**T: +44 (0)20 7814 6767 F: +44 (0)20 7216 0111 E: [info@nat.org.uk](mailto:info@nat.org.uk)**

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**Registered Office: NAT, New City Cloisters, 196 Old Street, London EC1V 9FR**

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