

## Home Bargains now bound by rules on treating suppliers fairly

TJ Morris' annual groceries turnover now exceeds £1 billion and the Competition and Markets Authority (CMA) has decided that it is appropriate that the company is designated.

The Groceries Supply Code of Practice (The Code) sets out how such grocery retailers should treat their suppliers and aims to make sure that they do not abuse their commercial power. For example, retailers bound by the Code cannot make changes to the terms of supply retrospectively and must provide notice of and reasons for no longer using a supplier.

Compliance with the Code is managed by the independent Groceries Code Adjudicator. The CMA regularly monitors UK retailers to see if they meet the criteria to be subject to the Code, as it only applies to those companies with an annual groceries' turnover of more than £1 billion.

The Code was created in 2009 following an investigation by the CMA's predecessor, the Competition Commission (CC). The CC investigated the supply of groceries in the UK and found that some suppliers of larger retailers were being treated unfairly. This meant suppliers were less likely to innovate and invest, leading to less choice and availability for customers.

Other retailers subject to the Code are Ocado, Asda Stores Limited, Co-operative Group Limited, Marks & Spencer PLC, Wm Morrison Supermarkets PLC, J Sainsbury PLC, Tesco PLC, Waitrose Limited, Aldi Stores Limited, Iceland Foods Limited, Lidl UK GmbH and B&M Retail Limited.

---

## Abstracting water? Think before you drill

With river levels and groundwater falling, landowners and businesses with boreholes, wells and springs are being urged to take a few simple steps to make sure they aren't taking too much water.

One of the first things people should do is check their abstraction licence. Restrictions can come into force after periods of dry weather so it is important licence holders know when to stop or reduce the amount of water they abstract. They also need to be aware of any specific conditions that apply.

If you expand your business and require more water or if you want to start

abstracting more than 20 cubic metres a day, don't forget to check whether sufficient water is available in your area.

The Environment Agency uses Abstraction Licensing Strategies to help plan the management of water resources. They show where water may be available in various river catchments. People are urged to check first before they apply for a licence. Further details can be found at [GOV.UK](https://gov.uk).

Caz Lane, senior environment officer (Water Resources), at the Environment Agency said:

It is essential licence conditions are complied with to help protect the environment.

Failure to do so is an offence and can result in enforcement action.

We are undertaking spot checks to ensure licence holders remain compliant.

Illegal abstraction is on the increase in some parts of the Westcountry where boreholes are drilled without the appropriate permission. Prospective abstractors should first contact the Environment Agency that can advise landowners and businesses on how to stay compliant with UK legislation.

Abstractors and their contractors are responsible for ensuring boreholes or wells are designed, constructed, tested, operated and decommissioned without polluting groundwater or impacting the surrounding surface water environment. So 'Think before you Drill!'

### **Note to editors:**

- Anyone intending to abstract more than 20 cubic metres per day from a groundwater source needs an abstraction licence. They are also likely to need a groundwater investigation consent (GIC) under section 32 of the Water Resources Act and need to notify the British Geological Survey (BGS) if they intend to drill deeper than 15 metres.
  - 1 cubic metre of water is 219.9 gallons or 1000 litres.
  - If you have any queries please contact the Environment Agency on 03708 506506
-

# Abstracting water? Think before you drill

With the number of boreholes being drilled in the Westcountry without permission, abstractors are reminded to contact the Environment Agency for advice.

---

## Bishop of Hereford: 3 September 2019



The Queen has approved the nomination of the Right Reverend Richard Charles Jackson MA MSc, Bishop of Lewes, for election as Bishop of Hereford in succession to the Right Reverend Richard Michael Cokayne Frith BA MA, who is due to retire on 30th November 2019.

Richard was educated at Christ Church, Oxford and Cranfield University and trained for ministry at Trinity College, Bristol. He served his title at All Saints, Lindfield in the Diocese of Chichester and was ordained Priest in 1995.

In 1998, Richard was appointed Vicar of Holy Trinity, Rudgwick and in 2005 took up the additional role of Rural Dean of Horsham. Richard became Diocesan Adviser for Mission and Renewal in 2009 and took up his role as Bishop of Lewes in 2014.

Published 3 September 2019

---

# New HIV diagnoses fall by a third in the UK since 2015

Data published today, Tuesday 3 September 2019, by Public Health England (PHE) reveal that new HIV diagnoses in the UK have [fallen to their lowest level since 2000](#). New diagnoses fell by almost a third (28%) from 6,271 in 2015 to 4,484 in 2018.

New HIV diagnoses have been declining in both gay and bisexual and heterosexual populations. The steepest falls have been seen among gay and bisexual men, where new diagnoses declined by 39% between 2015 and 2018. The biggest falls have been among gay and bisexual men who are:

- white (46% decrease from 2,353 in 2015 to 1,276 in 2018)
- born in the UK (46% decrease from 1,627 in 2015 to 873 in 2018)
- aged 15 to 24 (47% decrease from 505 in 2015 to 269 in 2018)
- living in London (50% decrease from 1,459 in 2015 to 736 in 2018)

During the same period, new diagnoses have also fallen by a quarter (24%) among people who acquired HIV through heterosexual contact.

The continued decline of HIV diagnoses is largely due to the success of combination HIV prevention over the past decade, which includes HIV testing, condom provision, the scale-up of pre-exposure prophylaxis (PrEP) and anti-retroviral therapy (ART) – drugs that keep the level of HIV in the body low and prevent the virus being passed on.

Dr Valerie Delpech, Head of HIV Surveillance at Public Health England, said:

It is thanks to the enormous testing and prevention efforts in the UK that we are seeing further declines in new HIV diagnoses, which have now reached their lowest in almost 20 years. People with HIV now benefit from effective treatments that stop the virus being passed on to sexual partners and the number of people diagnosed late is lower than ever before.

Getting tested for HIV has never been easier, with free tests available through GP surgeries, local hospitals and sexual health clinics, as well as through a self-sampling service or by using a self-testing kit. Early diagnosis means early effective treatment, which can prevent you passing on HIV.

The most common way of getting HIV in the UK is through unprotected sexual contact with a person unaware of their HIV infection. You can protect yourself from HIV through consistent and correct condom use with new and casual partners, through using PrEP, or if your partner is living with HIV, through knowing their virus is undetectable. Condom use will also stop you getting or transmitting other STIs.

The quality of HIV care and treatment continues to be excellent in the UK. In 2018, 94% of people in the UK living with diagnosed HIV and accessing HIV treatment were virally suppressed and cannot pass on HIV.

Dying from HIV when diagnosed early in the UK is rare today. A person diagnosed early with HIV and on treatment now has the same life-expectancy as a person without HIV.

Despite falling rates of new diagnoses there remain challenges in ensuring that more people are diagnosed early. Almost half of people (43%) newly diagnosed with HIV in 2018 were at a late stage of infection, which increases the risk of death within a year ten-fold compared to people diagnosed promptly.

Public Health Minister Jo Churchill said:

I am delighted to see new figures released today which show we are well on our way to achieving our ambition of zero HIV transmissions in England by 2030, with HIV diagnoses at their lowest level since 2000.

This decline in diagnoses is a result of our unwavering commitment to prevention which has led to more people getting tested, and has allowed people with HIV to benefit from effective treatment, stopping the virus from spreading further. However, I am not complacent and remain dedicated to ensuring we reach our target of zero new HIV transmissions by 2030.

There are very effective treatments for HIV that enable people diagnosed with the virus to live a long and healthy life and minimise the risk of onward transmission. Early diagnosis through regular testing ensures people get the greatest benefit from these HIV treatments. HIV testing is freely available through GP surgeries, local hospitals and sexual health clinics, as well as through a self-sampling service or by using a self-testing kit.

PHE, alongside other government and third sector organisations, is working to control HIV by 2030 and these new figures are an encouraging sign that this is achievable.

## **Background**

1. HIV indicators are provided at local authority level on Public Health England's Sexual and Reproductive Health Profiles. These profiles include epidemiological data about new HIV diagnoses and people receiving HIV care at the regional and Local Authority level and are based on place of residence. The profiles include existing measures of HIV testing coverage, new HIV diagnosis rates, late diagnoses and diagnosed prevalence rates. In addition, there are new measures of prompt ART treatment initiation and virological success. These profiles can be used to assist with monitoring the progress towards ending HIV transmission and can be analysed on the [PHE Sexual Health Profiles](#).

2. In these reports, apparent trends over time must be interpreted with care, as each data source is subject to reporting delay which varies over time.
3. The data shows that:
  - In 2018, 4,484 people were newly diagnosed with HIV in the UK, a reduction by 28% compared to the 6,271 diagnoses reported in 2015. There has been a 6% decline relative to 4,761 new diagnoses reported in 2017.
  - There were 1,908 new HIV diagnoses among gay, bisexual men and other men who have sex with men in 2018, a 39% reduction from 3,121 diagnoses in 2015.
  - There were 1,550 were new diagnoses of HIV acquired through heterosexual contact in 2018, a 24% decline from 2,304 diagnoses in 2015.
  - There were 643 new HIV diagnoses among black African heterosexuals in 2018, a reduction of 27% compared to the 877 diagnoses in 2015.
  - Overall, in 2018 43% of people were diagnosed at a late stage of infection (CD4 count <350 cells/mm<sup>3</sup> at diagnosis) compared to 52% in 2009. Late diagnosis is associated with a ten-fold increased risk of short term mortality (within a year of diagnosis).
  - In 2018, there were 225 people with an AIDS-defining illness reported at HIV diagnosis compared to 240 people in 2017.
  - In 2018, there were 473 deaths among people with HIV. Over the past decade there has been a 20% decrease in the number of deaths in people living with HIV (591 in 2009 to 473 in 2018).
  - In 2018, 96,142 people were receiving HIV-related care in the UK, with 97% (93,384/96,142) receiving anti-retroviral therapy to control the virus. Of people with diagnosed HIV receiving anti-retroviral therapy in 2018, 97% (88,528/91,266) were virally suppressed (defined as a viral load ≤200 copies per ml). This means that 94% (90,583/ 96,142) of people living with diagnosed HIV in the UK and accessing HIV treatment were virally suppressed and cannot pass on HIV.
4. Since 2015, HIV diagnoses totals for males and females have been based on gender identity (as opposed to sex) and include transgender people. The overall total includes people who identify gender in another way or with gender identity not reported. Breakdowns of the number of transgender people are presented for 2015 onwards in the [Key Populations data tables](#).
5. HIV is a virus which damages the cells in people's immune system and weakens the ability to fight everyday infections and diseases. Without treatment, after an average of 10 to 15 years, the infection is fatal.
6. PHE advises gay and bisexual men to have an HIV test at least once a year, or every 3 months if having unprotected sex with new or casual partners. Black African men and women are advised to have a regular HIV and STI screen, if they are having unprotected sex with new or casual partners.
7. You can find out more information about how to prevent and get tested for HIV on [NHS.UK](#). HIV self-sampling services offer an alternative to traditional testing offered by GPs and sexual health clinics. [www.FreeTesting.hiv](#) has information about free HIV self-sampling test

kits.

8. It is too early to know the size of the expected additional effect on underlying HIV transmission and new HIV diagnoses of the scale-up of pre-exposure prophylaxis (PrEP). PHE is supporting NHS England in delivering the 3-year [PrEP Impact Trial](#), which began in October 2017 and will culminate in 2020.
9. Along with the current advancement in treatment and reductions in new diagnoses, projects funded by the [PHE Reproductive Health, Sexual Health and HIV Innovation Fund](#) demonstrate that innovative, community-led interventions also have a significant role to play in preventing onwards transmission and encouraging early diagnosis among risk groups.