# Update on sexual health and sexual health services: January 2017

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## 1. Executive Summary

The paper provides the Health and Wellbeing Board with an annual update regarding: -

- The sexual health of people in Havering – in most respects, it remains similar to if not slightly better than the national and London average, with the notable exception of abortion rates which remain high. The diagnosed prevalence of HIV in Havering remains below the national average but has for the first time increased above the threshold used to identify 'high prevalence' areas. A review of current HIV testing practice and affordable approaches to increasing HIV testing is recommended.
- Local specialist sexual health services – the redesign discussed at Health & Wellbeing Board last year has just gone live; further changes are in-train e.g. an e-service allowing residents to request home self-sampling tests, ahead of an open procurement exercise with LB Barking and Dagenham and LB Redbridge to award a new contract for integrated sexual health services by September 2018.
- Relevant, complementary services commissioned by other agencies are discussed and opportunities to improve sexual health services through greater collaboration are highlighted.

## 2. The sexual health of Havering residents

Indicators of the sexual health of Havering residents did not change markedly over the last 12 months and remain largely similar to if not better than the national average.

### 2.1 Sexually transmitted infections

Overall, 1655 new STIs were diagnosed in residents of Havering in 2015 (895 in males and 754 in females).

Rates of all STI infections were more or less unchanged from the previous year and below the national average.

Rates of gonorrhoea, together with syphilis, seen as markers of risky sexual behaviour, increased but rates of both infections remain below the national average.

The chlamydia detection rate in 15-24 year olds in Havering (1353 per 100,000) was well below the PHE recommendation (at least 2,300). The lower detection rate in Havering was due to a lower rate of testing (19.2% of 15-24 year olds were tested vs a national average of 22.5%) and a lower positivity rate (7.0% vs 8.4%).

All sections of the community are at risk of STIs but young people (aged 15-24 years), men who have sex with men (MSM), black and mixed ethnic groups and disadvantaged communities have higher rates of infection.

**Table 1: Rates per 100,000 population of new STIs in LBH, LBBD and LBR and England: 2014-2015**

| | Diagnoses Rate: 2015 | | | | Rank within England: 2015** | | | % change 2014 to 2015 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | LBH | LBBD | LBR | England | LBH | LBBD | LBR | LBH | LBBD | LBR |
| New STIs (excl. those with chlamydia aged 15-24) ^ | 789 | 1106.2 | 809.6 | 815 | 77 | 29 | 69 | 1.1 | 2.7 | 2.9 |
| Chlamydia | 248.8 | 389.3 | 235.8 | 361 | - | - | - | 0.3 | -2.8 | -7.2 |
| Gonorrhoea ¥ | 59.8 | 104.9 | 87.7 | 70.7 | 64 | 26 | 35 | 25.6 | 36.8 | 16.8 |
| Syphilis | 2 | 4 | 7.2 | 9.3 | 251 | 152 | 69 | -59.2 | 0 | 5.9 |
| Genital Warts‡ | 135.8 | 122 | 106.8 | 118.9 | 64 | | 167 | 0.6 | 97 | -1.6 |
| Genital Herpes ± | 72.4 | 77.2 | 52.2 | 57.6 | 54 | 43 | 142 | 3.6 | -3.7 | -0.6 |

Rates are calculated using 2014 ONS population estimates
* % change not provided where rate per 100,000 population in 2014 was 0.0
** Out of 326 local authorities, 1st rank has the highest rates.
^ Population is restricted to those aged 15-64 years
¥ Any increase in gonorrhoea diagnoses may be due to the increased use of highly sensitive Nucleic Acid Amplification Tests (NAATs) and additional screening of extra-genital sites in MSM
‡ Any decrease in genital warts diagnoses may be due to a moderately protective effect of HPV-16/18 vaccination
± Any increase in genital herpes diagnoses may be due to the use of more sensitive NAATs

Data Source: The GUM Clinic Activity Dataset v2 (GUMCAD) and chlamydia test and diagnosis data are sourced from the Chlamydia Testing Activity Dataset (CTAD)

## 2.2 HIV

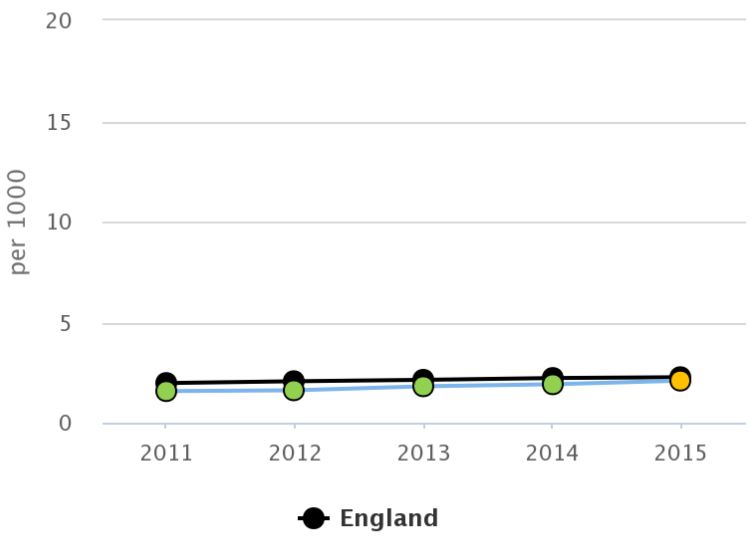
Anyone can acquire HIV but MSM and black African men and women are particularly at risk.

There were 15 new HIV diagnoses in Havering in 2015.

More than a third of diagnoses were made at a late stage of infection, similar to the average for England.

The diagnosed prevalence of HIV in Havering remains below the national average, however it increased above 2.0 per 1,000 population aged 15-59 years for the first time in 2015, the threshold used to identify 'high prevalence' areas.

**Figure 1:** HIV diagnosed prevalence rate / 1,000 aged 15–59 – Havering



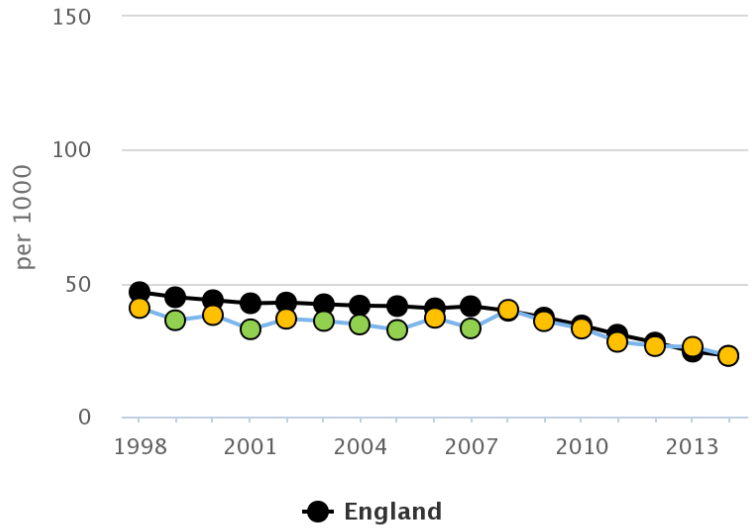

PHE and NICE recommend a more proactive approach to HIV testing in high prevalence areas (see section 4).

## 2.3 Teenage conception rates

Rates of teenage conception in Havering have declined each year for the last 7 years, in line with national trends.

In 2014, the under 18 conception rate per 1,000 females aged 15 to 17 years in Havering was 22.8, similar to the rate for England (also 22.8).

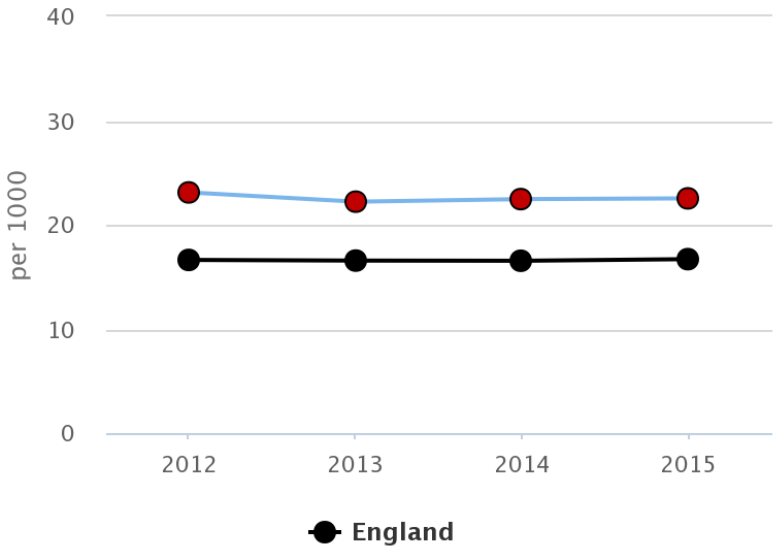
**Figure 2:** Under 18s conception rate / 1,000 (PHOF indicator 2.04) – Havering




## 2.4 Abortion rates

The total abortion rate per 1,000 female population aged 15-44 years in Havering (22.5) remains significantly higher than the rate for England (16.7).

**Figure 3:** Total abortion rate / 1000 – Havering




Of those women under 25 years who had an abortion in 2015, 32.1% had had a previous abortion; compared to the England average of 26.5%.

## 3. Sexual health services

### 3.1 Integrated sexual health services

The Health and Social Care Act 2012 requires Local Authorities to ensure that residents have open access services for contraception and the diagnosis, treatment and partner notification of sexually transmitted diseases.

Councils will usually commission and hold a contract with their local provider but residents can attend any service they wish and the provider will cross charge the Council they live in wherever that might be.

The local provider of integrated (GUM and contraception) sexual health services is BHRUHT, providing services from sites in Havering, Redbridge and Barking and Dagenham.

The contract for this service novated to the Council in 2013, when responsibility for public health at local level was transferred from the NHS to local government. Subsequently, the three boroughs sought to award a new contract, but a prolonged joint procurement exercise in 2014/15 failed to identify a provider able to meet the service specification at an affordable cost.

Furthermore, BHRUHT refused an extension to the existing contract having concluded following participation in the procurement that the income earned did not cover the costs of delivering the service. As a result, the contract lapsed and all activity has been non-contracted since April 2016 pending the agreement of a service redesign to reduce the provider's costs.

That redesign, presented to the Health and Wellbeing Board in March 2016 and summarised overleaf, was developed by BHRUHT and officers from all 3 Councils. Implementation requires residents to travel further as services will be provided from fewer sites. The great majority of residents and service users who responded to a public consultation objected to the redesign for this reason. Nonetheless, the redesign was agreed by all 3 Councils as greater investment in sexual health would necessitate dis-investment elsewhere and minimal impact on outcomes was expected, in part because general practitioners provide a very local alternative source of contraception care and a new 'e- service' will reduce the need for asymptomatic patients to attend GUM services at all.

The redesign went live on 3rd January 2017. The overall capacity of the service after redesign will be greater than expected demand and includes more out-of-working hours provision and booked appointments. Provider and commissioners will closely monitor the redesigned service and will further amend the revised clinic timetable if necessary.

Given that the redesign has been agreed, commissioners expect to be able to agree an interim contract for sexual health services with BHRUHT pending a new procurement exercise.

**Table 2: Redesign of integrated sexual health services provided by BHRUHT**

| Borough | GUM Services | | Family planning services | |
|---|---|---|---|---|
| | Old location | New location | Old location | New Location[1] |
| LBH | Queens Hospital | _ | • Queens Hospital<br>• Harold Hill HC.<br>• S. Hornchurch HC<br>• Myplace[2]<br>• St Kilda's CC[2] | Romford[3] |
| LBBD | Barking Hospital | Barking Hospital | • Barking Hospital<br>• Oxlow Lane HC<br>• Vicarage Fields HC | Barking Hospital[4] |
| LBR | _ | _ | • Hainault HC<br>• Loxford HC | • Hainault HC<br>• Loxford HC[5] |

[1] Family planning clinics will also offer asymptomatic STI testing
[2] Young people's clinics only, not including the fitting of LARC devices
[3] The intention is to identify a suitable community location within Romford; until then the service will be located at Queens Hospital
[4] The LBBD family planning service will be located at Barking Hospital which will also act as the sexual health services hub for patients with complex contraceptive needs across the three boroughs.
[5] Neither site can accommodate the number of clinics required. Clinics will be provided at both, but as whole days, until a suitable, centrally located site is identified in Redbridge.

All 3 boroughs are now committed to jointly undertake a further open procurement exercise to award a new contract for integrated sexual health services by October 2018 at the latest. This exercise is required to comply with relevant procurement law and the Councils' respective constitutions. Despite the history of failed procurement, a successful outcome is expected this time given the major change in local requirements and improvements in commissioning practice fostered by the London Sexual Health Transformation Programme (section 3.3). Nonetheless delaying the procurement somewhat is desirable as it will allow: -

- Senior clinicians and managers at BHRUHT to ensure that the redesigned service works effectively before having to focus on a competitive procurement exercise.
- For the impact of the London wide e-service (section 3.2) to become clearer.
- For the 3 boroughs to agree a common service specification and funding mechanism and take the procurement through their respective decision making processes (section 3.3).
- For procurement exercises in neighbouring areas to progress (section 3.3) so there is greater clarity about the pattern of services in adjoining areas and allow potential providers to focus on one procurement at a time rather than have to compete on multiple fronts.
- More time to explore the opportunities that might be afforded by an Accountable Care System and/or other forms of collaboration with other commissioners / providers (section 3.4).

## 3.2 Self-sampling at home for STIs using e-services

LB Havering is one of 22 London Boroughs[1] collaboratively commissioning a web-based 'e-service' which will serve as a single 'front door' to sexual health services across the capital; triaging patients to local services that best meets their needs, including the opportunity to request a home self-sampling[2] test.

The procurement is proceeding with the aim of having a basic service (i.e. that will allow appropriate residents from participating boroughs to order a self-sampling kit) in place and mobilised by May 2017. Further developments (e.g. the opportunity for test +ve patients to subsequently book an appointment online at their local provider) will come on stream thereafter.

The opportunity for appropriate people to request a self-sampling kit is expected to increase the total number of tests undertaken thereby increasing the number of cases detected and reducing delays in diagnosis. Nonetheless, commissioners are expected to save money as the cost of a self-sampling kit will be very much lower than the current cost of an attendance at GUM services. It's thought that up to 50% of people who currently attend GUM service are asymptomatic and might be suitable for self-sampling. The proportion that actually does so is much more difficult to predict. A behaviour change specialist has been commissioned to advise boroughs on how 'channel shift' can be maximised.

Providers of local integrated sexual health services will be required to collaborate with and support the provider of e-services, including distributing self-sampling kits to suitable patients who continue to attend physical services and encouraging them to use the self-sampling option in the future. This will reduce activity at GUM services and hence their income necessitating further redesign and the adoption of more cost effective service models if services are to remain financially viable from the provider's perspective.

## 3.3 London Sexual Health Transformation Programme

The procurement of the 'e-service' is one part of a thorough rethink of sexual health services across London as a whole being coordinated via the London Sexual Health Transformation Programme (LSHTP) with the aim of putting in place an effective, consistent, affordable and hence sustainable model of services across the capital.

This has resulted in two key products to assist with the redesign of GUM and contraception services at sub-regional level.

To ensure that services in adjacent areas are compatible with each other and the new e-service, as well as relevant best practice guidance, the LSHTP has developed a new service specification which all boroughs are strongly encouraged to employ in any future procurement.

The LSHTP has also improved the integrated sexual health tariff (ISHT) initially developed by former London PCTs. This would replace the simple first and follow-up tariff structure

[1] LB Redbridge is also participating; LB Barking and Dagenham has the opportunity to do so at a later date.
[2] The term self-sampling is used for services where the user takes a sample at home which is returned to a laboratory for testing. The term home testing refers to systems where the user is given a point of care test and interprets the results themselves. Laboratory based systems are generally more accurate.

currently in use with a more complex system that ensures that payment better reflects the cost of the specific care provided during each individual contact. The ISHT seems fairer in principle and should encourage providers to seek more cost effective models of care. The LSHTP have shared some preliminary modelling regarding the impact of adopting the ISHT on commissioner costs. A period of prospective shadowing the ISHT would give greater certainty regarding the impact of adoption. A future procurement would be the obvious means of introducing the ISHT should commissioners chose to do so.

A number of sub-regional procurements are already underway or are planned for the near future. Of most immediate relevance to Havering is the joint procurement planned by LB Tower Hamlets, LB Newham and LB Waltham Forest. They have recently undertaken a public consultation[3] on proposals that would see the level 3 services currently provided from Newham General and Whipps Cross Hospital relocated to a single new site in Stratford. If approved and implemented, a level 3 service in Stratford would be as close as or closer than Barking Hospital in terms of travel time by public transport for half of Havering residents. Hence the local provider of services for Havering will need to consider other aspects of user experience if it is to remain the preeminent provider of sexual health services to Havering residents.

It makes sense to delay our procurement so we can learn from experience elsewhere; better understand the distribution of sexual health services in adjoining areas and maximise provider interest.

## 3.4 Collaboration to improve sexual health services

The Health and Social Care Act resulted in responsibility for sexual health commissioning being split between a number of different agencies. With regard to contraceptive care: -

- Councils commission specialist contraception and GUM services for the testing and treatment of STIs.
- NHSE (and CCGs depending on the degree of co-commissioning in place) commission GPs to provide contraception care as an additional GMS service. This covers all forms of contraception except IUD/IUS and implants. It's estimated that GPs provide more than ¾ of all contraception, mostly in the form of the contraceptive pill.
- Councils can also commission GPs with the necessary knowledge and skills (and other primary care professionals) to provide services on top of their basic GMS responsibilities e.g. insertion and removal of IUD/IUS and implants.
- CCGs commission abortion services. Unwanted pregnancy may result from inadequate contraception provision and abortion is itself an opportunity to offer effective contraception.

Commissioning collectively, for the whole pathway, would ensure women get consistent and mutually complementary care.

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3 http://www.towerhamlets.gov.uk/lgnl/council_and_democracy/consultations/past_consultations/Changes_to_sexual_health_services.aspx

However currently, these various interlinked and interdependent services are commissioned and provided by different agencies, sometimes with different and potentially conflicting financial incentives, with little collaboration or coordination.

Greater coordination between commissioners can only help.

A more integrated approach to commissioning the whole of the contraception pathway would represent the ultimate in 'joined up' commissioning and would help move a much greater proportion of contraceptive care into the community where it belongs.

Such an approach (often via ACOs) is commonly associated with the care of frail elders and older people and chronic illness, however the 7 characteristics identified by PWC as being common to most successful ACOs[4] readily map to sexual health:-

1. *Proactive management of population groups to inform early intervention and prevention*
2. *Multiple organisations are involved in delivering health and care services*
3. *Ability to manage and co-ordinate the care of individuals along the full length of clinical and social care pathways*
4. *A focus on integration and collaboration resulting in more multi-disciplinary working*
5. *Treating and supporting patients in different, more appropriate, settings as a result of improved co-ordination and flexibility within the contracts*
6. *Increased involvement and engagement of patients and service users in the design, delivery and improvement of services*
7. *Integrated IT solutions to support collaboration and sharing of information*

Hopefully the fundamentals of the approach to any BHR Integrated Care Partnership (ICP) will be agreed soon, allowing time for relevant stakeholders to consider if and how contraceptive care could be delivered more effectively via this means, so that any implications can be factored into the forthcoming procurement of specialist integrated sexual health services which will need to begin by October '17.

Other forms of collaboration short of the ICP might also add value and to this end meetings are planned between Council sexual health leads and BHR CCG to discuss opportunities: -

- to improve delivery of contraception under the existing GMS arrangements e.g. through the provision of clinical education for GPs and practice nurses and the development and dissemination of relevant performance information
- to identify alternative premises in Romford to enable the re-provision of all sexual health services off the Queens Hospital site.

[4] http://www.pwc.co.uk/industries/government-public-sector/healthcare/insights/shifting-to-accountable-care-characteristics-and-capabilities.html

## 3.5 Summary of next steps regarding commissioning of integrated sexual health services

Ahead of the open procurement expected to commence in October'17, we will: -

- Offer an interim contract to BHRUHT
- Refresh our sexual health needs assessment as required.
- Model the likely impact of the 'e-service', the change in physical location of level three services and introduction of the ISHT on patient flows and costs.
- Explore an ICP and/or alternative means of increasing collaboration with CCGs to :-
    - To identify an alternative site for level 2 services in Romford
    - Develop a programme of work to improve the GP contraception offer.
- Agree a common service specification and payment mechanism for integrated sexual health services for residents in the 3 boroughs.

# 4. HIV prevention, testing and treatment

As with contraception, commissioning responsibilities regarding HIV are split between multiple agencies

- Councils commission HIV prevention and population testing e.g. in primary care; other sexual health services and social care support for people living with HIV.
- CCGs commission HIV testing in CCG commissioned services and care for any other physical and mental health conditions people living with HIV might have
- NHSE commissions HIV treatment services, including the cost of antiretroviral treatments; and antenatal screening

## 4.1 HIV prevention and testing

Increasing the proportion of people living with HIV who are diagnosed as such is an essential element of efforts to end the HIV epidemic as set out the UNAIDS 90:90:90 vision for 2020 which calls for at least :

- 90% of people living with HIV to be diagnosed
- 90% of those diagnosed to receive treatment
- 90% of those treated to be virally suppressed

The UK continues to fail with regard to the first of these aspirations in that only 87% of people thought to have HIV are diagnosed.

To reduce undiagnosed HIV, NICE and PHE recommend action to normalize HIV testing, with tests being provided in a wide range of settings and circumstances. PHE recommends that the following messages should be widely and consistently communicated:

- HIV is no longer a fatal infection but a chronic manageable disease
- treatment is available that allows the vast majority of people with HIV infection to be considered non-infectious
- regular HIV testing should be seen as a routine healthy behaviour and it has never been easier to have an HIV test

Activity to this end is ongoing at national, regional and local level.

**HIV Prevention England** (HPE) is the national HIV prevention programme for England; funded by Public Health England and managed by the Terrence Higgins Trust. It delivers a nationally co-ordinated programme of HIV prevention work with UK-based black African people and with gay men/men who have sex with men (MSM). Key elements include: -

- The 'It Starts with Me' annual summer campaign (May to August) which aims to engage people with a call to action related to condom use, risk reduction and HIV testing.
- National HIV Testing Week (November) raises awareness of the importance of HIV testing as well as motivating clinical and voluntary sector providers to increase opportunities to test – be it in clinical settings, in primary care, through community-based rapid testing or via postal testing. The ultimate goal is to increase regular HIV testing in the most affected groups.

**The London HIV Prevention Programme (LHPP)** is a collaboration involving all 33 London local authorities, which enables the commissioning and delivery of a range of city-wide HIV prevention interventions[5].

The overarching aims of the LHPP are to reduce new HIV infections and increase earlier diagnosis of HIV by:

- Increasing the uptake of HIV testing
- Promoting condom use
- Advocating for safer sexual behaviours.

These aims are delivered by the LHPP through three key elements:

- "Do It London" – multimedia communications on HIV for all Londoners, with specific campaigns targeted at key at-risk groups of MSM and black African communities; an estimated 50K Londoners were contacted in Q2 2016/17.
- condom procurement, promotion & distribution; more than 200k each quarter
- targeted outreach to MSM via face to face and digital channels; 44000 men received an intervention in the first two quarters of 2016/17; one late night club session in Romford was visited in Q2.[6]

Locally **Positive East** is commissioned by the Council to:-

- foster a safer sex culture
- reduce late diagnosis by encouraging HIV testing
- improve the wellbeing of individuals and communities affected by HIV

Activity is focused on MSM and black African communities; is culturally and linguistically sensitive and delivered in partnership with NHS agencies.

[5] The London HIV Prevention Programme (LHPP): A Report to Leaders' Committee, London Councils, December 2016 http://www.londoncouncils.gov.uk/download/file/fid/19660.

[6] London HIV Prevention Programme HIV testing, Condom Distribution and Outreach Services Report: Quarter 2 (1 Jul– 30 Sep, Financial Year 2016 –2017) GMI & FREEDOMS SHOP PARTNERSHIP

Key elements of the service include: -

- Outreach providing information & advice to people at risk of HIV exposure both face to face in a range of appropriate community-based and commercial venues and via media including social media.
- 1:1 support to encourage and assist individuals to
    - get tested
    - practice safe sex
    - access and maintain engagement with treatment services
    - address the welfare, employment, housing and immigration issues that otherwise might hinder engagement with treatment services
- Training for health and social care professionals, community groups etc about the specific needs of high risk groups

Both LB Barking and Dagenham and Redbridge separately commission services using the same service specification and the 3 boroughs have had an exploratory meeting about commissioning more collaboratively in the future.

In addition to action to normalize testing; PHE and NICE recommend action to increase the offer of testing in clinical services with a particularly proactive approach in areas described as having 'high' and 'very high' prevalence (see table 2).

Locally, HIV testing is:-

- offered on a universal 'opt-out' basis as part of the National Antenatal Infections Screening Programme with very high rates of participation (>99.8% for London in 2014/15).
- routinely offered in local GUM services. BHRUHT regularly reports the % of new patients tested against a minimum target of 85% which is consistently exceeded.
- offered by drug treatment services

Information about HIV testing when patients attend hospital or their GP with risk factors or diagnoses that suggest they are at increased risk of HIV is not available at the time of writing this report.

HIV testing is not routinely offered to all patients attending A&E or admitted to hospital where blood tests are being undertaken for another reason as NICE recommends in areas with 'high' prevalence. Neither is it routinely offered when patients register with a new GP.

In 2014/15, the Council commissioned three practices in areas serving communities with a relatively high proportion of black African residents to pilot the offer of HIV testing as part of new patient checks using POCT. The pilot was terminated when it became clear that very few patients agreed to testing. LB Redbridge is currently evaluating a similar service. Preliminary data suggest that uptake has also been low. LB Barking and Dagenham has just launched a similar service for its residents but it is too soon to draw any conclusions about uptake.

**Table 2: NICE recommendations about HIV testing in different settings and prevalence**

| Setting | Offer and recommend an HIV test to everyone who has not previously been diagnosed with HIV and who | All areas | High prevalence areas | Very high prevalence areas |
|---|---|---|---|---|
| Public health commissioned health care services | 1. Attends for testing or treatment at specialist sexual health services | X | X | X |
| | 2. Attends their first appointment at a drug dependency programme | X | X | X |
| Secondary and emergency health care services | 3. Attends termination of pregnancy services | X | X | X |
| | 4. Attends services providing treatment for hepatitis B and C, lymphoma and TB | X | X | X |
| | 5. Is admitted to hospital, including emergency departments, and:<br>•has symptoms that may indicate HIV or HIV is part of the differential diagnosis<br>•is known to be from a country or group with a high rate of HIV infection<br>•if male, discloses that they have sex with men, or is known to have sex with men, and has not had an HIV test in the previous year<br>•is a trans woman who has sex with men and has not had an HIV test in the previous year<br>•reports sexual contact with someone from a country with a high rate of HIV<br>•discloses high-risk sexual practices, for example the practice known as 'chemsex'<br>•is diagnosed with, or requests testing for, a STI<br>•reports a history of injecting drug use<br>•discloses that they are the sexual partner of someone known to be HIV positive, or of someone at high risk of HIV | X | X | X |
| | 6. Is admitted to hospital, including emergency departments, and who undergoes blood tests for any other reason. | | X | X |
| | 7. Is admitted to hospital, including emergency departments. | | | X |
| General practice | 8. Consults their GP regarding any of indications for testing listed in section 5 | X | X | X |
| | 9. Registers with a new GP | | X | X |
| | 10. Undergoes blood tests for another reason and has not had an HIV test in the previous year | | X | X |
| | 11 Attends for any consultation, whether bloods are being taken for another reason or not, based on clinical judgement. | | | X |

The decision to terminate the pilot of testing in general practice was in part made because Councils had the opportunity to opt-in to a national HIV self-sampling service being procured by PHE. LB Havering is one of 85 participating local authorities, including LB Barking and Dagenham and LB Redbridge. To be eligible, individuals must be aged 16 years and over, resident in a participating areas and self- identify as being in an at-risk group. The service became operational in November 2015. In the first year of operation, 220 tests were requested by Havering residents of which 110 were returned for testing – similar to the return rate seen nationally. Requests peak in November around HIV testing week. In 2015 and 2016, PHE has paid for HIV tests requested during this peak period i.e. 100 of all tests requested by Havering residents in year one. Nationally, 2/3rds of service users reported never testing or testing over a year ago[7] suggesting the service is expanding the reach of testing.

## 4.2 HIV treatment

Treatment has transformed HIV from a fatal infection into a chronic, manageable condition and people living with HIV in the UK can now expect to live into old age if diagnosed promptly. Moreover effective HIV treatment results in an 'undetectable' viral load which is protective from passing on the virus to others.

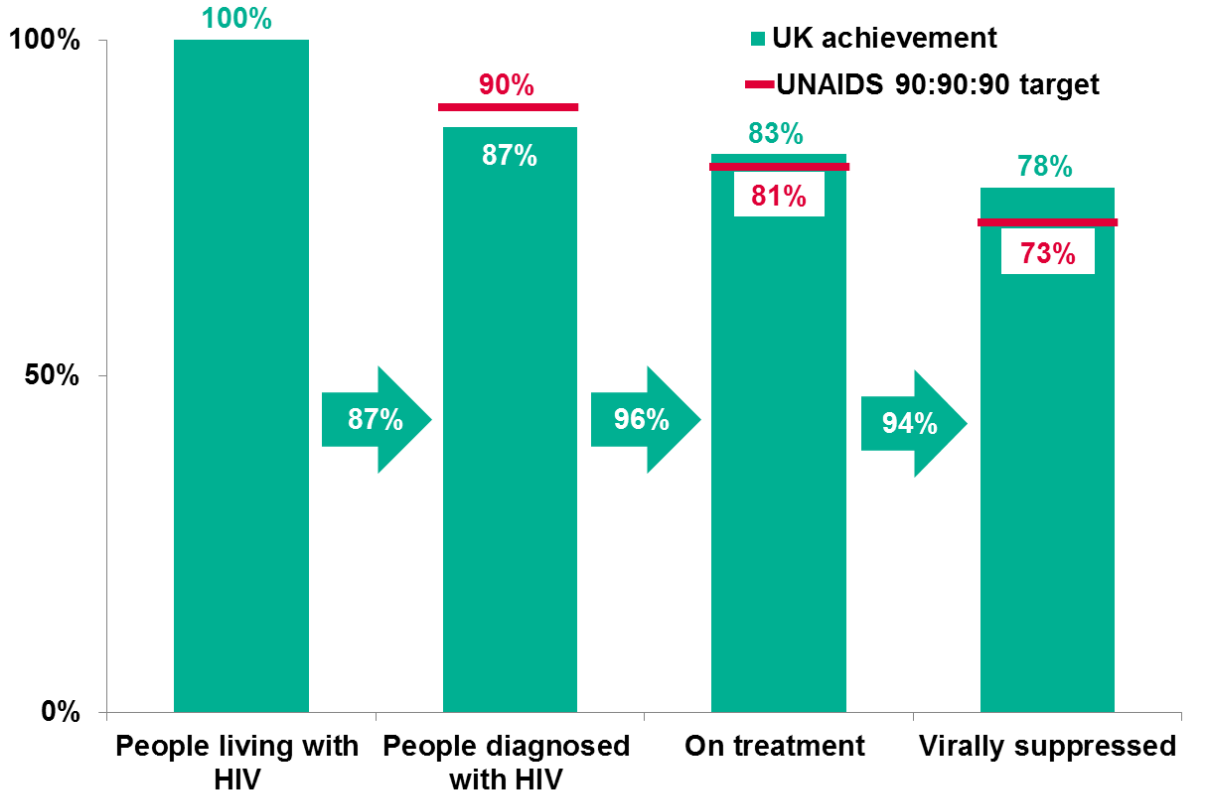
HIV treatment is commissioned by NHSE. Data about access to and delivery of care is collected and analysed by PHE. Results at trust level (local treatment services are provided by BHRUHT from the Barking Hospital site) are only available to service providers and commissioners. National data are publically available[8]. These demonstrate that the quality of treatment in the UK is excellent. Nearly all (97%) of the people diagnosed with HIV in 2015 were linked to specialist HIV care within three months of diagnosis and the vast majority (94%) of people accessing HIV care were receiving anti-retro therapy (ART) and as a result have undetectable virus in their blood and body fluids and are very unlikely to pass on their infection to others. Since the vast majority of people diagnosed with HIV are effectively treated, most new HIV infections are passed on from persons unaware of their infection. Hence condoms continue to be an important way to prevent HIV, other STIs and unintended pregnancy and are recommended, with new and casual partners in particular.

Given the effectiveness of treatment services, an increase in the % of cases diagnosed would see the UK meet the UNAIDS target in full.

[7] National HIV Self-Sampling service 4th Quarter report. Guerra L etc al. PHE November 2016

[8] Kirwan PD, Chau C, Brown AE, Gill ON, Delpech VC and contributors. HIV in the UK - 2016 report. December 2016. Public Health England, London. https://www.gov.uk/government/publications/hiv-in-the-united-kingdom

**UK HIV continuum of care: progress against UNAIDS target**




Source: PHE 2016.

## 4.3 Next steps regarding HIV

Review local testing practice to identify affordable means of increasing testing, particularly amongst high risk populations.

Participate in the review of HIV treatment services in London currently being undertaken by NHS England.