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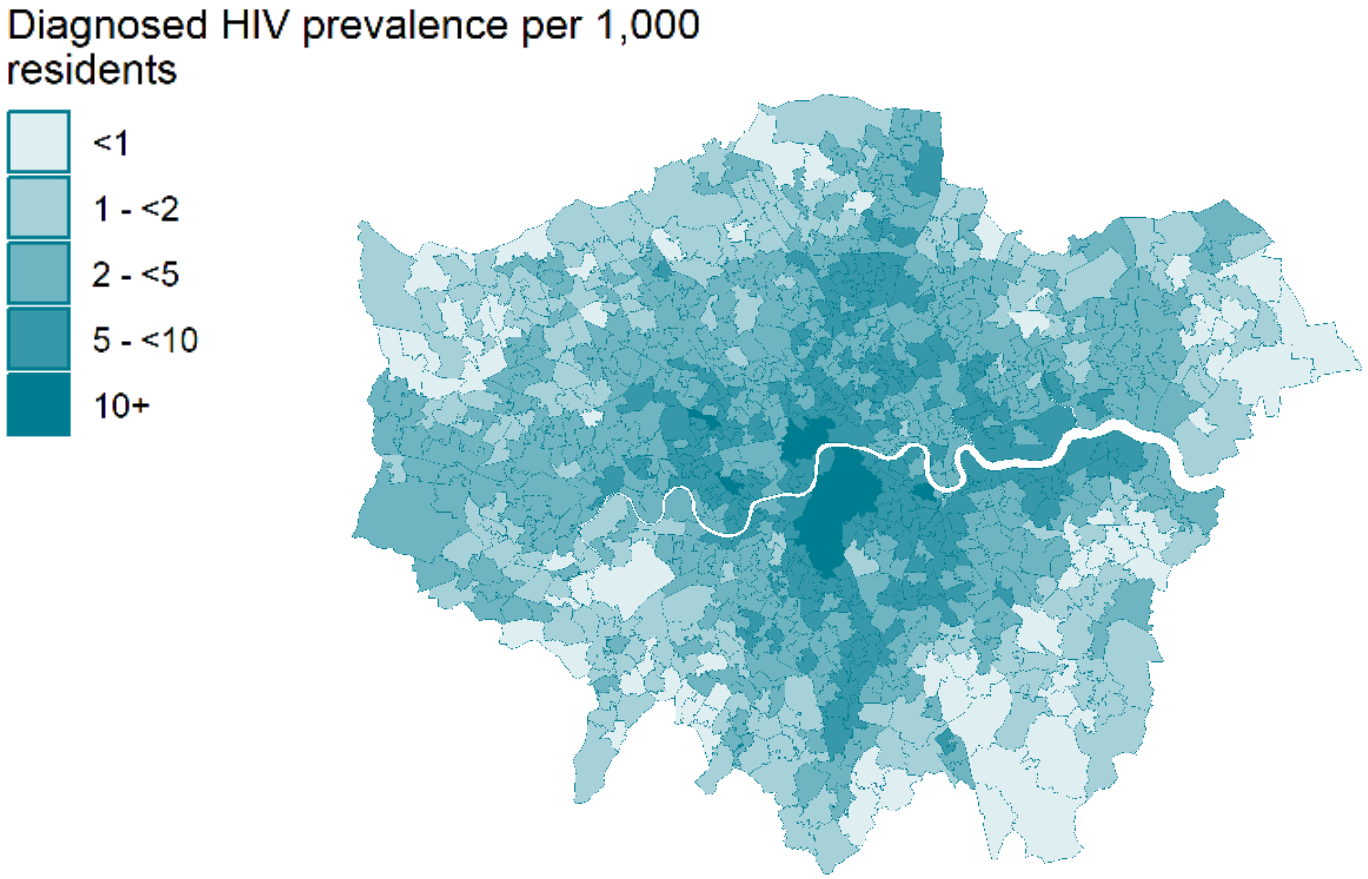
Consultant Physician, Homerton Healthcare NHS Foundation Trust London UK

Closing Gaps across the HIV Treatment Continuum 95-95-95 Targets Update 2024

London’s HIV Landscape



37,300 Londoners live with HIV

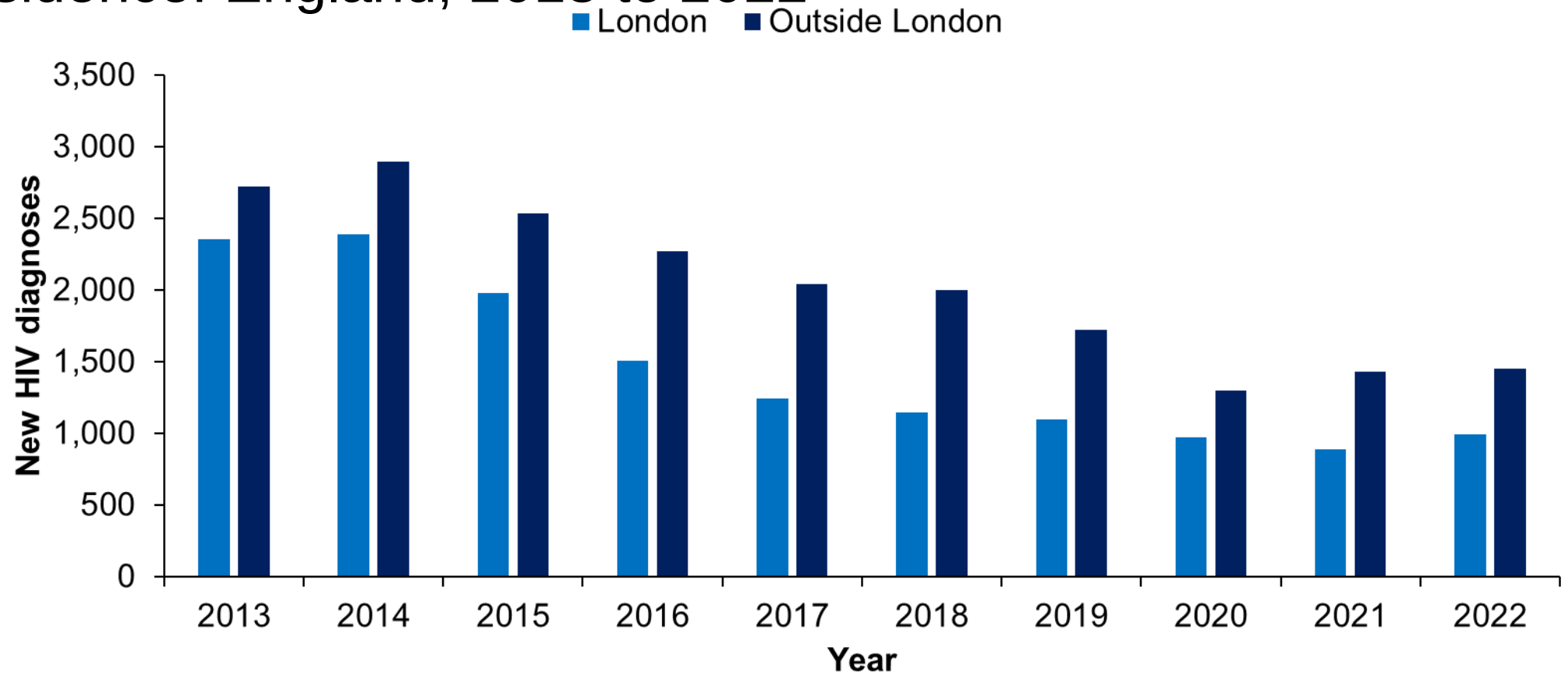
=

40% of people living with diagnosed HIV in England

- 8.8 Million people
- 5 Integrated Care Boards
- 33 local boroughs
- 44 acute hospitals
- 28 HIV clinical centres
- 50+ HIV Voluntary organisations
- 1,500 + Primary care organisations
- 16 Community and Specialist Trusts
- Multiple HIV related funding streams

Thank you UKHSA for the data and diagram

New HIV diagnoses first made in England [note 1] by region of residence: England, 2013 to 2022



[Note 1] Excludes people previously diagnosed abroad - less than 0.5% of new HIV diagnoses were first diagnosed in the UK outside England

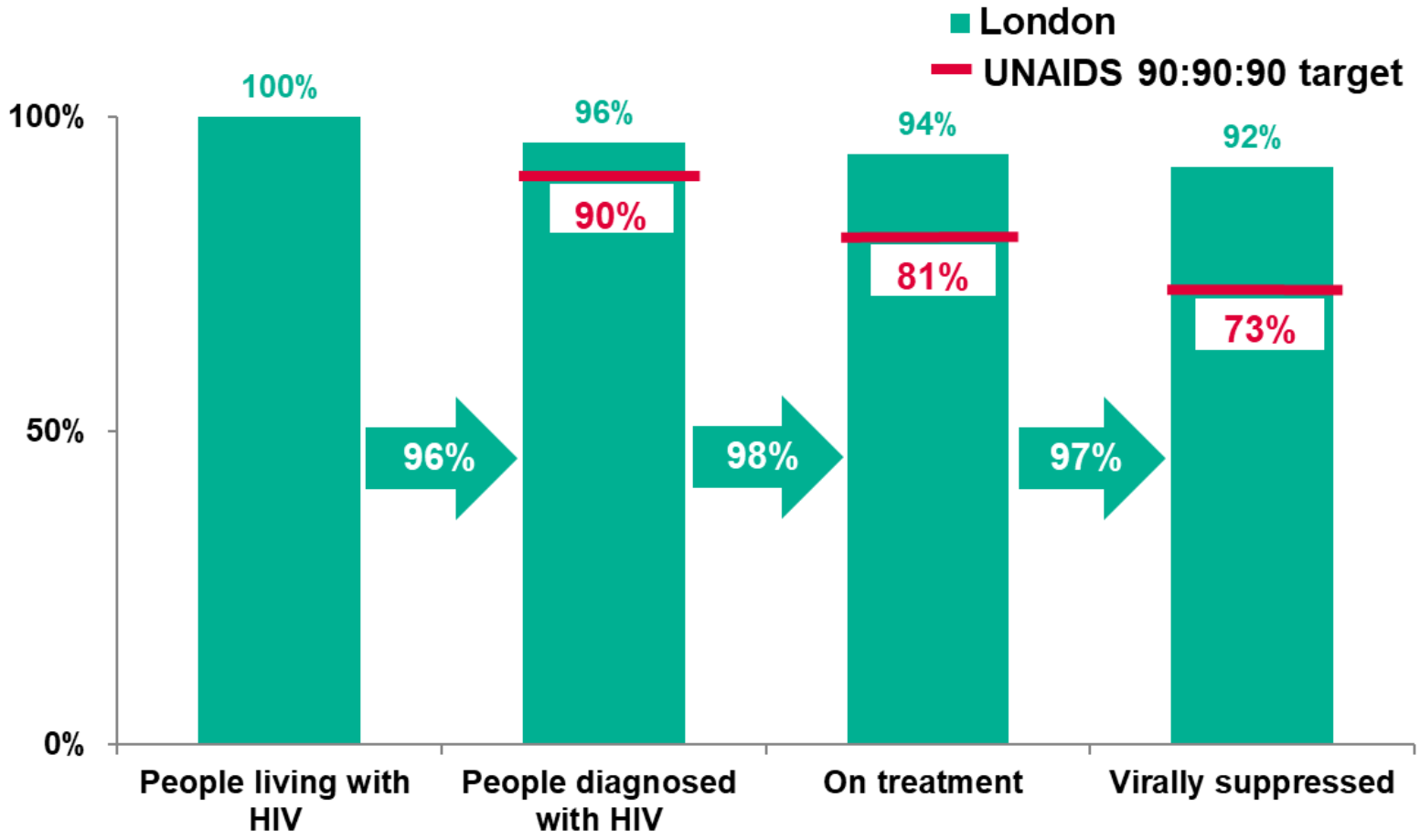
UNAIDS Targets: How is London Doing?

In 2022

96% of people who live with HIV know they have HIV

98% of those diagnosed are receiving HIV treatment

97% of those who are treated have viral loads so low that HIV is undetectable



Data courtesy of UKHSA https://www.gov.uk/government/publications/hiv-london-annual-data-spotlight

2024-07-22 IAPAC 95-95-95

Two-way path: moving backwards through the treatment cascade

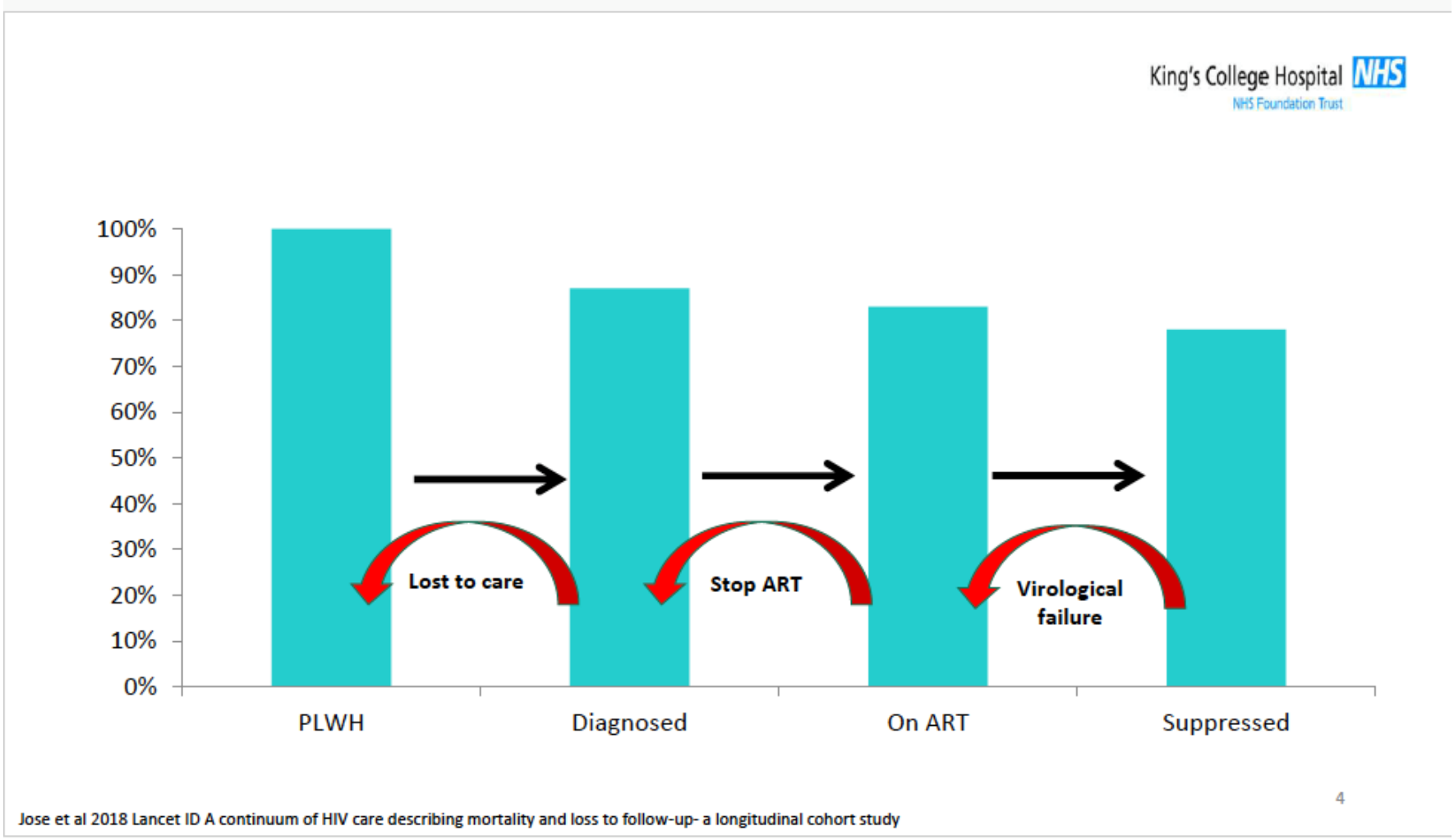
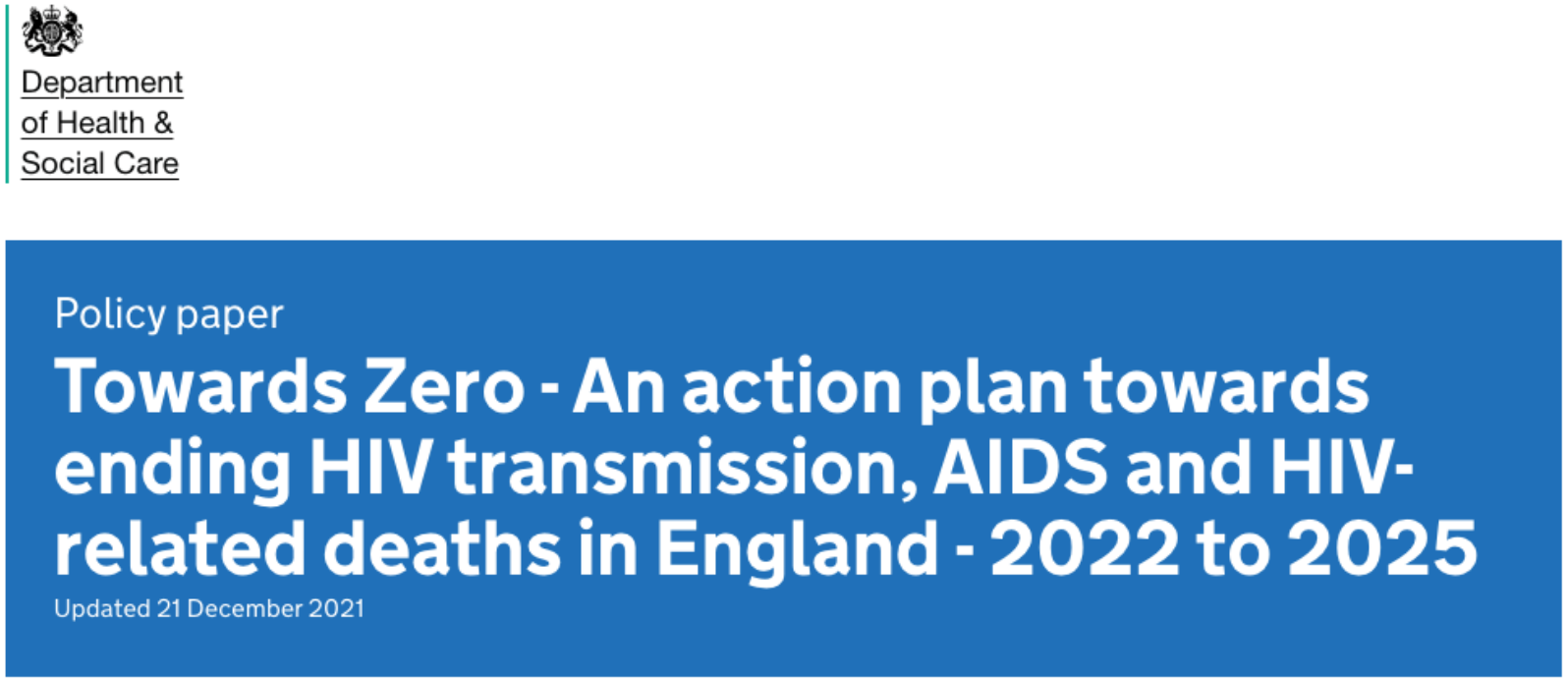


Diagram Dr. Kate Childs Kings College Hospital with thanks.

Haidari G, Harrop K, Lovatt I, Rosenvinge M, Wood L, Ratnappuli A, Mower R, Alexander H, Childs K. (2024) Integrated Care System (ICS) funding for re-engaging patients no longer in care -an important new area for HIV commissioning. BHIVA Spring Conference 2024. https://www.bhiva.org/SpringConference2024Presentations

Gap: People Living with HIV who are not engaged in care

- The UNAIDS Cascade calculation does not count
  - people who are diagnosed and not in care
  - people for whom information relating to treatment and viral load is missing.
- Total numbers of people living with HIV who are not retained in care is greater than previously thought
- Impact of Covid
- More sophisticated data collection
  - e.g. Clinic dashboards and definitions
- Testing interventions re-diagnosing and re-engaging
- Elton John AIDS Foundation work in SE London



Action 7: we will boost support to people living with HIV to increase the number of people retained in care and receiving effective treatment

Defining and Measuring Engagement in Care

UK Health Security Agency

Research and analysis

HIV Action Plan monitoring and evaluation framework 2023 report

Updated 1 December 2023

Applies to England

Current care standards recommend that people living with HIV should attend specialist HIV care annually.

Not engaged = those not seen within 15 months of their last attendance.

- People are mobile.
- Life is complicated
- The world can be a harsh place
- Clinics are open access.
- Data collection and management challenges

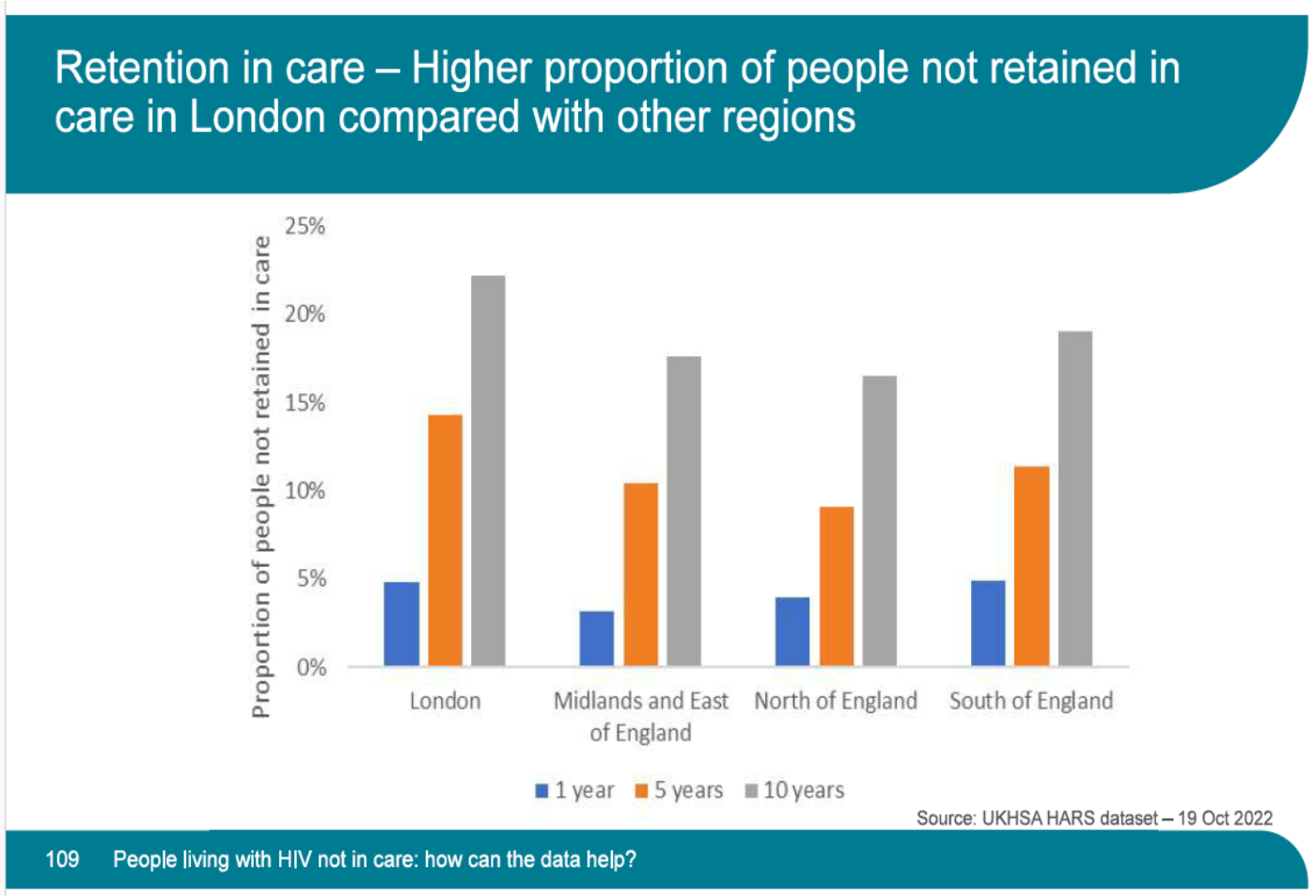
➢UKHSA send information relating to people who had a minimum 15-month gap since last consultation within the last 5 years and not seen again to HIV care providers.

https://www.gov.uk/government/publications/hiv-monitoring-and-evaluation-framework/hiv-action-plan-monitoring-and-evaluation-framework-2023-report#main-messages

Martin V, UKHSA (2024) Monitoring people not retained in care and subsequent re-engagement BHIVA Spring Conference. Oral presentation 001

Why does this matter?

- Avoidable HIV related morbidity and mortality: Higer rates of HIV associated hospital admissions amongst diagnosed people not accessing care than amongst people newly diagnosed[1]
- Costs to health and care systems[1]
- Confounds planning
- Increases the proportion of people who have transmissible HIV : of people in England with transmissible HIV
  - One third = undiagnosed people
  - Two thirds = people who are not engaged in care [2]



1.Childs K. People living with HIV not in care: time to act! https://www.bhiva.org/file/645ba42c7a8c8/Kate-Childs.pdf (PDF slides)
2. Martin V (presenter Brown A.) Estimating the number of people living with transmissible HIV in England in 2020. British HIV Association Spring Conference 2022, Manchester, abstract no O05.2

British HIV Association Standards of Care

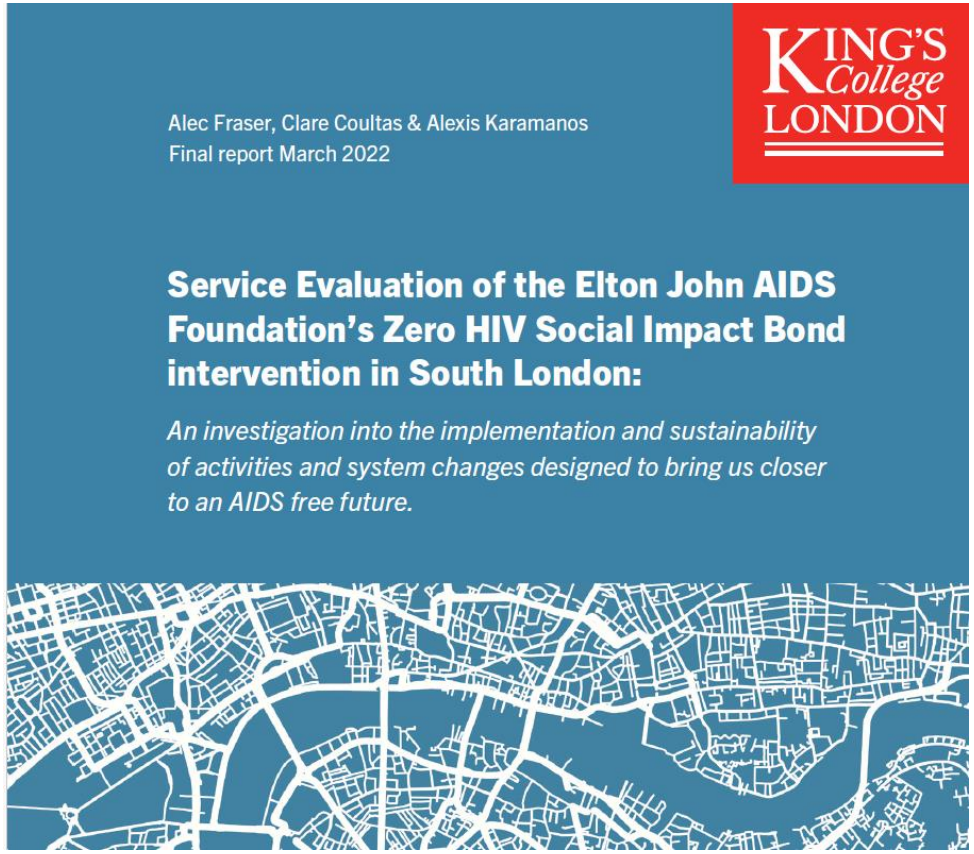
STANDARD 3b

"Services should have mechanisms in place to ensure all people living with HIV are retained in specialist care"

- HIV services should have mechanisms to identify and follow up people registered with their service, who become disengaged from care, who miss appointments orrun low on medication.
- HIV services should have mechanisms in place to explore the reasons for disengagement when people living with HIV re-engage with services and where possible address identified reasons for disengagement.

https://www.bhiva.org/standards-of-care-2018

Elton John AIDS Foundation Social Impact Bond

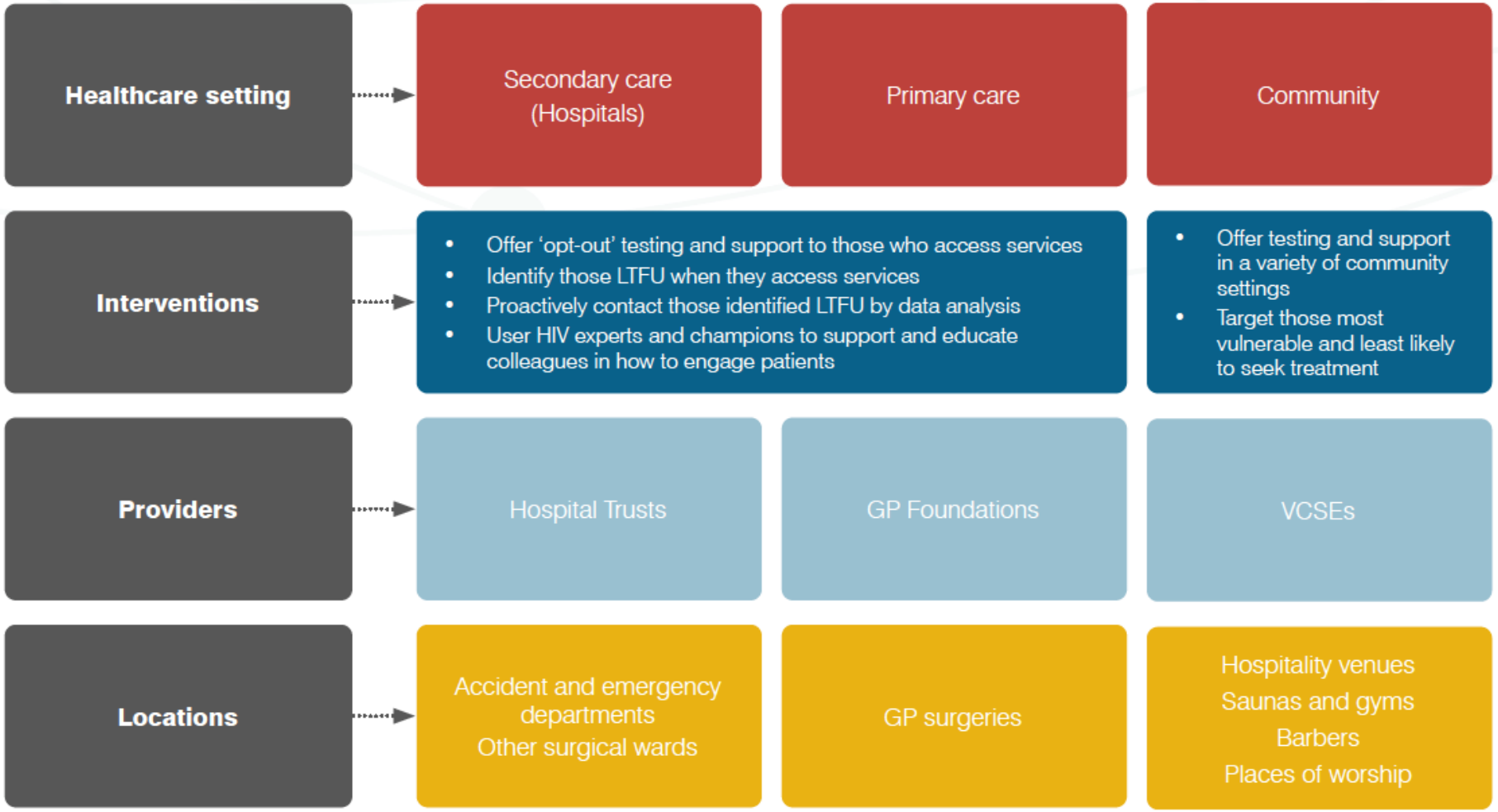


- Southeast London
- Combined interventions- opt out testing, engaged clinical teams, primary care
- 824 people living with HIV potentially lost to follow up re-engaged 153 people of this cohort.
- 71% were from Black African, Black Caribbean and Black 'other' communities.
- > 50% women.
- 44% of those re-engaged lived in the most deprived 20% areas (based on the Index of Multiple Deprivation).

https://www.kcl.ac.uk/research/service-evaluation-elton-john-aids-foundations-zero-hiv-social-impact-bond-intervention-south-london

Angell R, Clark K: People living with HIV and not in care. Terrence Higgins Trust (2024) https://www.tht.org.uk/about-us/what-we-do/our-campaigns/re-engaging-people-hiv-care

EJAF SIB : What happened, where and by who?



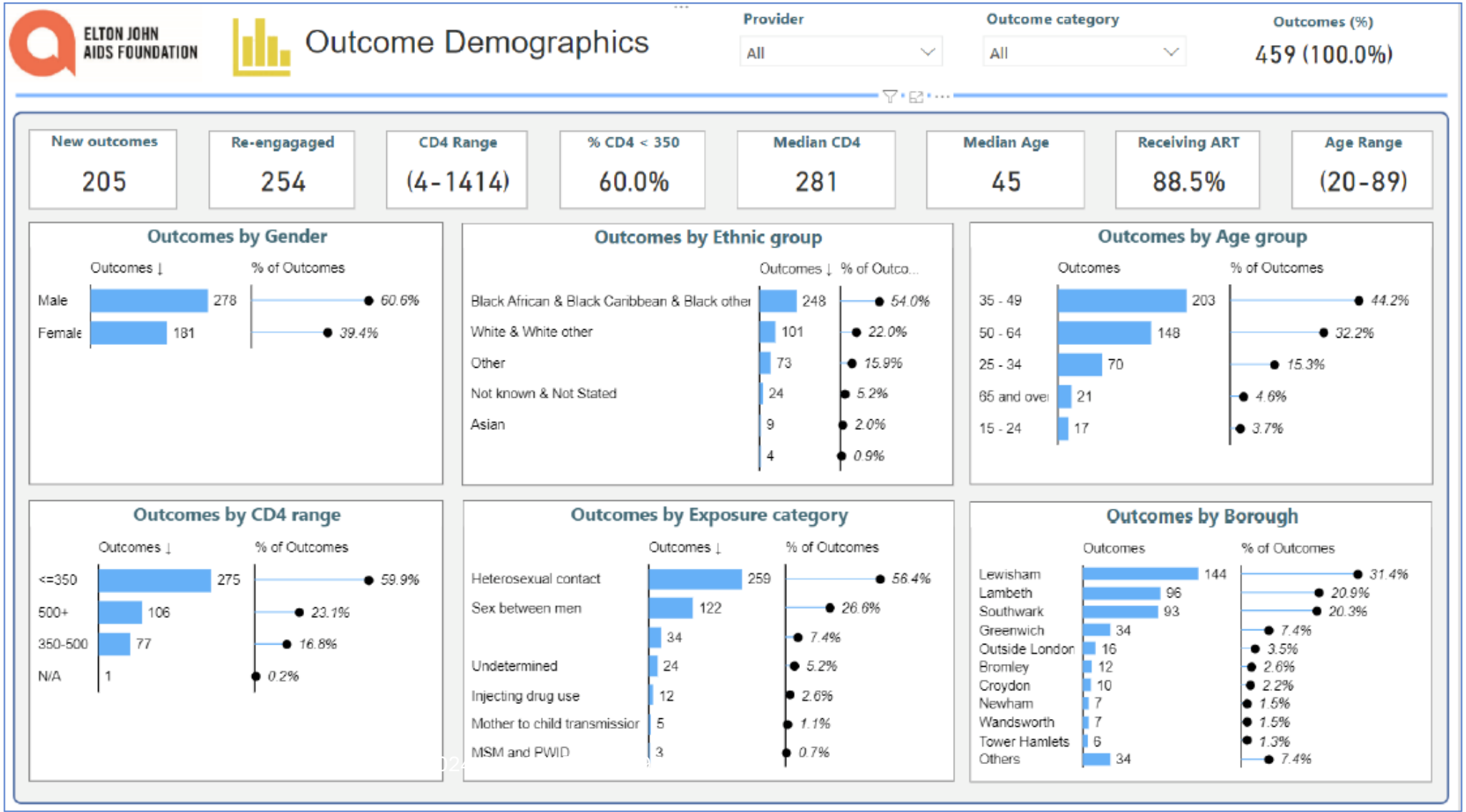
Stanworth N; The Zero HIV Social Impact Bond: The impact of the COVID-19 pandemic . https://golab.bsg.ox.ac.uk/knowledge-bank/resource-library/the-zero-hiv-social-impact-bond-the-impact-of-the-covid-19-pandemic/

Goal: Establish routine commissioning – developing the evidence

Key to influence commissioning is to show who we reach.

Our data shows the health inequalities issue, with >50% of people being Black African, Black Caribbean and Black Other community members.

Of heterosexual transmission, about two thirds are women, and 75% are members of Black African, Black Caribbean and Black Other communities.



Following on: S.E London Project

- ✓ Dedicated ‘re-engagement team’ at each trust
- ✓ Used a range of methods to contact people
- ✓ Data collected on standardised fields similar to EJAF pilot
- ✓ Included the barriers to re-engagement and sought to identify the main barrier for each patient

Re-engaged 88 patients over 12 months

- 52% female
- 48% male

67% Black African/Black Caribbean/ Black British/Black other

30.5% White/White British

2.5% other

Median age = 49 years

CD4 (Mean): 247 cmm^3

CD4 < 200: 41%

Haidari G, Harrop K, Lovatt I, Rosenvinge M, Wood L, Ratnappuli A, Mower R, Alexander H, Childs K. (2024) Integrated Care System (ICS) funding for re-engaging patients no longer in care -an important new area for HIV commissioning. BHIVA Spring Conference 2024. https://www.bhiva.org/SpringConference2024Presentations

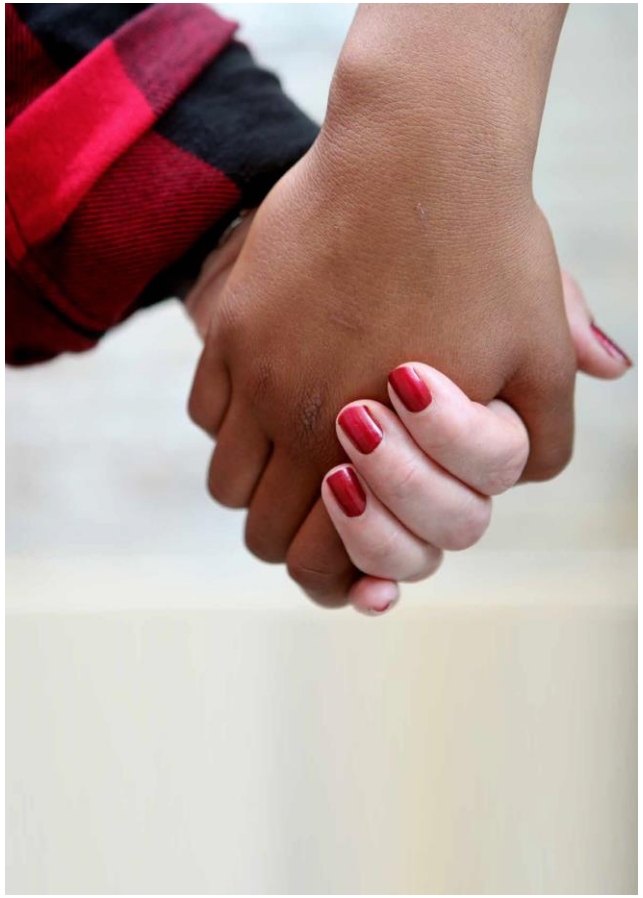
Re-engagement profile

- Median time out of care = 20 months (longest-122 months)

- Number of years since diagnosis of HIV
  - 57% >10 years
  - 19% 5-10 years
  - 19% 2-5 years
  - 5% newly diagnosed in the last 2 years

- 81% (72/88) of re-engaged already identified on the clinical our database

- 74% (65/88) of patients re engaged via the dedicated teams
  - 7 (8%) self-presented
  - 6 (7%) referred by other teams
  - 6 (7%) via GP



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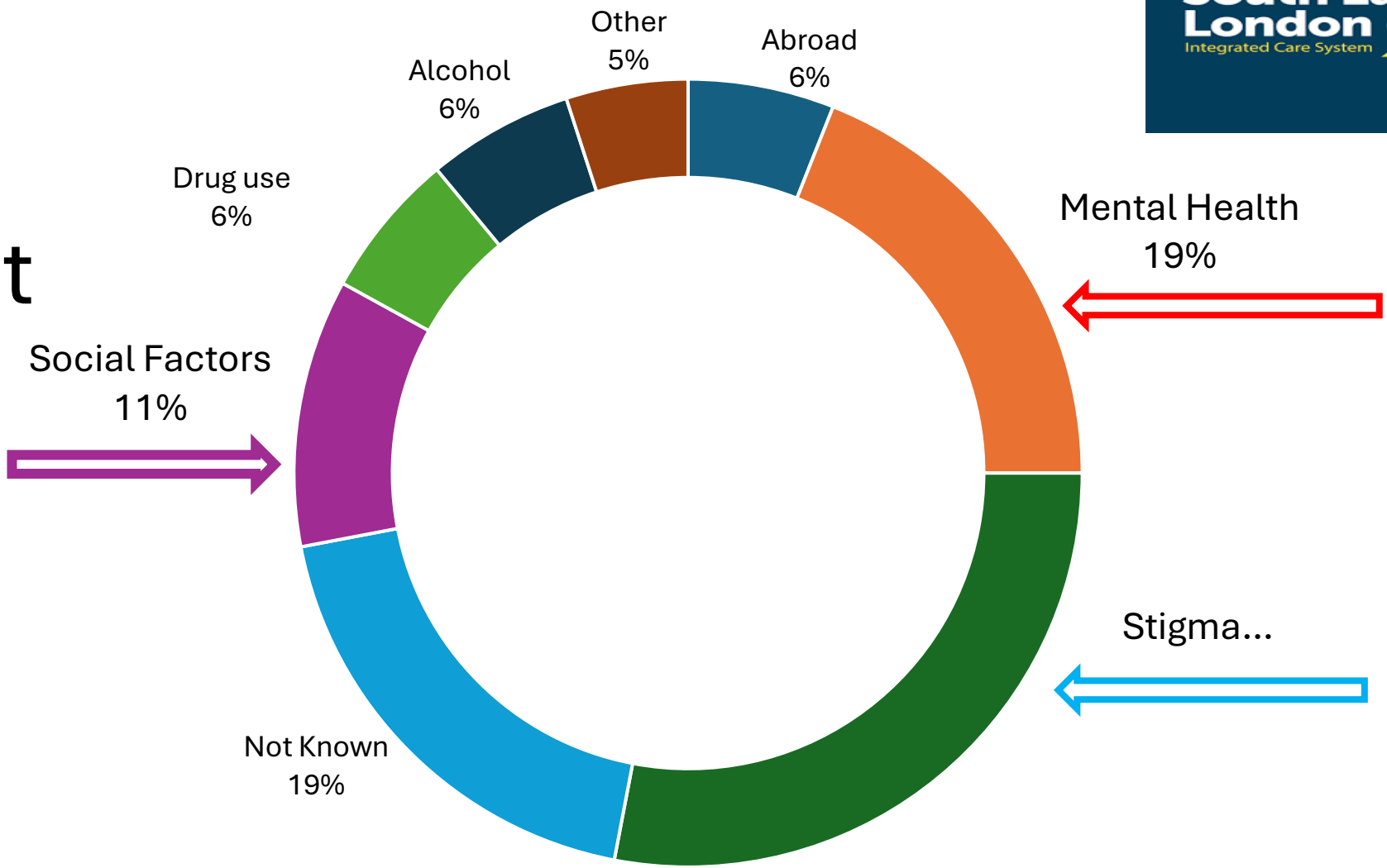
Barriers to Engagement



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Opt-out Emergency Department BBV testing

- 34 hospitals
- 4 cities
- Active with ED BBV opt out testing for ≥2 BBVs
- All 28 Type 1 EDs in London offer triple BBV opt out testing
- 3 million ED attendances with blood tests

Emergency Department Opt-Out Testing
London Sites April 2022 – March 2024 (24 months)

	Number of tests: HIV, HBV surface antigen, HCV antibody	New diagnoses	Previously diagnosed, not in care	Previously diagnosed, in care
HIV	**1,586,121**	**676**	**446**	**9,426**
Hepatitis B	**1,134,295**	**3,095**	**616**	**2,556**
Hepatitis C current infection (RNA+)	**1,177,128**	**881**	**158**	**269**
Total	**3,897,544**	**4,652**	**1,220**	**12,251**

This data is from the NHS England ED BBV opt out testing dashboard which receives aggregate data on testing, care status and linkage to care from all sites participating in ED testing on a monthly basis. Data is not linked to patient identifiers and is not routinely deduplicated. Dashboard data is subject to verification by UKHSA.

Emergency Department Opt-Out Testing Linkage to care: London Sites April 2022 – March 2024 (24 months)

	New diagnoses linked to care	Previously diagnosed not in care, linked to care	Total linked to care
HIV	**562**	**188**	**750**
Hepatitis B	**1,941**		**1,941**
Hepatitis C current infection (RNA+)	**568**	**50**	**618**
Total			**3,309**

This data is from the NHS England ED BBV opt out testing dashboard which receives aggregate data on testing, care status and linkage to care from all sites participating in ED testing on a monthly basis. Data is not linked to patient identifiers and is not routinely deduplicated. Dashboard data is subject to verification by UKHSA.

ED BBV Testing **England** April 2022 to June 2024

	Number of tests: HIV, HBV surface antigen, HCV antibody	New diagnoses	Previously diagnosed, not in care	Tests needed to find one person who is newly diagnosed or not in care	Previously diagnosed, In care
HIV	2,041,136	814	524	1,526	11,289
Hepatitis B	1,233,111	3,238	652	317	2,732
Hepatitis C current infection (RNA+)	1,565,182	1,258	241	1,044	367
Total	4,839,429	5,310	1,417	n/a	14,388

Subject to UKHSA validation. New defined as new to clinic and not disclosing under care. Numbers are based on attendances not individual patients, may lead to over reporting especially of those previously diagnosed not in care

Data Courtesy of Ian Jackson NHS England (

HIV opt out testing as part of NHS Health Checks in City & Hackney GP clinics

Slide courtesy of Dr Rachael Hill-Tout

FAST-TRACK CITIES

Fast-Track Cities London Roadmap **2019 - 2030**

The road to zero HIV

LONDON LEADERSHIP GROUP

People living with HIV

NHS England

London Councils

UKHSA

OHID

Mayor of London

Primary care

ICBs

Voluntary Sector

HIV clinicians

Directors of Public Health

Zero infections, zero deaths, zero stigma

Champion local improvements

ADVOCATING FOR LONDON

Advocate for HIV within our organisations

Influence national policy

Engage leaders & influencers

Work with other Fast-Track Cities

LEADING ACROSS BOUNDARIES

Complement regional & national work

Work across organisations in London

Change behaviours across all communities

Inject funds into HIV sector

Tackle HIV stigma

DELIVERING TOGETHER

Work in partnership to improve services

Raise awareness of HIV

Engage wider HIV community

Showcase London's achievements

Describe ambitions & plans

COMMUNICATING & ENGAGING

What will 2030 look like for London?

Confident to talk about HIV

Support to live & age well

No community left behind

Knowing when, where & how to get tested

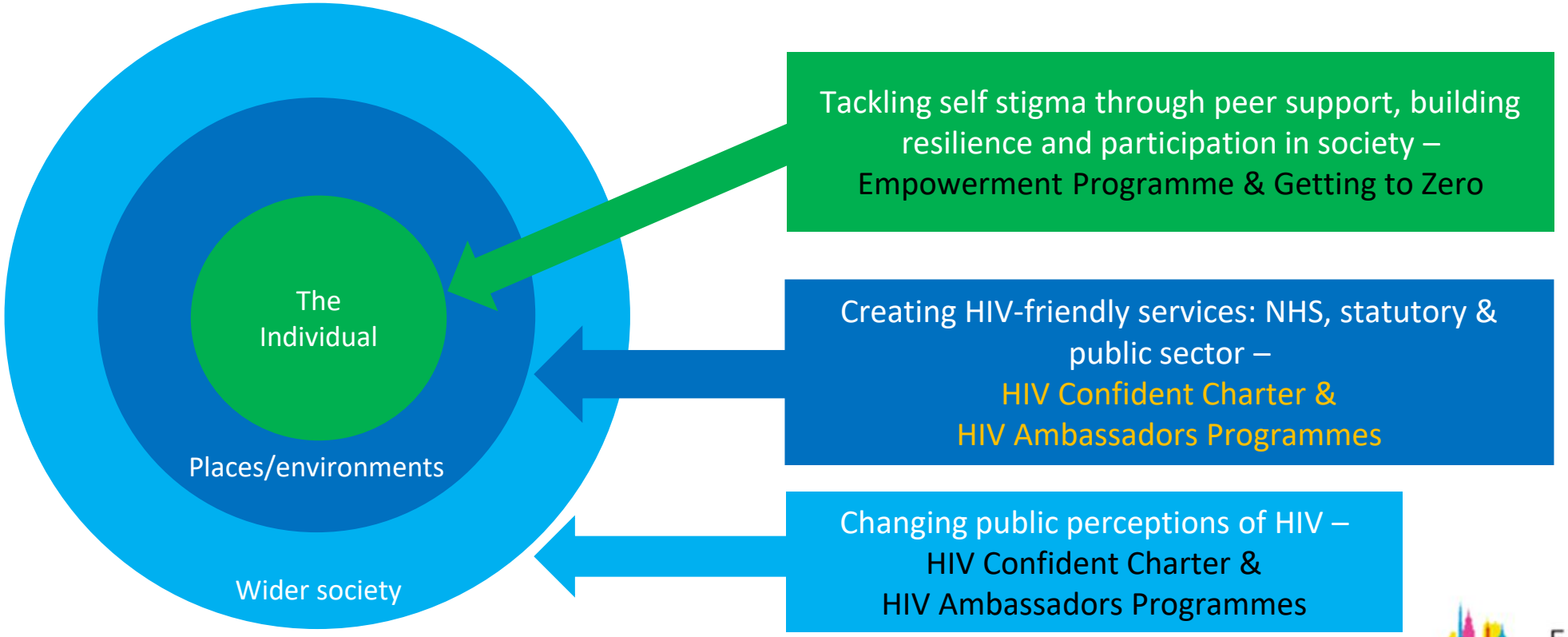
Best medical, psychological & social care

Improved awareness & knowledge of HIV

People understanding risk

Stigma & discriminiation challenged

FTC London approaches to tackling stigma



Stigma Programme

- **Empowerment:** Community of Practice created framework and established a £325k fund from April 2022 – March 2023 for six project to tackle self-stigma, working with diverse communities across London
- **HIV Ambassadors**: Three-year £235k programme from April 2023 in partnership with Terrence Higgins Trust, recruiting & training PLHIV to share their personal experiences and educate society about HIV
- **'HIV Confident' charter mark:** Three-year £360k programme from April 2023 in partnership with National AIDS Trust, Positively UK and AIDSMAP. Providing toolkits & online training to multi-sector organisations to gain achieve charter mark, tackling place-based stigma

NATIONAL AIDS TRUST
Securing rights Stopping HIV

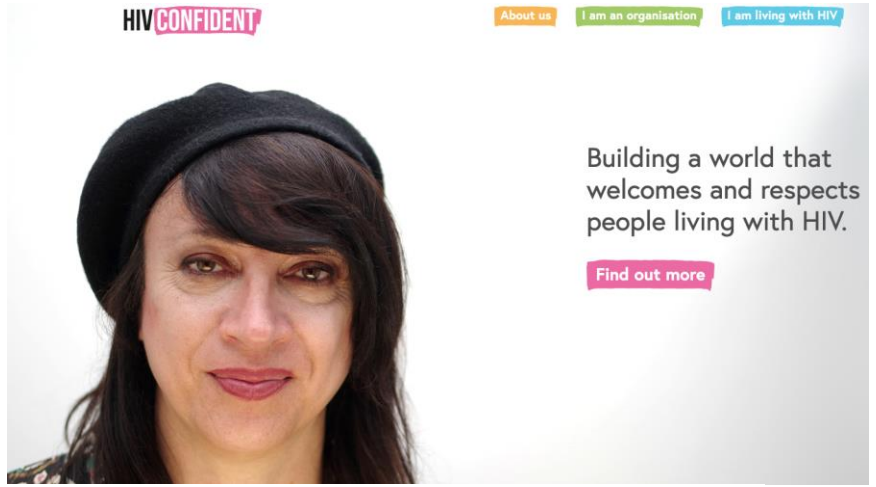
POSITIVELY UK

nam aidsmap
HIV & AIDS – sharing knowledge, changing lives

HIV CONFIDENT

HIV CONFIDENT HIV CONFIDENT HIV CONFIDENT

Terrence HIGGINS TRUST



Anti-Stigma HIV Charter

London’s HIV Confident Initiative

Getting to Zero Improvement Collaborative, 2024-26

A third sector partnership, working with the NHS

- **Aim 1:** Embed a peer support network in clinics across London
- **Aim 2:** Improve the quality of life and wellbeing of people living with HIV
- **Aim 3:** Re-engage people diagnosed with HIV who are no longer accessing care or treatment

Programme evaluation undertaken by the Tavistock Institute

Advice, support, re-engagement in care and Peer Support

Getting to Zero Improvement Collaborative, 2024-26

Living Well: Psychological Support

Positively UK: Welfare benefits advice

Positive East: Housing and benefits advice

THT: Re-engagement in care coordinator, Chemsex support

Food Chain: Nutritional advice/support

4M Network: Mentor mother support

AAF: Reaching African communities

THT/Metro/PUK/PE: ‘Learning to live well with HIV’ courses

In-clinic peer support

Metro: SWL/SEL

Positive East: NEL

Positively UK, Plushealth, NAZ, Sophia Forum: NCL/NWL

Getting to Zero Collaborative
Assessing and improving Quality of Life

- Specifically designed standardised Wellbeing Assessment Tool
- Understanding impact and outcomes
- Tool will cover the range of issues contributing to disengagement from care.
- Monitoring and understanding onward referrals
- Identify unmet needs
- Facilitate signposting to VSO services via the Collaborative and beyond

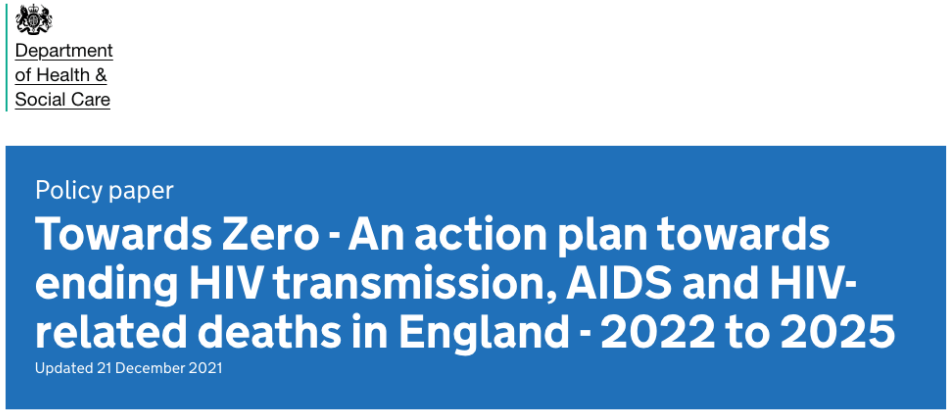
Primary Care Champions Pilot, 2024

16 General Practitioners across the five London ICSs

Key objectives :

- Improve HIV awareness and tackle stigma in primary care
- Improve health and well-being for people living with HIV
- Improve collaborative working between primary and secondary care, as well as the HIV voluntary sector (via in-clinic peer support workers)
- Increase testing for HIV in primary care

Closing the Gap: Implementing what works



Action 7: we will boost support to people living with HIV to increase the number of people retained in care and receiving effective treatment

- Leadership and commitment
- Whole system approach
- Focus: with special attention to the most vulnerable
- Resources: sufficient and sustained resources
- Monitoring: data and intelligence
- Responsive, agile, flexible
- “Re-engagement works but its extremely labour intensive”

Call to Action

Our asks for the next government

3 Create a national programme to find and re-engage people living with HIV who are not in care and support everyone to live well with HIV

Up to 14,000 people living with HIV in England have not been to their HIV clinic for at least a year. Hospitals in urban areas are reporting that people previously diagnosed with HIV but not accessing care are now the leading driver of hospital admissions related to HIV. This is completely avoidable.

This is the result of many factors, including experiencing complex medical and mental health needs, poverty, discrimination and fear of stigma. The Positive Voices survey shows that in 2023, people living with HIV experienced poorer levels of wellbeing and higher unmet needs than five years ago, with marked inequalities by race, age and gender.

Pilot work by the Elton John AIDS Foundation has successfully returned people to care through case-finding, focused follow up and wrap-around support for people, which now must be rolled out across the country through a national programme. Action must also be taken to make peer support and social services accessible to all,addressing the drivers of inequalities and supporting people with HIV to live and age well with dignity.

Thank You

See https://fasttrackcities.london/ for all our programmes and reports

Professor Jane Anderson PhD; FRCP.
Co-Chair Fast-Track Cities London

janderson@nhs.net

FAST-TRACK CITIES