



## **HIV and sexual health: A guide to the English NHS changes for MPs from April 2013**

### **HIV in the UK today:**

**In the UK** 17 people are newly diagnosed with HIV everyday. The number of people living with the virus has trebled in the past decade, and a **quarter of those who are living with HIV don't know that they have it**. HIV is now a long term manageable condition, but it can still be difficult to manage. As people are living longer with the disease, they are experiencing more opportunistic infections, and sadly stigma and discrimination still prevail. If every HIV infection in 2010 had been averted, we could have saved more than **£1.2 billion** in direct lifetime healthcare costs. It remains in the strong interests of individuals and wider public health to ensure that HIV is prevented, and that those who are living with the virus are provided with adequate treatment and care services.

### **Under the 2012 Health and Social Care Act, the commissioning and monitoring of HIV prevention, testing, treatment and care services will change.**

Primary Care Trusts (PCTs), the bodies previously responsible for commissioning most services, were abolished from 1 April 2013. In their place will be new GP-led bodies called **Clinical Commissioning Groups (CCGs)**, who will be responsible for planning and purchasing the majority of NHS hospital services (secondary care) in their local area.

HIV services will not be commissioned by CCGs, however. **As a condition which affects a comparatively small number of people, but requires specialist expertise and medication, HIV services** will be the responsibility of a central body, **NHS England (formerly the NHS Commissioning Board)**. This is to help ensure quality and consistency in HIV services and equality of access to patients across England.

**Open access sexual health services (excluding HIV treatment, but including testing) will now be commissioned by local authorities, who have been given responsibility for public health.** HIV prevention work (e.g. local campaigns, condom provision) also comes under the local authority public health banner.

**The Government's ambition for tackling HIV is set out in the Sexual Health Policy Improvement Framework published in March 2013:**

**AMBITION: Reduce onward transmission of and avoidable deaths from HIV**

- Individuals understand what HIV is and how to reduce the risk of transmission.
- Individuals understand how HIV is prevented.
- Individuals understand where to get prompt access to confidential HIV testing.
- Individuals diagnosed with HIV receive prompt referral into care, and high-quality care services are maintained. Individuals diagnosed with HIV receive early diagnosis and treatment of STIs

**What are the implications of the NHS changes for constituents living with or at risk of HIV?**

- Prevention
- Treatment
- Testing
- HIV-related social care

**Prevention**

HIV prevention services will be provided by **local authorities**, who have been given responsibility for commissioning public health.

This offers the potential for new ways of delivering services for communities and integrating HIV prevention with existing Local Authority commissioned services. However, there is a risk of HIV being deprioritised as Local Authorities will not have the same financial incentive as PCTs to prevent HIV, because they will not manage the treatment budget. There is also a risk that HIV prevention could lose out to more typically popular public health issues unless it receives public and political support.

Nationally, The Department of Health has allocated **£2.2million** per year to be spent on HIV prevention through **HIV Prevention England**, a programme which is to be run by the Terrence Higgins Trust and other partners. This programme will provide services directed in particular to those groups who are at a higher risk of HIV infection: men who have sex with men and people of sub-Saharan African origin.

HIV Prevention England has established three goals: 1) to increase HIV testing to reduce undiagnosed and late diagnosed HIV in both communities; 2) to support sustained condom use and other behaviours that prevent HIV in both communities, and 3) to tackle stigma within both communities and more widely. This work is designed to be additional and doesn't replace the prevention work that is the responsibility of local authorities; instead it is supposed to be complementary.

Last year, HIV Prevention England and Terrence Higgins Trust organised and promoted the first national HIV Testing Week in England.

## HIV testing

**Increased HIV testing should continue to be part of local HIV prevention strategies in areas of high prevalence.** There are currently **54<sup>1</sup> Local authorities with a HIV prevalence higher than 2 per 1,000**- the point at which NICE recommends that routine HIV testing is cost effective and should be carried out. Routine HIV testing in some areas has led to tests being offered more often and in more settings such as GP surgeries, Accident and Emergency departments and community settings in particular areas of cities like London, Manchester and Brighton. **Clinical Commissioning Groups** will also have a role in commissioning HIV testing in GP surgeries and secondary care.

**NAT (National AIDS Trust)** has recently produced a guide to '**Commissioning HIV Testing Services in England**' which has more detail on HIV testing best practice.

### MPs can help to promote HIV prevention and testing by:

- Talking openly about HIV and sexual health in the local media and encouraging local councillors to do the same
- Supporting National HIV testing week in November ahead of World AIDS Day and encourage people to get regularly tested – especially from higher risk groups
- Raising the importance of HIV prevention and testing with community leaders and opinion makers in your constituency
- Working with, and supporting, local HIV organisations who promote testing and prevention<sup>2</sup>
- Challenge HIV related stigma, which can be a barrier to people testing.

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<sup>1</sup> Health Protection Agency, 2012: [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317133743551](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317133743551)

<sup>2</sup> There are searchable databases of local HIV organisations at <http://www.lifewithhiv.org.uk/organisations>, <http://www.aidsmap.com/e-atlas> or <http://www.tht.org.uk/our-charity/Footer/Contact-us>

## Public Health England

A new body, Public Health England, will be set up to coordinate public health work nationally including responsibility for prevention initiatives in sexual health. It will also be responsible for national and local surveillance of the HIV epidemic, which was previously carried out by the disbanded Health Protection Agency.

## Levers for influence

The Department of Health has published the **Public Health Outcomes Framework**, which sets out its desired outcomes for public health. Local authorities can track local progress against different public health outcomes when drawing up their public health plans.

The Public Health Outcomes Framework includes three indicators for sexual health:

- ***People presenting with HIV at a late stage of infection***
- Chlamydia diagnoses (15-24 year olds)
- Under 18 conceptions

Local authorities will be expected to pay particular attention to these objectives in their assessments and plans. **Reducing rates of late HIV diagnosis not only improve the health outcomes of individuals living with HIV, but also slowdown rates of new HIV infection as people living with HIV who are aware of their status, and who are and on treatment are less likely to pass the virus on.**

## Joint Strategic Needs Assessments

Joint Strategic Needs Assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The Assessment will underpin the **health and well-being strategies**, a new statutory requirement and commissioning plans. Local Health and Well-being Strategies are drawn up by the new local Health and Well-being Boards, which are led by local authorities, but include representatives from CCGs and other relevant stakeholders.

The main goal of a Joint Strategic Needs Assessment is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. It is therefore important that these assessments include accurate information about the sexual health needs of the local population.

### **Suggested questions to ask your local authority:**

- **Do you know how many people are living with HIV locally?**
- **Is your local authority an area of high HIV prevalence, if so how are they responding?**
- **Are there large numbers of people who are diagnosed late with HIV?**
- **Does your Joint Strategic Needs Assessment reflect the sexual health needs of your constituents?**
- **What open access HIV advice and social care services are provided or commissioned by your local authority?**
- **How are you promoting and supporting HIV testing?**

## **HIV Treatment**

NHS England will commission HIV treatment, alongside a range of other rare and specialised health conditions. NHS England will also be responsible for primary care (GPs, dentists and pharmacists) as well as healthcare in prisons, immigration removal centres and other detention settings.

The commissioning plans which NHS England makes for these specialized services will be guided by 64 Clinical Reference Groups (CRGs). CRGs are panels of experts in specific health areas including doctors, commissioners and patient representatives. The HIV Clinical Reference Group is chaired by Dr Simon Barton, an HIV consultant from Chelsea and Westminster Hospital in London.

However, national commissioning does not address the need for greater GP and other primary care involvement in HIV care, especially now that so many people are in a very stable condition with effective HIV treatment. Most other long term conditions like diabetes, asthma and coronary heart disease will be funded by the CCGs and so will have input from GPs and other primary care practitioners.

CCGs and GPs will be responsible for providing and commissioning non-HIV related health care to people living with HIV (previously some primary care services have been accessed through HIV clinics). This will require greater HIV awareness from GPs, and a closer working relationship between HIV clinics, GPs and people living with HIV. This changing relationship between primary and secondary care is worrying some people living with HIV. However, with the increase in the number of people living with HIV, and with many of these people living longer and having other conditions or health problems, ensuring that their care is HIV aware and appropriate to tackle these other conditions and of a high quality will be important.

## HIV-related Social care

From the beginning of the epidemic it has been acknowledged that people living with HIV have specific social care needs, although these have changed as treatment has improved. HIV-related social care can support people living with HIV with their psychological and emotional needs, as well as help them to cope with side effects of medication and the fluctuating nature of the condition. It can provide much needed practical and emotional support; and this care can also help people living with HIV to return to and remain in work after their diagnosis.

Under the new NHS arrangements HIV social care will continue to be commissioned by local authorities. Following the Comprehensive Spending Review in October 2010, the historic “AIDS Support Grant,” designed to support the social care needs of people living with HIV was mainstreamed into the Local Authority Formula Grant settlement. However, the Government retained a specific allocation of funding for social care for people with HIV within the Formula Grant, called ‘HIV/AIDS Support’. This funding is set to increase by £10.7 million over five years from £25.5 million in 2010/11 to £36.2 million in 2014/15.<sup>3</sup>

Although it is no longer a ring-fenced grant, the retention of a named funding line within the Formula Grant illustrates that the importance of funding social care for people living with HIV is recognised by the Government. It has also been used by local authorities to fund third sector HIV organisations to provide local HIV services to people living with HIV.

However this is not wholly reflected in the actions of local councils - The National AIDS Trust conducted a survey last year which showed that councils were using it in different ways, in some cases siphoning it off to other services as they no longer have to report on how it is spent to Central Government.<sup>4</sup> Retaining the named funding line is very important after 2014, as it enables local campaigners and HIV organisations to understand how much money is meant to be allocated towards HIV-related social care.

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<sup>3</sup> If you want to know the undampened level of your local authority’s HIV/AIDS support funding for 2013/14 please visit:

[http://www.nat.org.uk/media/Files/Policy/2013/CLG\\_Local\\_Govt\\_tailored\\_distributions\\_inc\\_HIV\\_Support\\_Grant\\_1314.pdf](http://www.nat.org.uk/media/Files/Policy/2013/CLG_Local_Govt_tailored_distributions_inc_HIV_Support_Grant_1314.pdf)

<sup>4</sup> NAT, “HIV Social Care in England: A survey of Local Authorities”, April 2012

<http://www.nat.org.uk/media/Files/Policy/2012/HIVSocialCareReport2012forweb.pdf>

**Suggested questions to ask your local authority:**

- How is the budget line for HIV and AIDS support being spent locally?
- What support is available locally for constituents who are living with HIV?

**Suggested questions to ask the Department for Communities and Local Government:**

- Whether the department will retain the funding line for HIV and AIDS support within the formula grant after 2014 and how it might be affected by local government finance reform
- When the HIV/AIDS support funding line for 2014/15 will be published

**Further Reading:**

**British HIV Association: “Standards of Care for People living with HIV”**

<http://www.bhiva.org/documents/Standards-of-care/BHIVAStandardsA4.pdf>

**Department for Health: “A Framework for Sexual Health Improvement in England”**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)

**Health Protection Agency:**

“Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas:”

[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317133743551](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317133743551)

**National AIDS Trust:**

“HIV Social Care in England: A survey of Local Authorities”

<http://www.nat.org.uk/media/Files/Policy/2012/HIVSocialCareReport2012forweb.pdf>

“Commissioning HIV Testing Services in England”

[http://www.nat.org.uk/media/Files/Publications/March\\_2013-Commissioners\\_Guide.pdf](http://www.nat.org.uk/media/Files/Publications/March_2013-Commissioners_Guide.pdf)