

Public Health and HIV in London

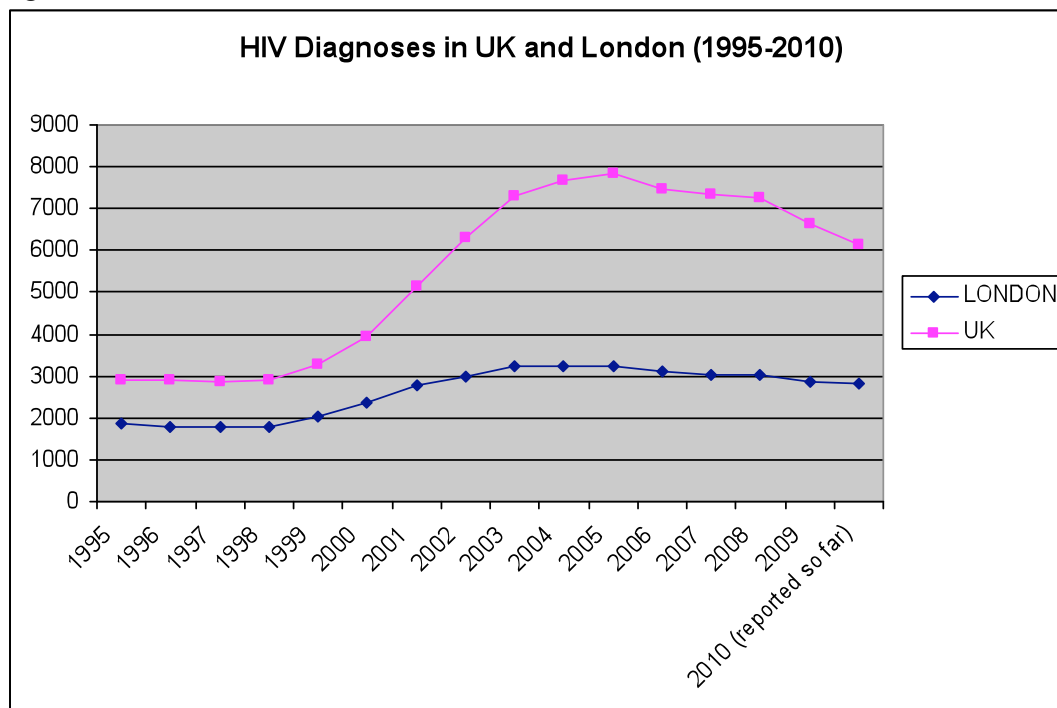
There are more people living with HIV in the capital than ever before. The reforms to the NHS and public health will lead to a potential fragmentation of services dealing with the virus. HIV treatment is expected to be commissioned by the NHS Commissioning Board, whilst Local Authorities will be responsible for HIV testing and prevention.

Overview

As a large city with large numbers of gay and bisexual men, migrants from Sub-Saharan Africa, people living in poverty and an underground sex scene it is hardly surprising that London is the epicentre for the UK's HIV epidemic.

A large proportion of the earliest HIV cases in the first few years of the 1980s were seen in London and the South East and 60 per cent of all infections recorded before 1995 occurred in London. Since then, the epidemic has gradually dispersed around the country, but London remains by far the most affected part of the country. In 2010, 46 per cent of the total numbers of diagnoses were recorded in London. The estimate of the current number of people living with HIV in the capital is 35,000, with 26 per cent undiagnosed. Of the 2839 new diagnoses reported in the city in 2009, 1981 were men and 858 were women and 39 per cent of new diagnoses were amongst men who have sex with men.¹

Figure 1: HPA data



¹ HIV in the UK: 2010 Report, Health Protection Agency, <http://www.hpa.org.uk/hivuk2010>

What do the public health reforms mean for HIV?

The reforms outlined in the Public Health White Paper propose that integrated sexual health services, including testing and prevention, should come under the remit of Local Authorities in their new public health role. There is a rational argument that Local Authorities can make a success of this commissioning as many of the determinants of poor sexual health fall within their remit, such as social deprivation and sex and relationships education.

However, funding remains a key concern. Current costs of sexual health services alone are estimated at around £700-£750 million per year - between 17 per cent and 20 per cent of the outlined £4 billion budget for all Public Health. There will have to be sufficient national leadership to ensure that HIV testing and prevention services are not defunded not least because public, political and media attention tends to focus on obesity, alcohol, drugs and smoking as public health priorities. Whilst these areas are important, there is a risk that they will overshadow sexual health as a less conspicuous but, nevertheless important, issue. There is also a concern that while Primary Care Trusts (PCTs) have had a clear incentive to prevent HIV because they ultimately had to foot the bill for long term treatment and care, Local Authorities will not be equally incentivised as the NHS will cover these costs.

Testing

Increasing HIV testing rates is essential, both to improve health outcomes for people diagnosed with HIV, and to prevent onward transmission. 26 per cent of people with HIV do not know they have it, and they are statistically more likely to pass the virus on. Once someone is diagnosed they can take steps to reduce the risk of onward transmission, and medication itself can also dramatically reduce someone's infectivity. In 2009, 52 per cent of people diagnosed with HIV were diagnosed late, at a stage when their immune system had been significantly damaged and they should have already started treatment.

London PCTs have set themselves the ambitious joint target of halving rates of late diagnosed HIV. This has helped to drive increases in community testing, for example in gay venues in central London.

The Public Health Outcomes Framework consultation has proposed a long list of outcome indicators against which Local Authorities' performance will be judged, including a measure of what proportion of people with HIV are diagnosed late. The inclusion of this indicator in the final Outcomes Framework is very important in continuing efforts by London PCTs to ensure uptake of HIV testing is a priority, particularly amongst those at increased risk.

Prevention

Coordinated prevention of HIV transmission has been led by the pan London HIV Prevention Programme. The programme has been commissioned on behalf of

all 32 London PCTs by Kensington and Chelsea PCT. HIV organisations including Terrence Higgins Trust, GMFA and PACE have led work targeting groups at risk of infection to promote messages around safer sex and risk. It was announced in March that from April 2011, funding for the programme would be cut by 43 per cent, with contributions from only 21 of the PCTs. Whilst this was obviously disappointing for the sector, it is encouraging that HIV prevention will continue in London and that Commissioners are working to try to sustain work within current budgetary restraints.



There is, however, some concern that the joint commissioning arrangements that have been established by PCTs could be vulnerable when Local Authorities take over responsibility for public health, including local HIV prevention.

Treatment and Care

There were 28,285 people accessing HIV care in London in 2009. This represents a 5 per cent increase on the 26,849 reported in 2008 and a 40 per cent increase on the 20,250 reported in 2004. 44 per cent of people accessing HIV care in the UK live in London.

It has been proposed that the NHS Commissioning Board will commission HIV treatment and care under the new NHS structure, probably through a number of sub-national offices. It is important, however, that GPs start to increase their knowledge of HIV both to adequately help patients manage their condition and with the long-term potential aim of commissioning HIV treatment and care themselves. The challenge for those working in both the NHS and public health is to ensure continued integration of HIV prevention, testing, treatment, care and support. It will be important that the Government shows leadership to promote this aim.

Written for the London Health Forum by Terrence Higgins Trust.