



British HIV Association



Standards of Care

for People Living with HIV

2013

Dr Yusef Azad
National AIDS Trust (NAT)



SHAPING ATTITUDES
CHALLENGING INJUSTICE
CHANGING LIVES

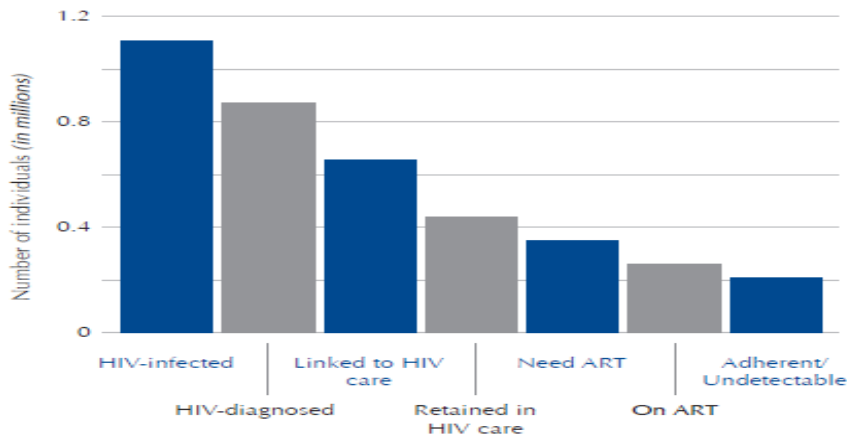
November 2012



Why HIV policy matters

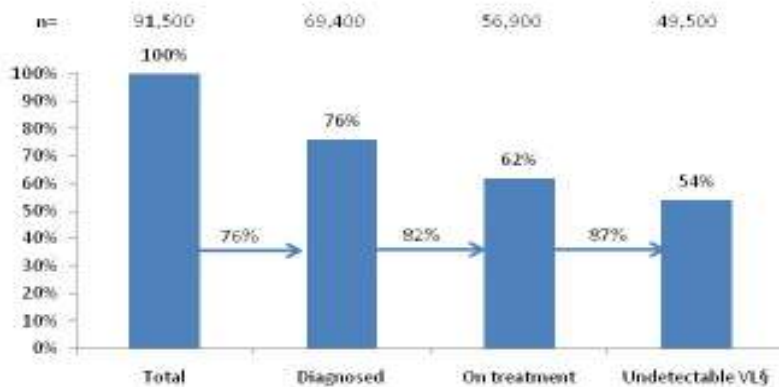
Yusef Azad, Director of Policy and Campaigns, NAT

Number of HIV-Infected Persons Engaged in Selected Stages of the Continuum of HIV Care – United States



Gardner EM et al. *Clin Infect Dis.* 2011;52(6):793-800.

All persons living with HIV by diagnosis, treatment status and viral load*: United Kingdom, 2010



* Numbers were adjusted by missing information and rounded to the nearest 100.

§ Viral load <50 copies/ml after HIV treatment initiation in the year of initiation.

HIV and STI Department – Health Protection Agency Colindale

Early policy impacts



- 🎗️ HIV screening of the blood supply commences 1985
- 🎗️ Introduction of harm reduction – needle exchange and OST [1988 report of ACMD on 'AIDS and Drug Misuse']
- 🎗️ HIV testing and treatment provided through the open access and confidential GU clinic system
- 🎗️ AIDS Support Grant established 1989
- 🎗️ Public information campaigns, in particular 'Don't Die of Ignorance' 1987



Into the 21st century



- 🔗 CHAPS – the national HIV prevention programme for MSM – begun 1997, lead partner THT
- 🔗 NAHIP – the national HIV prevention programme for African men and women, begun 2001, lead partner AHPN
- 🔗 Routine opt-out HIV testing in ante-natal care introduced from 1999 [fully implemented 2003]
- 🔗 End of ring-fenced funding for HIV prevention 2002; end of ring-fenced funding for HIV social care 2010

The National Strategy for Sexual Health and HIV



- 🔗 National Strategy for Sexual Health and HIV 2001-2010 (Independent Advisory Group established)
- 🔗 Routine HIV testing in GUM clinics
- 🔗 'Choosing Health' White Paper 2004 (extra £300m for sexual health)
- 🔗 48-hour access target for GUM clinics [from 2006/07 NHS Operating Framework onwards]
- 🔗 Development of key Standards, Guidelines and Guidance [MedFASH, BHIVA/BASHH, NICE]







Equality issues: real progress



-  Significant development in equality and discrimination law – consolidated in Equality Act 2010
-  People with HIV protected from discrimination from diagnosis since DDA 2005
-  Pre-employment questionnaires prohibited Equality Act 2010
-  HIV treatment available to all irrespective of residency status October 2012

Equality issues: but still some challenges



-  Overseas Visitor Regulations still mean debt for non-HIV care for irregular migrants
-  Destitution amongst irregular migrants
-  Possible threats to public sector equality duty
-  Cuts/withdrawal of legal aid
-  New benefits system in a time of high unemployment
-  Criminal prosecutions for HIV transmission






Current policy context



-  House of Lords Committee report 2011 'No vaccine, no cure'
-  Localism
-  Mainstreaming/Normalising
-  QIPP - £20 bn of efficiency savings by 2014-15 to be reinvested in frontline care
-  Any Willing Provider
-  Self-management/Community provision

Policy challenges and the new NHS



-  No national HIV strategy, though required by UN
-  Very limited direction from the centre as to what should be done locally for HIV within public health e.g no 'must do' on community HIV prevention
-  Fragmented responsibility for commissioning HIV prevention, testing, treatment and care
-  Increasing expectation and need for effective care for people with HIV to be delivered in partnership with a range of other specialties NB ageing with HIV
-  Squeeze on spending

Policy opportunities



- 🔗 Late HIV diagnosis a Public Health outcome indicator
- 🔗 NHS Commissioning Board will commission HIV outpatient, inpatient and paediatric care, according to a single national service specification; PbR; Quality Dashboard – gains in consistency and equity
- 🔗 Local councils might offer greater opportunity for integration of services, innovative service configuration, responsiveness to local need/service users

The new policy world



- 🔗 It may be harder to identify the organisation or individual who is deciding policy
- 🔗 Policy responsibility may be more diffuse/shared
- 🔗 It may be harder to turn 'best practice' into 'policy'
- 🔗 Policy may be more technocratic and cost-driven than political and values-driven
- 🔗 The Secretary of State has a 'duty to promote a comprehensive health service' and to 'protect public health' and is answerable to Parliament [Health and Social Care Act 2012 Part 1]



www.nat.org.uk

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Launch Event

Thursday 29 November 2012
Royal College of Physicians, London

