Valerie Delpech  
Public Health England

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<th>Speaker Name</th>
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<td>Valerie Delpech</td>
<td>Gilead funding for some of the Positive Voices Study</td>
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| Date | April 2016 |
Quality of HIV care in the UK is excellent and improving

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National Infection Service
Public Health England
We gratefully acknowledge persons living with HIV, clinicians, health advisors, nurses, microbiologists, public health practitioners, data managers and other colleagues who contribute to the surveillance of HIV and STIs in the United Kingdom.
Aim and Methodology

**Aim:**
Present the current HIV quality of care indicators in the UK and temporal comparisons

**Design and data source:**
Analyses of observational data from the national cohort of persons diagnosed with HIV in study (SOPHID/HARS)

Other data sources in this presentation:

1. **Positive Voices (PV):** Adults randomly selected from 30 HIV clinics to complete a web-based, cross-sectional behavioural and health care needs survey *linked* to HARS (Pilot 214 = 730 participants)

2. **Stigma survey of people living with HIV 2015:** community led project involving 1575 participants recruited through community and clinics
Key findings

- The Clinical outcomes of people living with HIV accessing their care through the National Health Service (NHS) are excellent and improving.
- There is no indication of inequalities in the clinical care.
- In 2014 the population as a whole and subgroups of people living with HIV in the UK has reached the UNAIDS targets of
  - 90% diagnosed on ART and
  - 90% virally suppression for those on ART
- Some minor differences by demographics and exposure groups exist.
- Clinical care indicators improved over the past 5 years. This is due to
  - Earlier prescribing and uptake of ART as per British HIV Association guidelines and
  - An ‘artificial’ improvement due to an ‘open cohort’ effect.
Monitoring a four-stage continuum

- **Monitoring viral suppression**
  - PLHIV: 100%
  - DIAGNOSED: 90%
  - ON TREATMENT: 90%
  - VIRAL SUPPRESSION: 90%

- **Monitoring quality of care**
  - LINKAGE TO CARE: 100%
  - RETENTION IN CARE: 100%
Continuum of HIV care: United Kingdom, 2014

- HIV infected (n=103,700): 100%
- HIV diagnosed† (n=85,600): 83%
- On treatment (n=76,900): 90%
- Undetectable VL*: 75%

* Viral load (VL)< 200 copies/ml
† Number diagnosed estimated from MPES
Continuum of HIV care
United Kingdom, 2011 vs 2014

- HIV infected (n=103,700): 100%
- HIV diagnosed (n=85,600): 83% (2014)
- On treatment (n=76,900): 75%
- Undetectable VL* (n=68,800): 69%

Undetectable VL: VL < 200 copies/ml
Number of people starting ART by CD4 count at initiation:
United Kingdom, 2005-2014

Year seen for HIV care

- <200
- 200-349
- 350-499
- >500

No.
Estimated number of people living with undiagnosed HIV infection by exposure group: United Kingdom, 2010 - 2014

Heterosexual men and women include black African heterosexuals. Lines through the bars represent 95% credible intervals.
Focus on people in HIV care
Proportion of HIV diagnosed adults with CD4<350 cells/mm$^3$ receiving ART: United Kingdom, 2014
Proportion of HIV diagnosed adults with receiving ART: United Kingdom, 2014
Effectiveness of treatment:
Proportion of a HIV diagnosed adults virally suppressed, United Kingdom, 2014.
ART coverage and VL suppression among MSM by age group: United Kingdom 2014

VL suppression: having the most recent VL undetectable (VL<200 copies/ml)
ART coverage and VL suppression among heterosexual Black African women by age group: United Kingdom 2014

% on ART of all diagnosed | % VL suppression of all on ART | % VL suppression of all diagnosed
---|---|---
69% | 90% | 60%
94% | 93% | 83%
95% | 96% | 89%
92% | 97% | 92%

VL suppression: having the most recent VL undetectable (VL<200 copies/ml)
Discussion points

- Artificial or real rise?
- What is the Public Health and clinical utility?
  - Presentation of findings by - local, regional, national, european, global
- What are the best measures for the UK?
- Why do some people have poorer clinical engagement and outcomes
  - Research (REACH, HPRU)
  - Clinical practice – what do local audits tell us
- Monitoring ‘quality’ of care not just clinical outcomes
  - Inclusion of patient experience measure
## HIV Clinical Dashboard indicators (England results)

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<tr>
<th>Indicator</th>
<th>Specification</th>
<th>2011</th>
<th>2013</th>
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| Late diagnosis                    | To monitor timeliness of diagnosis  
  CD4 cell count <350 cells/mm³ within 3 months of diagnosis              | 47%  | 40%  |
| Link to care                      | To monitor prompt integration into care following HIV diagnosis:  
  CD4 cell count taken within 1 month of diagnosis                         | 88%  | 93%  |
| Retention in care - new patients  | To monitor the retention in care among newly-diagnosed adults:  
  New diagnoses seen for care in the next survey year                       | 86%  | 89%  |
| Retention in care - all patients  | To monitor the retention in care among adults seen for care in the last 12 months  
  Adults seen for HIV care and also seen in the net survey year            | 96%  | 95%  |
| Viral load suppression            | To monitor the effectiveness of ART after initiating treatment:  
  Viral load <200 copies/ml at 12 months of starting ART (window period 3 – 15 months) | 92%  | 95%  |
| CD4 response                      | To monitor immune status of adults regardless of treatment status:  
  CD4 cell count ≥350 cells/mm³ after at least 12 months in HIV care         | 83%  | 86%  |
Late HIV diagnosis: Proportion* of adults diagnosed with a CD4 count <350 cells, UK, 2014

*CD4 <350 cells/mm³ within three months of diagnosis
Late HIV diagnosis (CD4<350 at diagnosis) by HIV service provider

- 127 trusts in England received newly-diagnosed adults in 2014
- 40% of these adults had a CD4<350 at diagnosis
- 34% (43/127) trusts were below the England benchmark

All trusts: 40%
VL suppression (<200) among adults on ART >1 year
2013 results

- 123 trusts in England provided treatment to ART starters
- 95% of these starters had a VL <200 in 12 months of ART initiation
- 38% (47/123) trusts had a proportion below the England benchmark
"Overall, how would you rate your HIV specialist services?"

730 participants, mean score 91.4, median 96 (IQR 90,100)
Positive Voices Survey 2014

“I have enough information about my HIV”
- 98% agree

“I feel supported to self-manage my HIV”
- 95% agree

“I am involved in decisions about my HIV care”
- 91% agree

“I feel that my HIV specialist and my GP communicate well regarding my health”
- 72% agree
Positive Voices Survey 2014

Adjusted odds ratios comparing the association between chemsex, slamsex, and various sexual risk behaviours.

- Chemsex
  - UAI: 6.00
  - sdUAI: 2.86
  - sdUAI with detectable VL: 7.39

- Slamsex
  - UAI: 6.28
  - sdUAI: 1.55
  - sdUAI with detectable VL: 1.41
Anticipated and experienced stigma in the last 12 months (N=1576)

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<th>GP</th>
<th>Dental practice</th>
<th>GUM clinic</th>
<th>Outpatient</th>
<th>Inpatient</th>
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<tr>
<td>Worried about being treated differently</td>
<td>28%</td>
<td>35%</td>
<td>5%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Avoided seeking care</td>
<td>15%</td>
<td>15%</td>
<td>3%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Felt refused or delayed treatment</td>
<td>6%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
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The People Living with HIV Stigma Survey 2015
Key findings - conclusions

- The Clinical outcomes of people living with HIV accessing their care through the National Health Service (NHS) are excellent and improving.

- In 2014 as a whole, the population of people living with HIV in the UK has reached the UNAIDS targets of
  - 90% diagnosed on ART and
  - 90% virally suppression for those on ART

- Younger people and PWID have lower (but still high) outcomes.

- Clinical care indicators continue to improve due to
  - Earlier prescribing and uptake of ART as per British HIV Association guidelines and
  - An ‘artificial’ improvement due to an ‘open cohort’ effect.

- The HIV clinical dashboard provides indicators at Trust and clinic level
  - Workshop on the clinical utility of indicator (HIV dashboards) lunchtime talk tomorrow

- Greater inclusion of patient experience measures are needed
Acknowledgements

Big thank you to the whole HARS team at PHE