13th Annual Conference of the National HIV Nurses Association (NHIVNA)



Ruth Lowbury

Medical Foundation for AIDS and Sexual Health (MedFASH)

16-17 June 2011, Arena and Convention Centre, Liverpool



Introducing the Halve It campaign

Ruth Lowbury
Chief Executive - MedFASH

Who are we? Halve It has been funded by Gilead Sciences Ltd, and BHIVA Halve It has been funded by Gilead Sciences Ltd, and BHIVA



Steering group members

Nathaniel Ault , NHIVNA

Zoe Sheppard, NHIVNA

Deborah Jack, NAT

Francis Kaikumba, AHPN

Heather Alcock, APPG on HIV and AIDS

Dr Simon Edwards, BASHH

Professor Jane Anderson, BHIVA

Dr Ian Williams, BHIVA

Lisa Bright, Gilead Sciences

Professor Nick Bosanquet, Imperial College

 ${\bf Ruth\ Lowbury,\ MedFASH}$

Dr Murad Ruf, NHS Lambeth

Lisa Power, THT

Dr Simon Barton, BASHH

Dr Martin Fisher, BASHH

Sharon Byrne, HIVPA

Sacha-Marie Pires, HIVPA

Dr Philippa Matthews, Islington PCT

Hong Tan, London Sexual Health Programme

Dr Philippa James, RCGP

Dr David Yirrell, SHIVAG

Paul Ward, THT

Observers

Baroness Gould, Chair, Department of Health Forum on

Sexual Health and HIV

Dr Valerie Delpech, HPA

Dr Anthony Nardone, HPA

Kay Orton, Department of Health

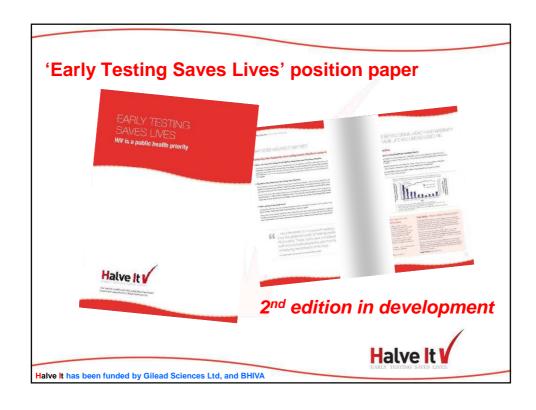


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Our common aims

- To persuade national and local government to make HIV testing a public health priority
- To speak with one voice









Our asks of government



- Make HIV a public health priority locally and nationally
- Include HIV as a specific area of priority in the new public health White Paper
- Include levels of HIV in the calculation of the Public Health Premium
- Ensure the Health Service gives HIV the appropriate priority on the ground
 - Inclusion of HIV
 - Health needs assessments
 - Health planning processes



Halve It V

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Our asks of government



- Implement the forthcoming National Institute for Health and Clinical Excellence (NICE) public health guidance on HIV testing
- Local strategies to increase HIV testing
- Increase and enhance the provision of education and information provided to those groups most at risk of HIV
 - Men who have sex with men
 - Black Africans
- Ensure that people diagnosed with HIV have access to antiretroviral therapies to reduce viral loads and potential onward transmission



Our asks of government



- Offer incentives to test for HIV in a variety of healthcare settings
 - Quality and Outcomes Framework (QOF)
 - Commissioning for Quality and Innovation (CQUIN)
- Strengthen the relationship between national surveillance and local reporting of HIV
 - Enhanced local HIV reporting procedures
 - Maintain world-class national surveillance
 - Require local Public Health Service to report back on local progress on late diagnosis and new infections



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Working together, we can halve it



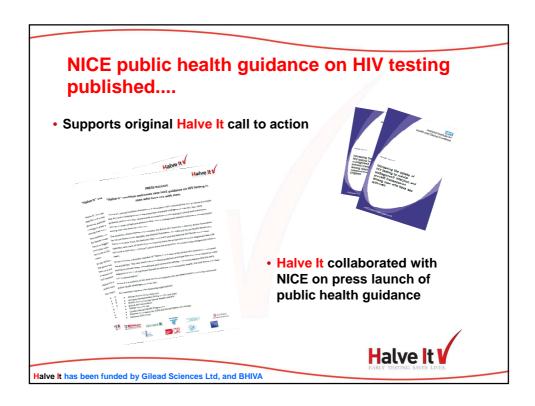
 Halving the rates of late diagnosis and undiagnosed infection will save lives and save money



What have we been doing?

- Working in concert to shape government direction on HIV testing during period of significant change
 - · Engage constructively with politicians
 - · Increase focus on expansion of testing
 - · Gain support for Halve It goals
 - Face-to-face contacts with policy makers
 - · Written briefings
 - House of Lords ad-hoc Select Committee on HIV
 - Consultation responses
 - Transparency in Commissioning
 - Public Health Outcomes Framework
 - Healthy Lives Healthy People
 - Quality and Outcomes Framework





Lords Select Committee on HIV and AIDS takes evidence....

- Halve It response to consultation submitted
- Steering group organisations giving evidence at hearings:
 - NHIVNA Nathaniel Ault
 - AHPN Francis Kaikumba
 - NAT Deborah Jack
 - BHIVA Ian Williams
 - BASHH Dr Keith Radcliffe
 - MedFASH Ruth Lowbury
 - HPA (Valerie Delpech, observer member)
 - THT Nick Partridge
 - Gilead Lisa Bright
 - BASHH Dr Martin Fisher
 - · HIVPA Sharon Byrne
 - · RCGP Dr Ewen Stewart
 - Dr Philippa Matthews







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Halve It proposes Quality and Outcomes Framework (QOF) indicators...

Halve It QOF recommendations submitted in February calling for:

Organisational indicator:

 Stating that general practices should have a written policy for the promotion and provision of testing for HIV

Clinical indicator:

 Stating that individuals (aged 15–60) diagnosed with HIV indicator conditions (as specified in the UK National Guidelines for HIV) should be offered an HIV test

Clinical indicator:

 Stating that individuals diagnosed in general practice with a sexually transmitted infection in the last 12 months should be offered an HIV test



What will we be doing in the year ahead?

- National: Continue policy focus on expansion of HIV testing
 - Implementation of NICE public health guidance
 - Maintain proposed late diagnosis indicator in public health outcomes framework
 - Secure Public Health Premium to support the adoption of the indicator
 - Secure national QOF
- Local: Help to communicate national policy agenda
 - Implementation of NICE public health guidance
 - Development of two landmark local initiatives to expedite expansion of testing



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Local engagement: What do we want to achieve?

- The aim of each initiative will be to drive HIV testing up the local priority agenda.
- To collaborate with key local stakeholders on planning and implementation of expanded HIV testing
 - · Gap analysis, needs assessment
 - Facilitate dialogue with broad cross-section of experts, national and local
 - Share best practice in policy, commissioning, surveillance and reporting, education
 - We will work together to construct a locally relevant toolkit to help colleagues plan and execute the local expansion of HIV testing
 - Initial approaches to be made in two localities



Criteria for selection of sites

- One London and one non-London site
- Total at-risk population (Black African and MSM)
- High prevalence of diagnosed HIV (>2 per 1,000)¹
- Late diagnosis (>52 percent)²
- DH pilot/Gilead Fellowship Programme
- ¹ Recommendation (UK National Guidelines for HIV Testing 2008) that testing should be considered for all men and women registering with GPs and all general medical admissions in areas where diagnosed HIV prevalence exceeds 2 per 1,000 of the population ² National average for percentage of HIV diagnoses with CD4 count <350mm³ at time
- of diagnosis (HPA data 2009)



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What can you do?

- We are calling upon all levels of government...
 - National and local
- To Halve It we need your support
- Help to communicate locally
 - Your direct and indirect colleagues
 - Nursing networks
 - Healthcare managers
 - Other healthcare professionals
 - Primary and secondary care
 - Places where HIV testing should be implemented
 - Partners in Local Authorities



