

Achievements of the Zero HIV Social Impact Bond



ELTON JOHN AIDS FOUNDATION

HIV testing in the Emergency Department

If you are aged 18 years or over, and are having a blood test today, you will also be tested for HIV.

If you do not want to have an HIV test please let the person taking your blood know.

What is HIV?
HIV is a virus which weakens the body's defence against diseases.

Why am I being tested for HIV?

- HIV is treatable
- People diagnosed early with HIV can expect to live long and healthy lives
- People who take their HIV treatment correctly will not pass the virus onto others
- Anyone can have HIV but Lewisham has some of the highest rates of HIV in the UK
- People who don't know that they have HIV may get very sick and pass the virus onto others.

What happens to my results?

If your HIV test is positive or needs further testing, we will usually contact you within a week. We will not contact you if your HIV test is negative.

If you would like further information or haven't heard from us and want to know your result, please email our HIV team on LH.AlexisClinic@nhs.net or phone **020 3192 6752** between 2pm and 4pm on a Friday afternoon.

CLASH @ Mortimer Market Centre
Capper Street
London WC1E 6JB
Call our health promotion specialists on:
07702 106 363
07702 106 352
07702 106 350

126 13 comments 11 shares

Dear Patient,

You are due your yearly diabetic blood tests. Please pick up the form at reception. Our practice now routinely adds an HIV test if you are having blood tests. If you would like to opt out of this please let reception know when you pick up your forms.

Thank you, Dr X
Group
Practice



Background of the Zero HIV Social Impact Bond

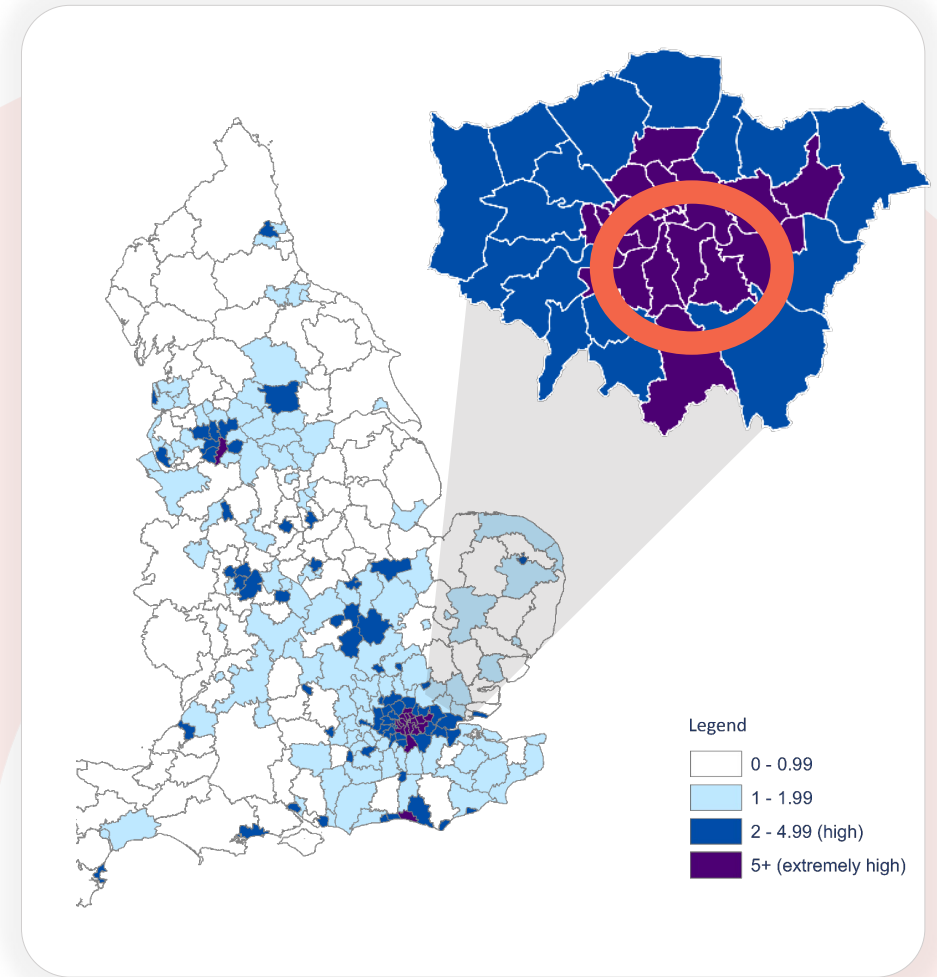
Addressing HIV in the UK is a longstanding priority for our Foundation.

In the early 2010s, we saw a stagnation in the reduction of HIV new diagnoses, with late diagnosis rates remaining high.

To reach those individuals being left behind, we conducted an ethnographical study of undiagnosed people living with HIV in three London boroughs with very high HIV prevalence: Lambeth, Southwark and Lewisham.

We learned from that study and discussions with NHS England and local authorities that reaching this population would need:

- Universal testing in acute and primary care, and
- Targeted testing through community groups for high-risk populations



What we set out to do: our Theory of Change

INTERVENTIONS

Opt-out HIV testing in emergency departments and in GP practices whenever blood is taken

Targeted testing by community organisations for high-risk populations

Recall and audit systems to re-engage people who have been lost to HIV care

OUTCOMES

Individuals newly diagnosed with HIV and **brought into HIV care**

Individuals aware of HIV status but not receiving treatment **brought into HIV care**

SHORT TERM GOALS

Improve health outcomes for people living with HIV

Reduce the spread of HIV, as those on adequate treatment cannot pass on the disease

Influence clinician HIV knowledge and behaviours through education and process changes

LONG TERM GOALS

Foster robust learnings about the most impactful and effective interventions

Build evidence of cost savings achieved through earlier diagnosis and engagement

Establish routine commissioning of successful HIV testing interventions

**Goals: Improve health outcomes and reduce spread of HIV -
In 3 years (Nov 2018 –Dec 21) >450 people entered HIV care**

265k+

HIV tests
administered



200+

individuals newly
diagnosed and brought
into HIV care



250+

individuals re-engaged
into HIV care after not
receiving treatment



60%

of those brought into care
were late diagnoses
(CD4 cell count < 350)



“The project was really helpful for me as it did make me aware, I was HIV positive. Without it, I would never have known I was positive, as I wouldn't go and have the test done out of the blue. I was in a stable relationship and the thought of HIV didn't even cross my mind once.”
– Woman newly diagnosed through ED testing

Goal: Influence clinician behaviour and knowledge — one person's story

Having moved home, I decided to change my GP. I was invited to a routine welcome check up. At the end of the check up, the nurse asked me if I wanted to take an HIV test. I was not in a hurry, so I thought “why not”. I was actually putting my coat on to leave the surgery when I was given the bad news, it was positive! Please remember it was just a routine “medical” changing to a new GP, and I didn't visit because I was feeling sick.

Push the testing. Although there is currently no cure, it can be totally eradicated by getting HIV positive people on treatment. Tell them my story, encouragement will save lives and unnecessary suffering

“The SIB has not only impacted the quality of life for so many of our patients, but... the ripple effect of the SIB has started to challenge HIV associated stigma amongst staff and patients.” – Lucy Wood, Clinical Nurse Specialist, Lewisham and Greenwich Trust

Goal: Foster robust learning - SIB learning presented at 13 conferences

World's first Social Impact Bond with HIV outcomes brings 244 PLHIV into treatment and care and builds evidence for long-term service provision.

Steve Hindle and Jen Warner, Social Impact Bond Performance Managers, Elton John AIDS Foundation
 Dr Kieran Quinn, Clinical Lead for Sexual Health Services, Kings College Hospital NHS Foundation Trust
 Jena Pardi, Specialist Nurse, Sexual Health Intervention and Prevention Team, Kings College Hospital NHS Foundation Trust
 Alison Beckett, ED HIV Testing Nurse, SHIP Nurse, Kings College Hospital NHS Foundation Trust

Introduction: The Elton John AIDS Foundation, along with private and public sector partners, is implementing the world's first Social Impact Bond (SIB) focused on HIV treatment and care. Stakeholders on the Zero HIV SIB serve in different roles, including outcomes funding, capital investment, outcomes validation, and service delivery.

Methods: Partners, including Kings College Hospital NHS Foundation Trust, Guy's and St Thomas Hospital NHS Foundation Trust, University Hospital Lewisham, GP Federations, and voluntary sector partners, were contracted on an outcomes-based payment model to deliver one of two outcomes: (1) New patient diagnosed with HIV and engaged in care (2) Previously diagnosed patient re-engaged into HIV care. HIV tests were given on an opt out basis when blood was taken in ED and within primary care, previously diagnosed patients lost to follow up were recalled through audit, and voluntary sector groups engaged people within their community.

Results: Over two years this approach engaged 130 PLHIV in new diagnosis and treatment and reengaged 114 people disengaged from care. Of 60,832 blood tests performed in ED 46,738 had HIV tests, a testing rate of 75.06%, with a rate of 635 HIV tests per outcome. Public Health England data show that 43% of PLHIV diagnosed in 2018 were diagnosed late, with late diagnosis being much higher among certain groups (e.g. 65% among black African men). This was reflected in the rate of 63.2% late diagnosis within people found through the SIB. The data allows for a detailed understanding of who is being reached (see data diagram for analysis of patients engaged at Kings College Hospital NHS Foundation Trust).

Discussion: The aim of this SIB project is to progress towards the goal of Zero HIV transmission by 2030. At local level it addresses the high levels of PLHIV in Lambeth, Southwark, and Lewisham who are not in care or being identified at late diagnosis stage, and also provides 'proof of concept' of the efficacy of ED HIV testing on an opt out basis when bloods are drawn for another reason. Such testing is already considered best practice (NICE HIV Testing guidance 2016, BHVA/BASH-HHBA HIV testing guidance 2020), and this evidence will be used to advocate for national implementation and commissioning in areas of high/ultra-high incidence. It also shows the effectiveness of dedicated resources in reengaging people LTFU back into care. Work is ongoing to demonstrate the significant savings to the health system of identifying PLHIV at an early stage of their disease, and of reducing the transmission of HIV through linking and relating people into care. The use of this SIB funding mechanism, rather than grant funding, may be contributing to the success of the project since the focus on achieving outcomes nurtures innovation and creates a pressure to perform and find cases, particularly when combined with experienced and passionate clinical teams.

The South London boroughs of Lambeth, Southwark and Lewisham (SL) were chosen as the focus for the SIB, based on their high rates of HIV incidence, with over 1,000 people living with HIV unaware of their status (2019). Late diagnosis are 40% of all new HIV diagnoses in Lewisham (2015-17).

Diagnosed HIV prevalence (per 1,000 population) aged 15 to 49 years



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ZERO HIV SOCIAL IMPACT BOND

Tackling the HIV epidemic in London amidst the COVID-19 pandemic

Building evidence for HIV interventions amidst complex landscape and COVID-19 pandemic

P025: Going backwards on the treatment cascade? Identifying and reengaging people living with HIV who are lost to follow up

Dr Zoe Ottaway¹, Dr Hannah Alexander¹, Mrs Julie Barker¹, Miss Noeleen Bennett¹, Mr Steve Hindle¹, Mr Cuong Chau¹, Dr Kate Childs¹

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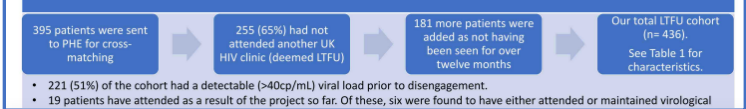
INTRODUCTION

Despite achieving the UN AIDS 90/90/90 targets, a proportion of people living with HIV (PLWH) in the UK have become lost to follow up (LTFU) from HIV care; resulting in poor outcomes. We aimed to identify patients LTFU from our centre since 2012. Our project is funded by a social impact bond (SIB) sponsored by the Elton John AIDS Foundation (EJAF) to provide targeted support to reengage LTFU patients.

METHODS

- We sent a list of all patients seen at our centre between 2012 and 2017 (but not since then) to Public Health England (PHE) for cross-matching using pseudonymised patient identifiers, to verify that they were not in care at another UK HIV clinic (the initial LTFU cohort).
- Chronologically, other patients were added to this cohort if they went longer than twelve months without attending our clinic.
- We formed a dedicated LTFU team (HIV Consultant, HIV Speciality Registrar, HIV Clinical Nurse Specialist, Clinical Support Worker, Administrator) to systematically contact patients and support them back into care.
- Continuous variables are expressed as median (IQR).

RESULTS



Offering mass HIV blood testing to Primary Care patients via (M)og Text message: What we learnt and did it work?

Dr Ruth Harris, Dr Grace Bottoni, Dr Georgina Thomas, Mr Steve Hindle, EJAF HIV GP Champions, Lewisham, GP and BAME Health inequalities & HIV, London, One Health Lewisham, EJAF Social Impact Bond Performance Manager

Background

The population that our Primary Care centre serves has one of the highest prevalence of HIV in Europe (1 in 1000). In areas of high prevalence, Primary Care should be offering HIV testing, improving detection of HIV and preventing transmission. During 1st - 7th February 2021 - HIV National Testing Week, 314 Primary Care Centres sent out text messages via the Mjog service to all registered patients aged 16-75 years old who had not had an HIV test within the last 12 months.

Aims and Methods

To raise the public health profile of HIV testing via a common Primary Care intervention route in order to increase uptake of HIV testing, improving detection of HIV and preventing transmission. During 1st - 7th February 2021 - HIV National Testing Week, 314 Primary Care Centres sent out text messages via the Mjog service to all registered patients aged 16-75 years old who had not had an HIV test within the last 12 months.

Outcomes

- 26566 text messages were sent in total across 3 weeks.
- 453 replied YES requesting an HIV blood test (2.4% engagement).
- 115 blood tests were done after the 8 week period.
- 24.4% of those who replied had an HIV blood test.
- The average age of patients who responded to the invitation and had an HIV blood test was 44 years old.

'Zero HIV': a primary care population-based project to increase HIV diagnosis and improve engagement of patients living with HIV

Authors: Dr Grace Bottoni, General Practitioner, Clinical Lead for Clinical Effectiveness Group at One Health Lewisham GP Federation; Dr Anushka Mehrotra, General Practitioner, Medical Director at One Health Lewisham GP Federation

Background: The rate of awareness of HIV in Lewisham is 8 per 1,000 population and 45.1% of new HIV diagnoses are diagnosed late (where the CD4 count is less than 350). According to the British HIV Association (BHIVA) being diagnosed and treated HIV early is recommended for all individuals who are accessing healthcare in areas of seroprevalence >5 per 1,000 population (whether or not they are undergoing transmission to another individual).

Aims: To reduce the number of people living with HIV (PLWH) in Lewisham who are not on HIV care; to encourage their morbidity, decreasing the transmission of HIV, generating cost savings for the NHS.

Methods: Reengage HIV testing. Access all Lewisham GP practices, an EMIS pop-up alerted clinicians if any adult over the age of 18 had never had an HIV test in general practice or if they had not had one in the last year. GP practices were offered a financial incentive to increase HIV testing and when they identified a new HIV diagnosis. Patients were informed of routine HIV testing through posters in waiting rooms and information leaflets. Clinicians were offered HIV update courses and teaching by the local HIV Consultant.

Re-engagement of PLWH was increased through: Requesting practices to carry out an audit of the PLWH in the patients do not have a recent HIV clinic letter. The GP was encouraged to contact the clinic or the patient. HIV medications, flu/pneumococcal vaccinations and cervical smear records were also updated. The GP practices were offered a financial incentive to carry out the audit.

The path to change national HIV opt out HIV testing policy: Leveraging testing and treatment evidence from an HIV social impact bond to influence national service commissioning

Jennifer Warner and Steve Hindle, Elton John AIDS Foundation

Missed opportunities for diagnosing HIV in primary care

Dr Grace Bottoni, Dr Georgina Thomas, Dr Helen Walker, Lucy Wood.

Background: The HIV prevalence in England is estimated to be 230 per 1,000 population. HIV prevalence in Lewisham is extremely high (8 per 1,000) and 45.1% of new HIV diagnoses are diagnosed late (where the CD4 count is less than 350).

Results: University Hospital Lewisham Emergency Department From November 2018 to November 2020. Patients diagnosed through routine HIV testing: 24. Patients registered with a GP without a blood test: 6. Patients who did not use GP in the 2 years prior to HIV diagnosis: 18. Patients who used GP in the 2 years prior to HIV diagnosis: 18. HIV tests done: 10. Conditions advised not to do HIV testing: 8. HIV tests done: 10. Conditions advised not to do HIV testing: 8.

Lessons Learned: Primary HIV infection or seroconversion phase (fever, fatigue, muscle aches, rash, maculopapular rash, malaise, lethargy, myalgia, lymphadenopathy). Conditions in which the prevalence of seroconversion HIV is more than 0.1%: Genitally acquired gonorrhoea, Unprotected heterosexual sex, Sexually transmitted infections, Subacute dermatitis/eczema, Herpes, scabies. Conditions likely to have an undiagnosed prevalence of HIV of more than 0.1%: Unprotected receptive intercourse.

Lessons Learned

Health policy changes are required for England to reach the estimated 6,700 residents unaware of their HIV-positive status and meet its goal of ending new HIV transmissions by 2030. The Zero HIV SIB has built evidence of effective interventions within the London boroughs of Lambeth, Southwark, and Lewisham, where 1,000 of those people live. Applying that evidence to influence national HIV policy is an essential function of our programme.

Since services began in November 2018, >300 people have entered HIV care through the SIB, with 64.2% of patients found with CD4<350.

English's HIV Commission was developed by the Terence Higgins Trust, National AIDS Trust and Elton John AIDS Foundation to underpin the state of HIV services and inform future government policy. It reviewed clinical evidence and submissions by individuals and organisations to give big-picture recommendations about what is most needed to end HIV in the UK. SIB evidence was incorporated into the recommendation to adopt national universal testing.

The HIV Commission Report resulted in a government pledge to develop a National HIV Action Plan. SIB staff and clinicians subsequently presented to the All-Party Parliamentary Group on HIV/AIDS and are engaging with key stakeholders on an ongoing basis.

In addition to improved individual health outcomes, these results imply significant cost savings to the national health system. Initial analysis estimates >£200,000 savings per individual linked to care, based on avoided acute care episodes and avoided future transmissions. This is especially striking as cost of HIV test in acute or primary care is <£7.

“Sharing the outcomes and experience from the EJAF SIB projects is vital; this will result in care in the next wave of innovative new projects that will ultimately improve patient care.” - Kate Childs, Consultant Physician, Sexual Health and HIV, Kings College Hospital.

Goal: Build evidence of cost savings:

- HIV testing costs <£7 in acute or primary care and so is cost effective in areas of high HIV incidence.
- We modelled that the **savings (costs avoided)** to the health system are **>£220,000 per person** living with HIV linked to care.
- We showed that the average costs of finding someone with a new diagnosis was <£10,000, and reengaging someone <£4,000.
- The >450 people reached through the SIB created a net 'healthcare costs avoided' **total of >£90,000,000.**
- We developed an evidence paper for DHSC and Public Health England to influence the HIV Action Plan.



Evidence on HIV Testing and Reengagement
from the Elton John AIDS Foundation
Zero HIV Social Impact Bond.

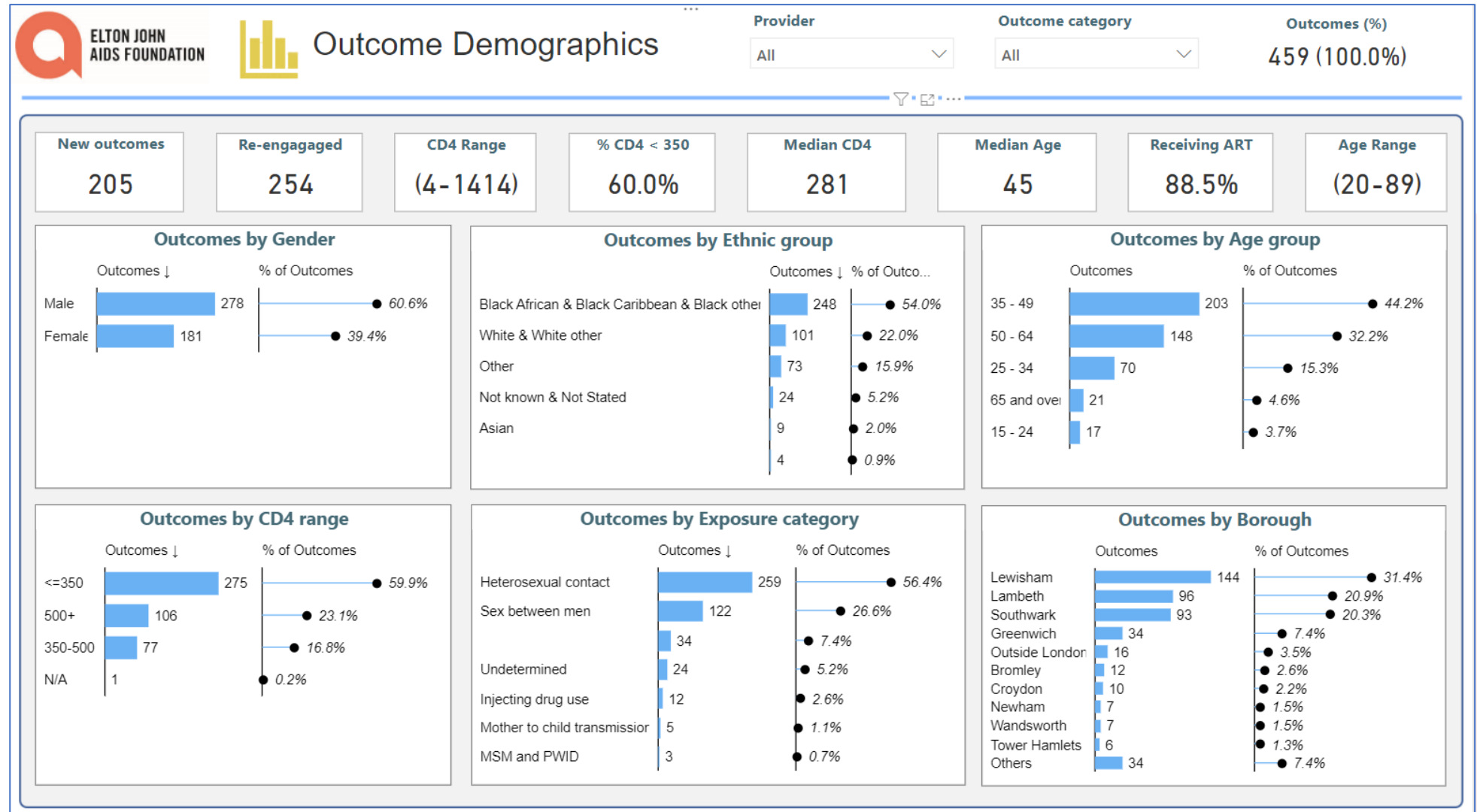
Steve Hindle and Jennifer Warner, June 2021.

Goal: Establish routine commissioning – developing the evidence

Key to influence commissioning is to show who we reach.

Our data shows the health inequalities issue, with >50% of people being Black African, Black Caribbean and Black Other community members.

Of heterosexual transmission, about two thirds are women, and 75% are members of Black African, Black Caribbean and Black Other communities.



Goal: Establish routine commissioning – getting it funded

National: We worked with partners to set up the HIV Commission, and the Commission report (Dec 2020) used our evidence and cost saving modelling.

The Sec of State for Health responded by promising a National HIV Action Plan.

We gave evidence to the All-Party Parliamentary Group on HIV & AIDS HIV Testing Enquiry, and Enquiry on Effects of HIV on BAME groups.

1st Dec 2021: HIV Action Plan commits to £20m to fund ED HIV testing in highest incidence areas!

Regional: our evidence influenced the ‘Evolving the Care of People living with HIV Care in London’ commissioning recommendations from April 2022.

SE London: we are influencing CCG and local authority commissioners to sustain the interventions, succeeding in a commitment to fund future ED HIV testing.

