

VIRTUAL

FAST-TRACK CITIES 2020

September 9-10, 2020

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London: Case Study

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London Coronavirus cases to 06/09/20

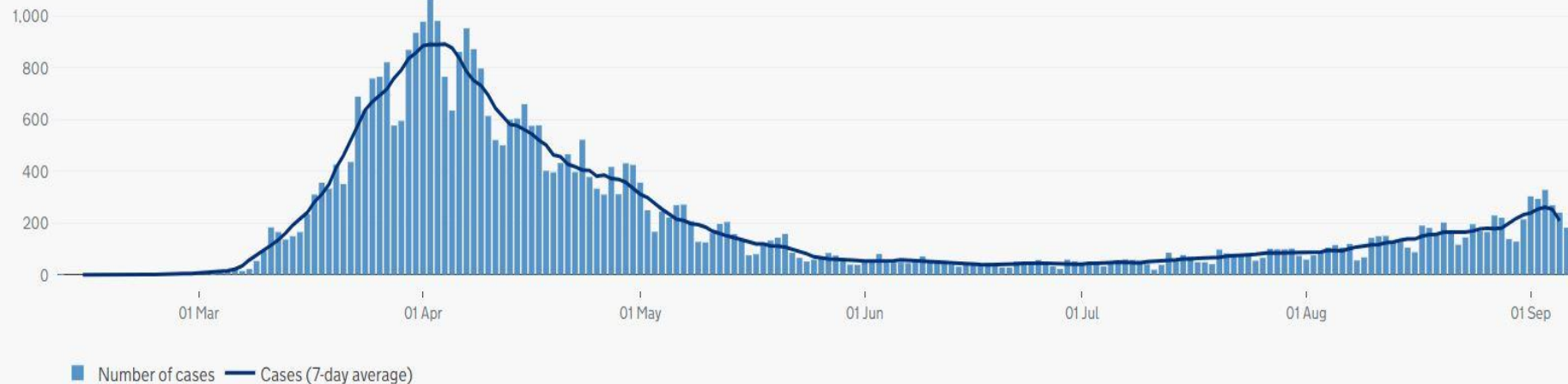
People tested positive

Daily Total
315 41,765

Daily cases by specimen date

Number of people with at least one lab-confirmed positive COVID-19 test result, by specimen date. Individuals tested positive more than once are only counted once, on the date of their first positive test.

Daily Cumulative Data About



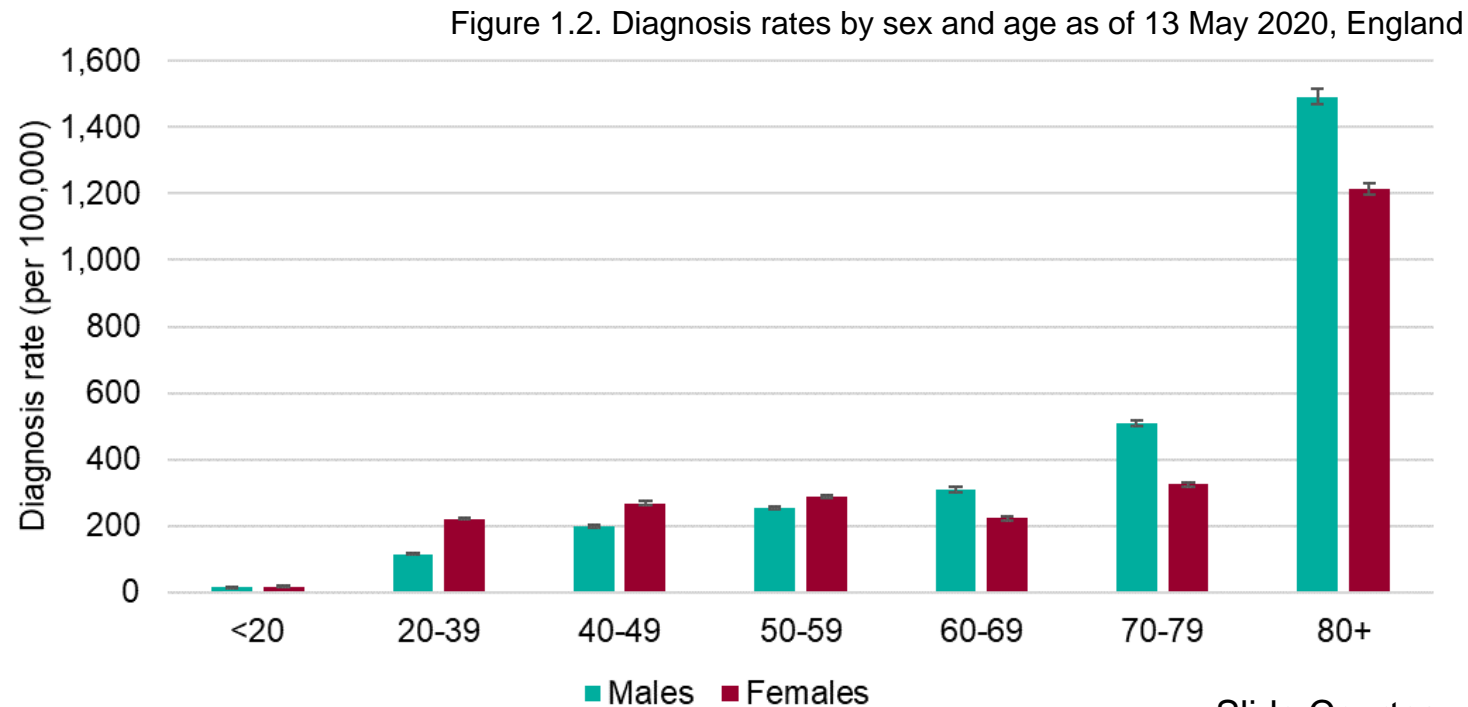
People in London who have tested positive **41,765**

Deaths in London within 28 days of positive test **6,176**

<https://coronavirus.data.gov.uk/cases?areaType=region&areaName=London>

Cases - Age and sex

- **Diagnosis rates increase with age.**
- **Among people under 60, diagnosis rates were higher in females than males, and among people aged 60 years and older, diagnosis rates were higher in males**



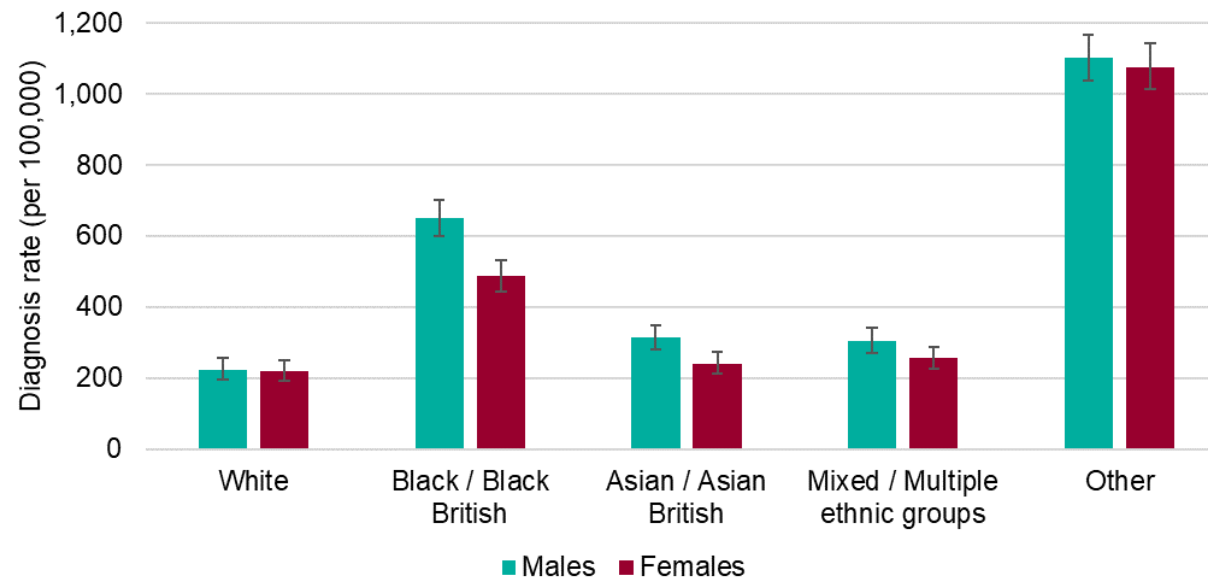
Slide Courtesy of Kevin Fenton

Source: Public Health England Second Generation Surveillance System

Cases - Ethnicity

The highest age standardised diagnosis rates of COVID-19 were in people in the Other and Black ethnic groups, and the lowest rates were in the White ethnic groups

Figure 4.2: Age standardised diagnosis rates by ethnicity and sex, as of 13 May 2020, England



The rates in the Other ethnic group are likely to be an overestimate due to the difference in the method of allocating ethnicity codes to the cases data and the population data used to calculate the rates

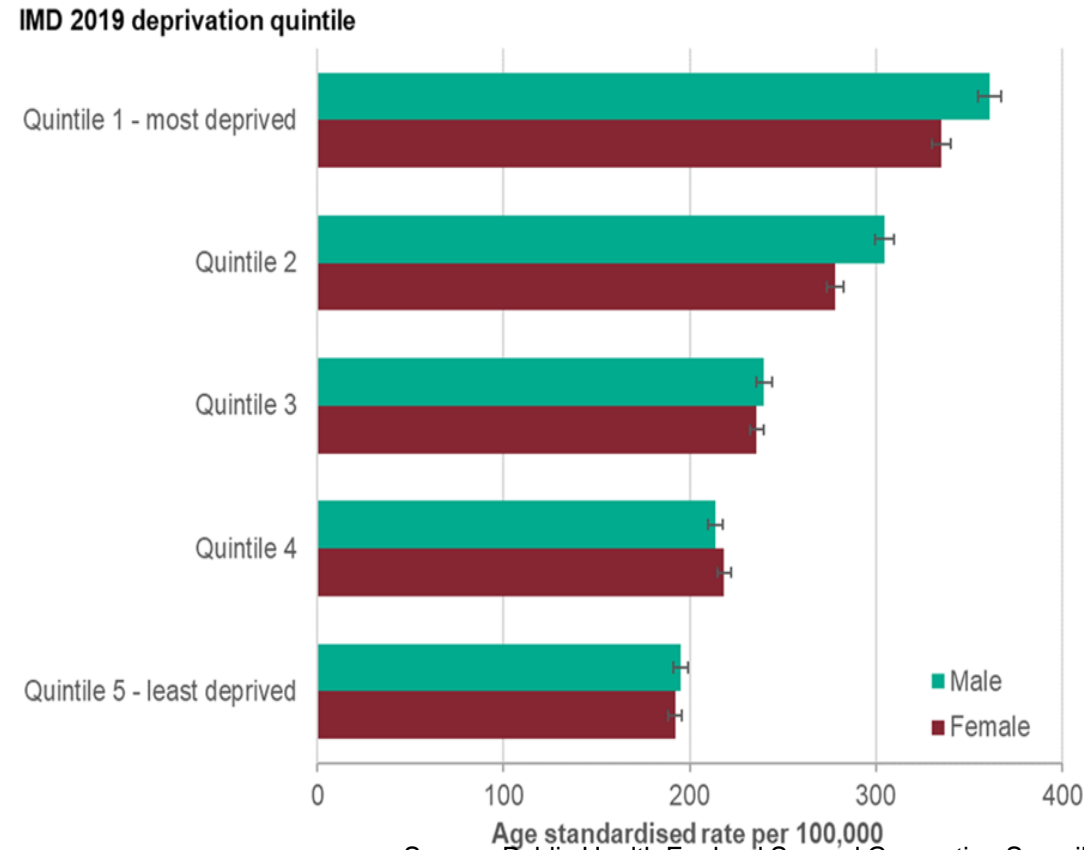
Source: Public Health England Second Generation Surveillance System

Slide Courtesy of Kevin Fenton

Cases - Deprivation

The rate in the most deprived quintile was 1.9 times the rate in the least deprived for males and 1.7 times the rate for females

Figure 3.2: Age standardised diagnosis rates by deprivation quintile and sex, as of 13 May 2020, England



Slide Courtesy of Kevin Fenton

Mortality



Protecting and improving the nation's health

Disparities in the risk and outcomes of COVID-19

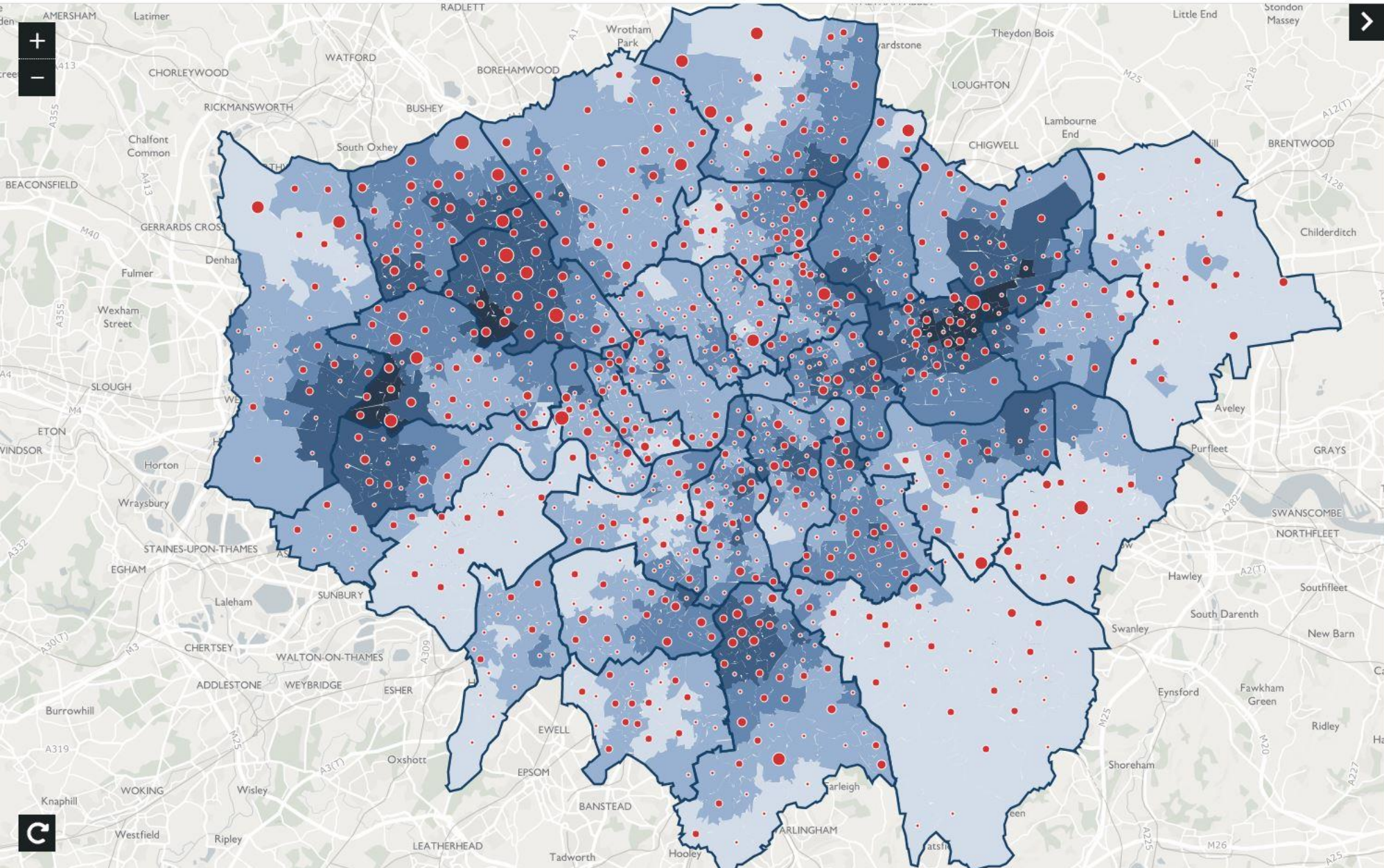


Protecting and improving the nation's health

Beyond the data: Understanding the impact of COVID-19 on BAME groups

- Risk of dying following a positive test for COVID-19
 - 70 times higher in people 80 years or older than those under 40
 - Higher in males than females (2x in working ages)
 - Higher in those living in the more deprived areas vs those living in the least deprived areas (2x)
 - Higher in many Black, Asian and Minority Ethnic (BAME) groups than the White British ethnic group (up to 2x for people of Bangladeshi ethnicity)
 - Death rates increased with comorbidities

PHE publications August 2020 gateway number: GW-1447



COVID-19 DEATHS

This mapping tool enables you to see how COVID-19 deaths in your area may relate to factors in the local population, which research has shown are associated with COVID-19 mortality.

» [Click here for more information on reading this the map.](#)

Search near a location:



● COVID-19 deaths per 1,000 residents by MSOA

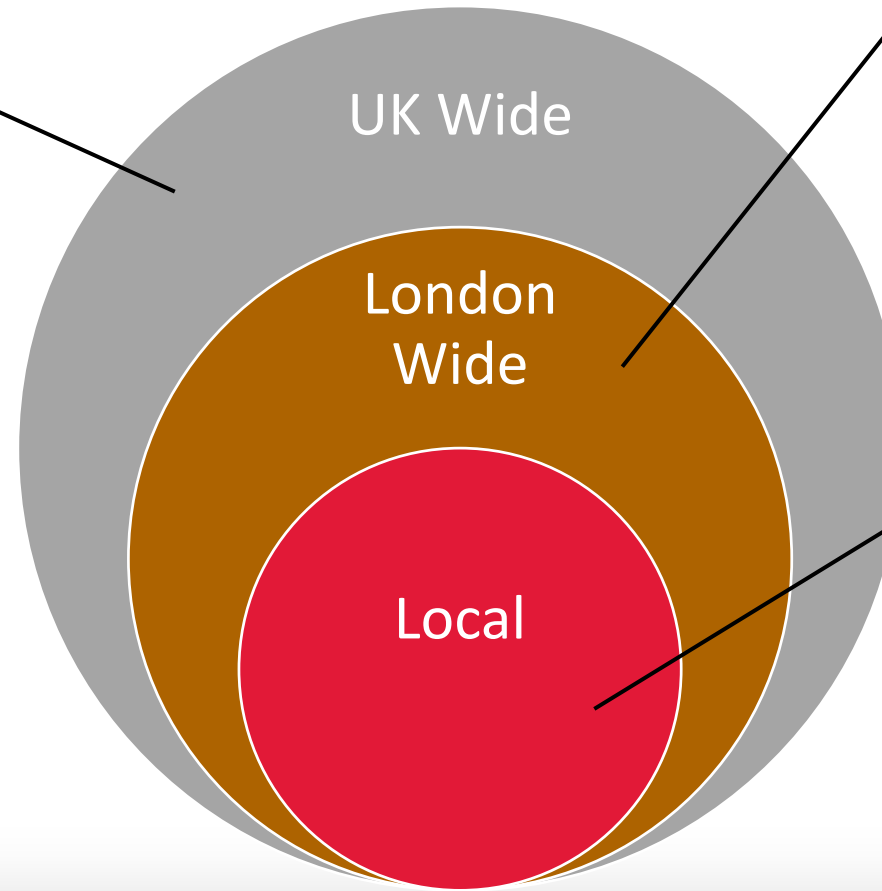
● Population & Environment Data

All population data layers are aggregated by MSOA, unless stated otherwise.

- Ethnicity: % BAME
- Ethnicity: % Black
- Ethnicity: % Pakistani or Bangladeshi
- Ethnicity: % Indian
- Jobs: % in insecure occupations
- Jobs: % in occupations at risk of COVID-19
- Poverty: % children living in poverty
- Deprivation: IMD (by LSOA)
- Age: % People over 70
- Medical: % with Hypertension
- Medical: % with Obesity (18+)
- Medical: % with Diabetes
- Medical: % with Asthma
- Medical: % with Coronary Heart Disease
- Air Quality: Nitrogen dioxide (NO₂) 2016

What happened to HIV services?

- Centralisation
- Legislation
- Economic interventions
- Shielding directives
- Professional Guidance:
British HIV Association;
Public Health England; NHS
England; Directors of Public
Health



- Pan London health system
- London HIV Clinical networks and HIV Clinical Forum
- Sexual Health London
- Do It London
- Community organisations
- Fast Track Cities Initiative
- Homeless project


- Hospitals and Clinics
- Local Authority Care
- Local communities
- Workforce
- Technology
- Local initiatives


London's HIV Services

- 14 lead clinicians responded to an online questionnaire
- Process NOT outcomes: Awaiting data
- Able to flexibly move into “crisis mode” and reconfigure services
- Major shift from face to face to (mainly) telephone consultations
- Significant drop in monitoring
- Prescribing and dispensing changes
- Maintained access for urgent care.
- Imaginative approaches to care for the most vulnerable
- Making the most of what was *available* – not necessarily the *best!*

Unpublished preliminary data : thanks to PHE, BHIVA. CHIVA for sharing

Mental health

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- Anxiety and low mood very common(13/14)
 - Fears about Covid 19 /going outside / coming to clinic
 - Anxiety about housing, money, food poverty.
 - Increased rates of domestic violence

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- Direct referral pathways to in house psychiatry (7/14)
 - Direct access to Psychology (9/14)
 - Peer Support within clinical setting (9/14)

Unpublished preliminary data : thanks to PHE, BHIVA. CHIVA for sharing

Recovery Plans

The landscape

- Keeping HIV on Agenda
- Structural Changes
- London Recovery Board
- London Vision
- HIV Vision and Fast Track Cities Initiative

Clinician Survey

- Everyone planning change of some sort
- Helps when budget is not the primary driver of change
- One size will not fit all
- Importance of a whole system approach
- Using all the resources to maximum effect
- Communication, communication, communication