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.

Figure 1.2. Diagnosis rates by sex and age as of 13 May 2020, England

Source: Public Health England Second Generation Surveillance System

Slide Courtesy of Kevin Fenton
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.

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.
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.
Mortality

- 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
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

UK Wide

- 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

London Wide

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

Local

- 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

• 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

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

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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