Addressing inequities and inequalities to close the gaps in Greater Manchester

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Fasttrack Clinical Lead Greater Manchester
On behalf of FTC Greater Manchester
GM FTC Targets 2021

95:99:97
## Making Manchester Fairer: Life Expectancy

<table>
<thead>
<tr>
<th></th>
<th>Male (years)</th>
<th>Female (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy (England)</td>
<td>79</td>
<td>83</td>
</tr>
<tr>
<td>Life expectancy (Manchester)</td>
<td>74</td>
<td>79</td>
</tr>
<tr>
<td>Life expectancy (Manchester’s least disadvantaged fifth of areas)</td>
<td>79</td>
<td>83</td>
</tr>
<tr>
<td>Life expectancy (Manchester’s most disadvantaged fifth of areas)</td>
<td>71</td>
<td>76</td>
</tr>
</tbody>
</table>
An estimated 6,380 people were living with HIV in Greater Manchester in 2021

<table>
<thead>
<tr>
<th>Greater Manchester</th>
<th>Rate¹</th>
<th>Number²</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td>5.85</td>
<td>2,211</td>
<td>Very high prevalence</td>
</tr>
<tr>
<td>Salford</td>
<td>5.40</td>
<td>881</td>
<td></td>
</tr>
<tr>
<td>Rochdale</td>
<td>2.38</td>
<td>306</td>
<td>High prevalence</td>
</tr>
<tr>
<td>Tameside</td>
<td>2.24</td>
<td>293</td>
<td></td>
</tr>
<tr>
<td>Bury</td>
<td>2.17</td>
<td>235</td>
<td></td>
</tr>
<tr>
<td>Bolton</td>
<td>2.16</td>
<td>354</td>
<td></td>
</tr>
<tr>
<td>Trafford</td>
<td>2.03</td>
<td>275</td>
<td></td>
</tr>
<tr>
<td>Oldham</td>
<td>1.78</td>
<td>243</td>
<td>Low prevalence</td>
</tr>
<tr>
<td>Stockport</td>
<td>1.57</td>
<td>257</td>
<td></td>
</tr>
<tr>
<td>Wigan</td>
<td>1.41</td>
<td>267</td>
<td></td>
</tr>
</tbody>
</table>

Source: UKHSA Sexual and Reproductive Health Profiles
Definitions: 1 - Rate per 1,000 population aged 15 – 59 | 2 - Number of people aged 15 to 59 seen for HIV care
### 37.1% of HIV diagnoses are made at a late stage in GM

<table>
<thead>
<tr>
<th>Greater Manchester</th>
<th>%</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tameside</td>
<td>53%</td>
<td>9</td>
</tr>
<tr>
<td>Bolton</td>
<td>50%</td>
<td>7</td>
</tr>
<tr>
<td>Bury</td>
<td>47%</td>
<td>7</td>
</tr>
<tr>
<td>Manchester</td>
<td>39%</td>
<td>51</td>
</tr>
<tr>
<td>Oldham</td>
<td>35%</td>
<td>7</td>
</tr>
<tr>
<td>Rochdale</td>
<td>35%</td>
<td>6</td>
</tr>
<tr>
<td>Wigan</td>
<td>30%</td>
<td>6</td>
</tr>
<tr>
<td>Trafford</td>
<td>30%</td>
<td>6</td>
</tr>
<tr>
<td>Salford</td>
<td>30%</td>
<td>13</td>
</tr>
<tr>
<td>Stockport</td>
<td>23%</td>
<td>3</td>
</tr>
</tbody>
</table>

Compared to goal:
- **<25%**
- **25% to 50%**
- **≥ 50%**

Source: UKHSA Sexual and Reproductive Health Profiles

Definition: 1 - People with a CD4 count of less than 350 cells per mm3 within 3 months of the date of their HIV diagnosis. CD4 count not reported for all individuals.
Rates per 100,000 population of syphilis in 16 similar local authorities compared to England: 2022*

* Similar refers to statistical nearest neighbours, derived from CIPFA’s Nearest Neighbours Model
Rates per 100,000 population of gonorrhoea in 16 similar local authorities compared to England: 2022*

- Rates per 100,000 population of gonorrhoea in 16 similar local authorities compared to England: 2022*

  England
  Liverpool
  Manchester
  Nottingham
  Brighton and Hove
  Salford
  Newcastle upon Tyne
  Leeds
  Coventry
  Southampton
  Derby
  Sheffield
  Bristol
  Birmingham
  Sandwell
  Leicester
  Kingston upon Hull

Area compared to Benchmark
- Better
- Not compared
- Similar
- Worse

* Similar refers to statistical nearest neighbours, derived from CIPFA’s Nearest Neighbours Model
Issues & Escalation Group

Commissioning Leads Group

HIV Working Group

STI Working Group

Abortion Working Group

Contraception Working Group

Young People’s Sexual Health Group

GM Directors of Public Health

GM Integrated Care Board

[Provider Federation Group / Population Health Programme Board / CEG]
HIV: Let’s sort this together
Identifying inequalities and marginalised communities
PrEP Access and Inequalities

- Northern > 2000 accessing PrEP
- Elsewhere ……
- Primary care PrEP
- Community PrEP
Opt-Out Screening for HIV and Hepatitis C in Manchester's Emergency Departments

**HIV**

Since all sites operational (Sep 22):

- **4.4** new HIV diagnoses/month across the three EDs at MFT
  - **>70** individuals newly diagnosed with HIV from the start of the programme up to now

First 12 months analysis (Dec 21 - Dec 22):
- 42% ‘very late’ (CD4 <200), 33% ‘late’ (CD4 200-350), 25% CD4 >350
- Over 70% of individuals did not present with HIV-related conditions and would likely have been missed.

**HCV**

Since all sites operational (Sep 22):

- **11.5** new hepatitis C diagnoses/month across the three EDs at MFT
  - **>200**

Most would have been missed without the testing programme.

First 12 months analysis (Dec 21 – Dec 22):
- 1.6% of pts tested were HCV ab positive (de-duplicated data).
- HCV RNA positive prevalence 20.4%
- About ¼ "elderly": 60 and above
Community Testing
Supporting those living with HIV

Intensive support workers
HIV related Stigma
What have we got?

• Extremely high prevalence of HIV and other infections
  • Syphilis/ Gonorrhoea/ Hepatitis C (? Hepatitis B)
• Expertise
• Innovation
• Good working relationships
• Motivated organisations and/or motivated individuals
• Framework-ICP/ FTC/GMSHN
What do we need?

- Political engagement
- Joined up commissioning
  - improved for 3rd sector
  - fragmented for clinical sector
  - ? ICP will be better??
- Joined up IT
- Finance
- End to industrial action