

Plenary Session 1
Reaching the Unknowns:

**Accelerating HIV and HCV Testing for
Visible and Invisible Communities**

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Positive Experience, Memphis, TN,
USA)

Presenter: Ian Jackson (NHS England,
London, England, UK)

Amsterdam – 26th September 2023

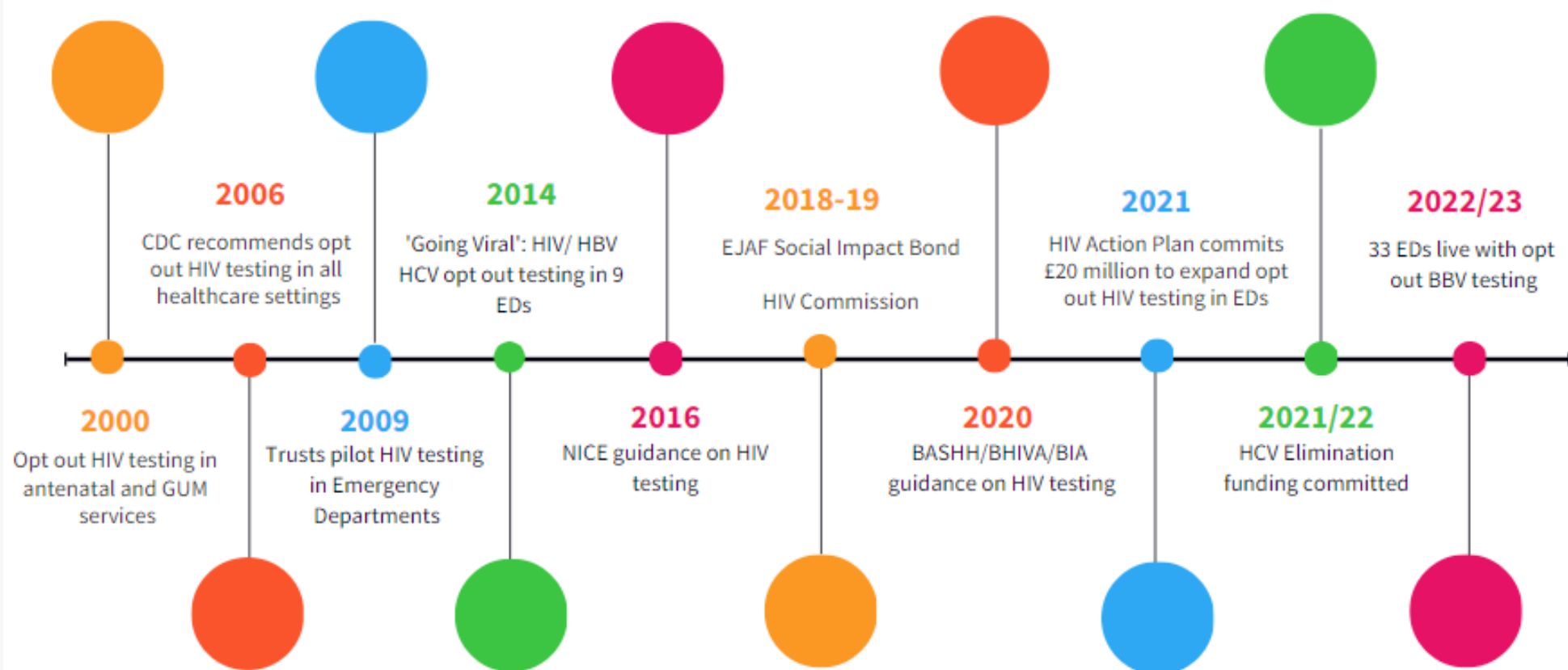
Emergency Departments (EDs) in England in very high diagnosed HIV prevalence areas were funded to deliver opt out HIV testing.

Adults who had a blood test as part of their ED visit are BBV tested unless they opt out.



Opt out HIV and BBV testing in Emergency Departments

A short history...





Programme

- The HIV Commission report 2020, supported by the Elton John AIDS Foundation, National AIDS Trust and Terrence Higgins Trust, recommended ‘test, test, test’, especially in EDs.
- On World AIDS Day 2021, the Government committed £20 million over 3 years to expand opt-out HIV testing in EDs in very high diagnosed HIV prevalence areas.
- In partnership with the NHSE Hepatitis C Elimination team, this initiative expanded to include testing for hepatitis B (HBV) and hepatitis C (HCV).
- The programme launched on 1st April 2022.
- 34 Type 1 EDs were included: all 28 EDs in London, Manchester Royal Infirmary, North Manchester General, Wythenshawe, Salford Royal, Royal Sussex County, and Blackpool Victoria hospitals.
- Good practice guidance was developed and circulated to all Trusts.

Posters in
Emergency
Departments
inform about the
testing, with
versions in
different languages



Testing for HIV, hepatitis B and hepatitis C

Everyone aged 16 and older who has their blood tested in a London Emergency Department (A&E) now has it tested for HIV, hepatitis B and hepatitis C.

It's important to get diagnosed early as treatment is life-saving and free from the NHS.

Your results are confidential.

If you do not wish to be tested, please let a member of staff know.

To find out more please visit the Fast Track Cities London website:



fasttrackcities.london/testinginae



Collaborative, dynamic implementation



Community support

Support provided by community organisations is vital to helping people make sense of their diagnosis and supporting them to manage their health and well being



Photo: Positively UK

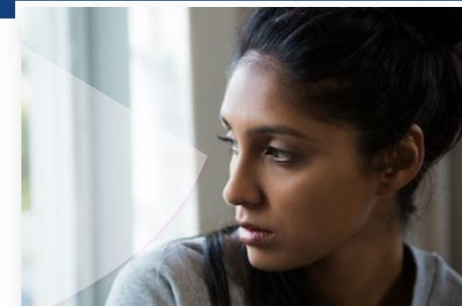
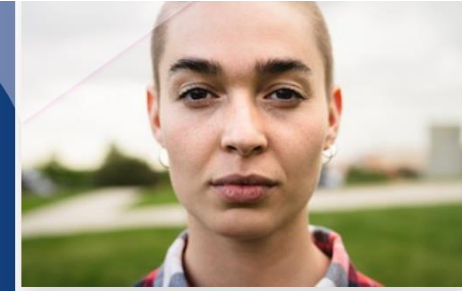
Mo's story

[JS729 Mo v6.0 on Vimeo](#)

THE HEPATITIS



TRUST



**ON A MISSION
TO ELIMINATE
HEPATITIS C
FROM THE UK
BY 2030.**

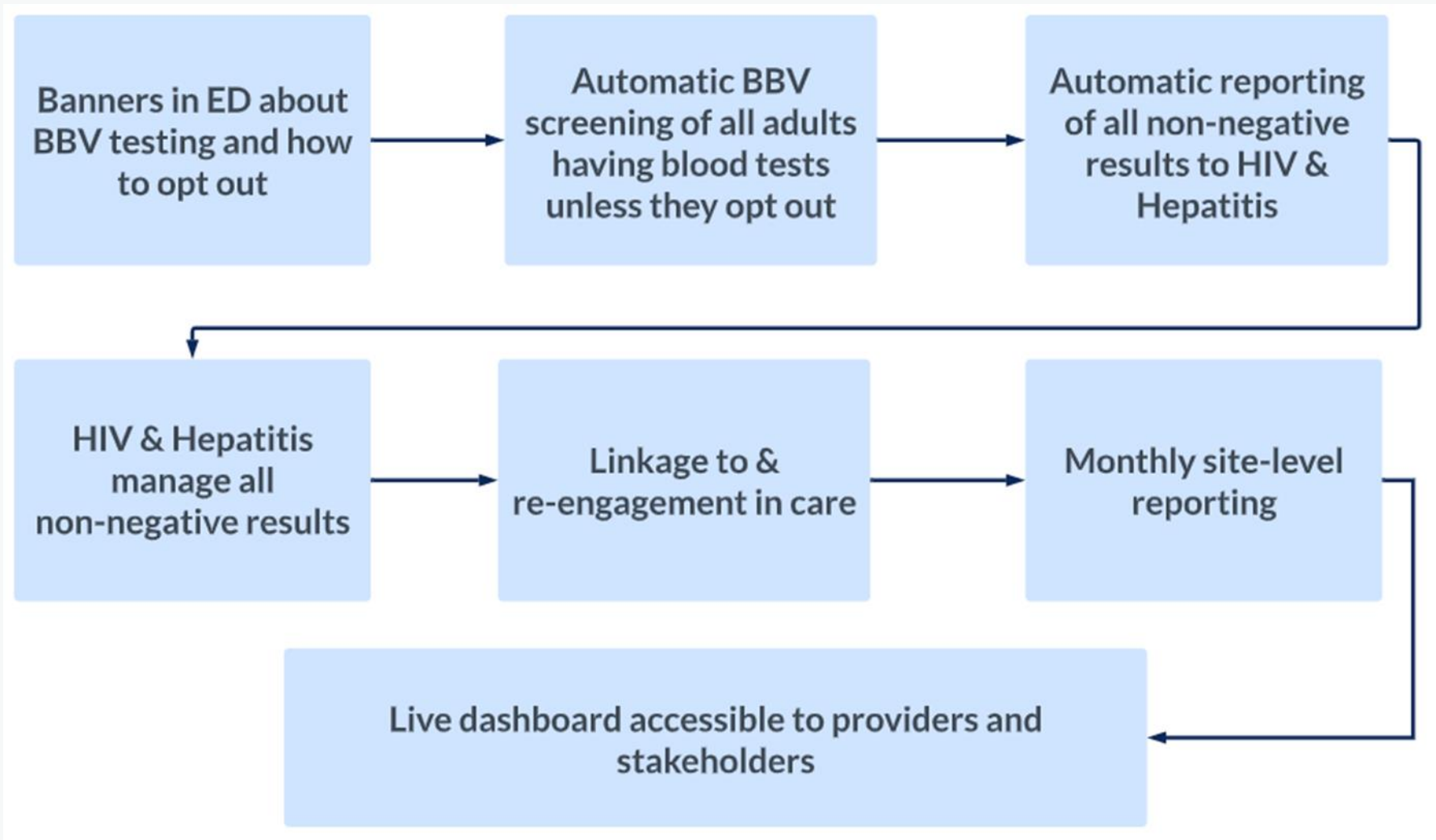
We are a peer led organisation.
Most of our staff, volunteers and
board have been affected by
hepatitis C.



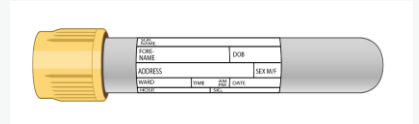
The Community Charter

- Comprehensive community support provision should be made as early as possible for those positively diagnosed with a blood borne virus through opt out ED testing.
- Transparency is needed on the funding and commissioning of community support as well as accountability of its appropriateness and effectiveness in supporting people and keeping them engaged in care and treatment.
- Community support should be mapped across London. Opportunities to commission within and across boroughs and ICS boundaries should be explored and communicated to community partners.
- The long term cost benefits of financing community organisations to support engagement in care should be captured and highlighted in the monitoring and evaluation of the programme.
- Where disengagement is prevalent, there should be openness to form effective strategies for reengagement and an understanding that a holistic, community and person-centred approach may need additional funding.

ED BBV opt out testing pathway



BBV triple test



- 1) 4th generation HIV 1/2 antigen antibody
- 2) HBV surface antigen
- 3) HCV antibody with **reflex HCV RNA** on all positive antibody tests

ED BBV testing: All Sites April 2022 – June 2023 (15 months)

	Number of tests: HIV, HBV surface antigen, HCV antibody	New diagnoses	Previously diagnosed, not in care	Tests per new or re-engaged person	Previously diagnosed, In care
HIV	1,125,521	460	267	1,548	6,029
Hepatitis B	536,278	1,564	247	296	1,089
Hepatitis C current infection (RNA+)	686,293	673	133	851	203
Total	2,348,092	2,697	647	n/a	7,321

Subject to UKHSA validation. New defined as new to clinic and not disclosing under care.

**ED BBV testing: (<5/1000) diagnosed HIV prevalence sites only:
April 2022 – June 2023 (15 months)**

	Number of tests: HIV, HBV surface antigen, HCV antibody	New diagnoses	Previously diagnosed, not in care	Tests per new or re- engaged person	Previously diagnosed, in care
HIV	160,972	50	28	2,063	379
Hepatitis B	100,510	429	18	247	151
Hepatitis C current infection (RNA+)	101,256	69	0	1,467	7
Total	362,738	548	46	N/A	537

Subject to UKHSA validation. New defined as new to clinic and not disclosing under care.

How an opt-out test for HIV saved Oli Brown's life

Oli was diagnosed with HIV in 2019 through the opt-out testing scheme in Chelsea and Westminster Hospital emergency department after falling off his bike. He was lucky to be in London rather than at home in Portsmouth at the time, where he has previously not been offered an HIV test. Now more than 2000 people have been diagnosed with HIV and hepatitis through the programme in London, Blackpool, Brighton and Manchester. 41 more hospitals in areas with a high HIV prevalence– including QA in Portsmouth – are still missing funding for opt-out testing.

January 2019

Oli presented to A&E in QA Hospital, near where he lives in Portsmouth. He had developed a serious infection following a wisdom tooth removal, which antibiotics weren't clearing. He wasn't tested for HIV, despite there being a high prevalence in the area.



October 2019

Oli fell off his bike in London and went to A&E to have his finger stitched up. Chelsea and Westminster was doing opt-out HIV testing and Oli was tested that day and diagnosed with HIV. His was a late diagnosis.



2019 - 2020

Oli discovered that even though he could live well with HIV, he was considered 'medically limited deployable' by the military and so banned from serving. He started counselling at Terrence Higgins Trust and set out to change the rules.



2021

With the support of HIV organisations, Oli lobbied the Department for Health, MoD and Government Equalities Office to lift the ban of people living with HIV serving. In 2021 the MoD announced an end to HIV being a barrier to military service.



Today

Oli is calling for opt-out testing to be expanded to all areas with a high prevalence of HIV (in line with national guidelines) so that no one else is a missed opportunity.

CASE STUDY

Client A attended A&E where a routine test for blood borne viruses returned an HCV+ result. Following several failed attempts at contact by St. George's hepatology department, client A was referred to the HCT. The HCT were able to confirm that the client lived at a SW London hotel that provides housing to local authority adult social services. HCT staff and a nurse were able to visit this hotel with the mobile outreach clinic, meet with the client and inform them of the test result.

This client was extremely grateful that we were there and agreed that the nurse carry out an assessment.

Sadly, what was discovered at the hotel was that the client was living in such abject conditions that a safeguarding concern for self-neglect needed to be raised with the local authority. This client gave consent for the HCT to contact other organisations that were involved with his case and a professionals meeting was set up with local authority adult social care and others to discuss this client's housing needs. These meetings resulted in a move for this client to more suitable temporary accommodation and a package of care being put in place that included daily visits from a care worker. A local authority referral has since been accepted by housing provider that delivers round-the-clock on-site support. Shortly after the initial assessment this client was approved for HCV treatment in the community, the main concern at MDT being the client's ability to comply with the treatment plan. This client is a street drinker, and the extent of the daily alcohol intake is such that no expectation could be placed on the client to adhere to the medication regimen. To ensure that treatment was realistically made available to this client, a plan was put in place whereby a peer would take guardianship of the medication and locate the client in the community at regular intervals throughout the week to handout the doses. This has proved to be labour intensive work, more often than not resulting in multiple trips around the boroughs of SW London in a single day to locate the client. This approach has, however, proved ultimately successful as the client has now completed treatment.

There is no doubt in my mind that without the dedication and expertise of the peer involved, the client would not have been able to achieve this outcome.

Successes, challenges and sharing learning



Highly effective in finding people living with BBVs but not in care-people who might no otherwise have been tested

Rapid implementation across 33 Emergency Departments

Effective partnerships and system wide collaboration

Development of a robust reporting system and ED BBV dashboard.



Need for changes to some pathology processes.

In some areas it has been challenging for clinical services to respond to the large number of people newly identified with hepatitis B.



Published the 100 Days report.

Presented at BHIVA, BASHH, Fast Track Cities, Hepatitis conferences.

Held two large scale learn and share events.

[NHS England » Emergency department opt out testing 100 Days](#)



Evaluation

- UKHSA will undertake a public health evaluation of the project at 12, 24 and 36 months.
- The 12-month evaluation will describe the implementation and uptake to date, including numbers of eligible patients having a BBV test, diagnoses made, and treatment initiations for those newly diagnosed or previously diagnosed and not in care, including comparison to the SGSS, HARS and Sentinel datasets.
- University of Bristol will undertake an implementation report, to describe the implementation learning, and an economic report to understand the costs and benefits of this testing approach.

Next steps

The main priorities for the next 18 months are:



- Improve testing uptake, especially through automation of BBV test ordering
- Increase sites blocking repeat attendees from further BBV testing (except when clinically advised)
- Increase community support
- Support Hepatitis B pathway revision



Continue UKHSA and University of Bristol evaluation work.

Disseminate learning at conferences

Publish learning

Maintain high standard of data reporting

Participating Trusts

Thank you to all the Trusts involved in this programme and their HIV, Sexual Health, Virology, Emergency Medicine and Hepatitis teams

North Middlesex University Hospital NHS Trust

University College London Hospitals NHS Foundation Trust

Whittington Health NHS Trust

Barts Health NHS Trust

Barking, Havering and Redbridge University Hospitals NHS Trust

Homerton University Hospital NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust

Imperial College Healthcare NHS Trust

London North West University Healthcare NHS Trust

The Hillingdon Hospitals NHS Foundation Trust

King's College Hospital NHS Foundation Trust

Lewisham and Greenwich NHS Trust

Guy's and St Thomas' NHS Foundation Trust

Croydon Health Services NHS Trust

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Kingston Hospital NHS Foundation Trust

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Manchester University NHS Foundation Trust

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DHSC:

Professor Kevin Fenton, Adam Winter,

Members of the BBV Opt out testing Steering Groups, Community Forum, Data and Evaluation subgroups

Trusts who pioneered HIV opt-out testing in EDs prior to national funding becoming available

Trusts who pioneered opt-out BBV testing in EDs: “Going Viral”, “Get Tested LeEDs”, GSTT, Manchester, Barts, North Middlesex

The Elton John AIDS Foundation Zero HIV Social Impact Bond team and partners

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The Hepatitis C Trust
George House Trust
The British HIV Association
The British Association for Sexual Health and HIV
The Fast Track City (London) team
The All Party Parliamentary Group on HIV and AIDS
Transformation Partners in Health and Care
University of Bristol

Thank You



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england.nhs.uk