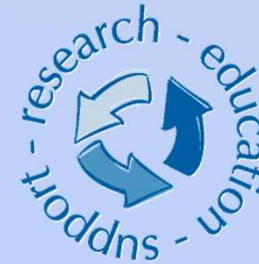


15th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Dr Yusef Azad

National AIDS Trust

27-28 June 2013- The International Convention Centre, Birmingham

**SHAPING ATTITUDES
CHALLENGING INJUSTICE
CHANGING LIVES**

June 2013

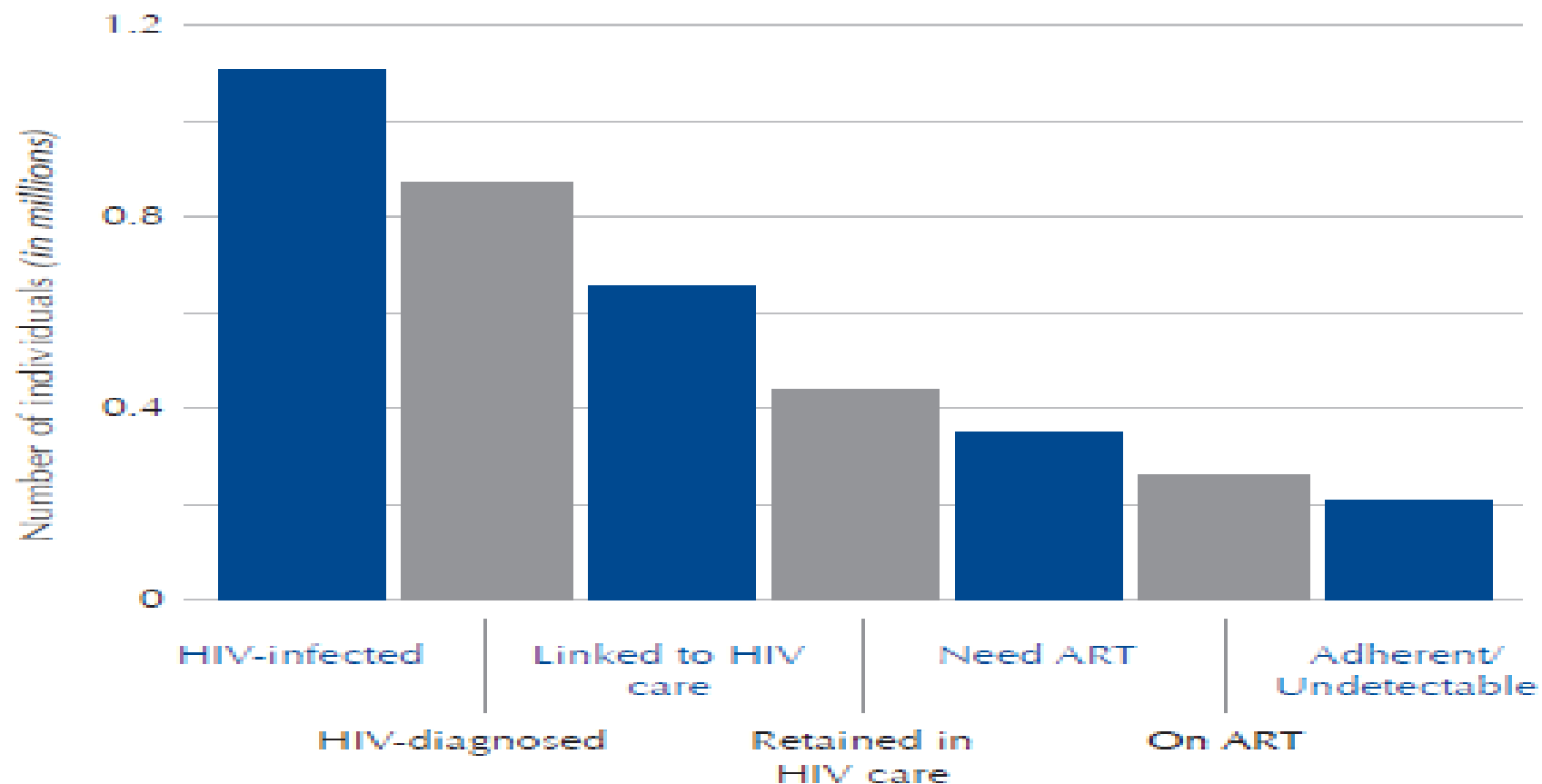
**TRANSFORMING
THE UK'S
RESPONSE
TO HIV**



Why HIV policy matters

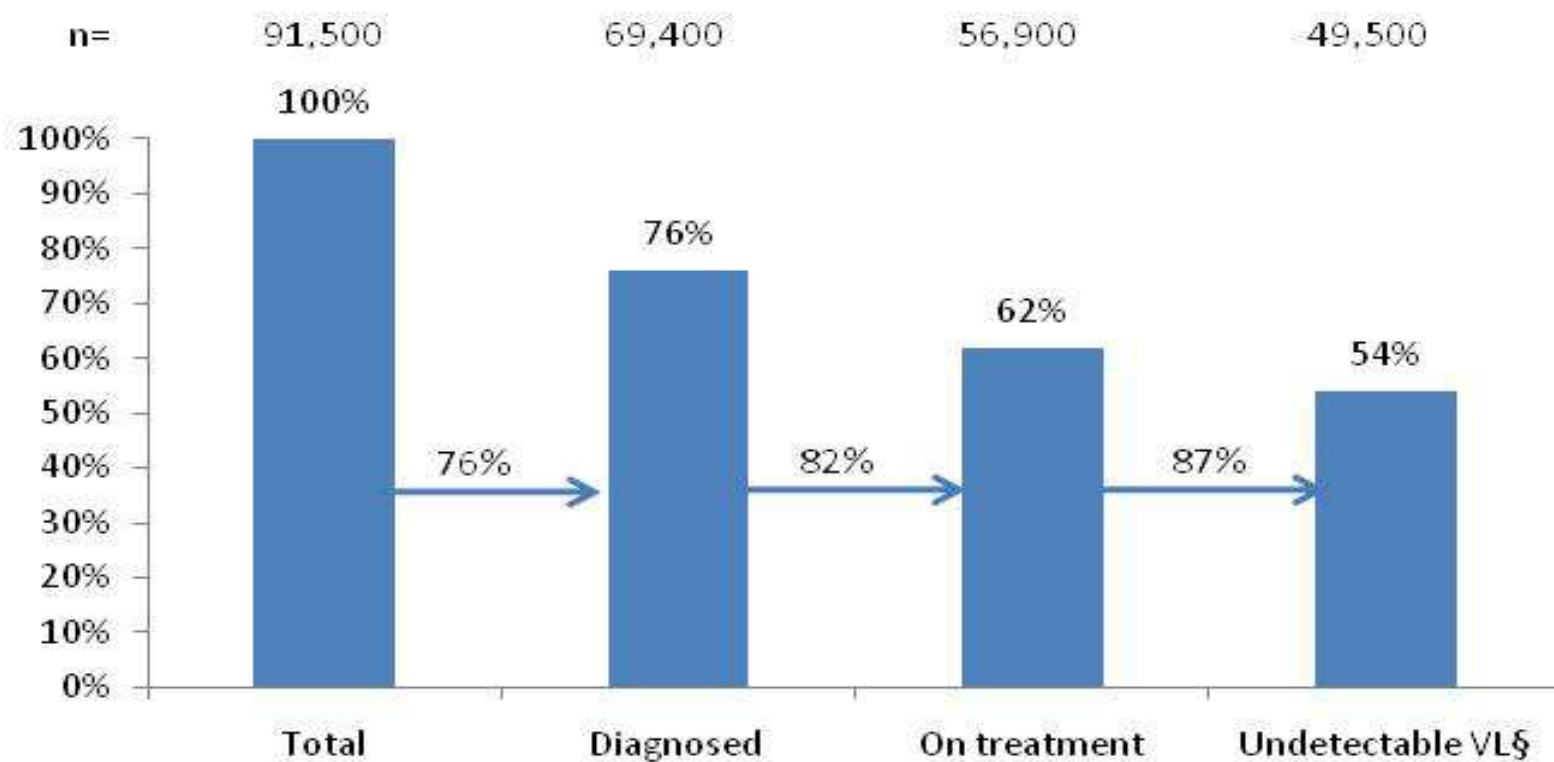
Yusef Azad, Director of Policy and Campaigns, NAT

Number of HIV-Infected Persons Engaged in Selected Stages of the Continuum of HIV Care – United States



Gardner EM et al. *Clin Infect Dis*. 2011;52(6):793-800.

All persons living with HIV by diagnosis, treatment status and viral load*: United Kingdom, 2010









* Numbers were adjusted by missing information and rounded to the nearest 100.

§ Viral load <50 copies/ml after HIV treatment initiation in the year of initiation.

HIV and STI Department – Health Protection Agency Colindale






What is 'policy'?



-  What do we mean by 'policy'?
-  An approach by decision makers to their decision-making – an approach which:
 -  has a clear rationale,
 -  is explicit and articulated,
 -  is consistent and sustained, and which
 -  is actually implemented.

Early policy impacts







-  HIV screening of the blood supply commences 1985
 -  Introduction of harm reduction – needle exchange and OST [1988 report of ACMD on 'AIDS and Drug Misuse']
 -  HIV testing and treatment provided through the open access and confidential GU clinic system
 -  AIDS Support Grant established 1989
 -  Public information campaigns, in particular 'Don't Die of Ignorance' 1987
-

AIDS






Into the 21st century



-  CHAPS – the national HIV prevention programme for MSM – begun 1997, lead partner THT
-  NAHIP – the national HIV prevention programme for African men and women, begun 2001, lead partner AHPN
-  Routine opt-out HIV testing in ante-natal care introduced from 1999 [fully implemented 2003]
-  End of ring-fenced funding for HIV prevention 2002; end of ring-fenced funding for HIV social care 2010

The National Strategy for Sexual Health and HIV



-  National Strategy for Sexual Health and HIV 2001-2010 (Independent Advisory Group established)
 -  Routine HIV testing in GUM clinics
 -  'Choosing Health' White Paper 2004 (extra £300m for sexual health)
 -  48-hour access target for GUM clinics [from 2006/07 NHS Operating Framework onwards]
 -  Development of key Standards, Guidelines and Guidance [MedFASH, BHIVA/BASHH, NICE]
-







Equality issues: real progress



-  Significant development in equality and discrimination law – consolidated in Equality Act 2010
-  People with HIV protected from discrimination from diagnosis since DDA 2005
-  Pre-employment questionnaires prohibited Equality Act 2010
-  HIV treatment available to all irrespective of residency status October 2012







Equality issues: but still some challenges



-  Overseas Visitor Regulations still mean debt for non-HIV care for irregular migrants
-  Destitution amongst irregular migrants
-  Possible threats to public sector equality duty
-  Cuts/withdrawal of legal aid
-  New benefits system in a time of high unemployment
-  Criminal prosecutions for HIV transmission






Current policy context



-  House of Lords Committee report 2011 'No vaccine, no cure'
-  Localism
-  Mainstreaming/Normalising
-  QIPP - £20 bn of efficiency savings by 2014-15 to be reinvested in frontline care
-  Any Qualified Provider
-  Self-management/Community provision




Policy challenges and the new NHS



-  No national HIV strategy, though required by UN
 -  Very limited direction from the centre as to what should be done locally for HIV within public health e.g no 'must do' on community HIV prevention
 -  Fragmented responsibility for commissioning HIV prevention, testing, treatment and care
 -  Increasing expectation and need for effective care for people with HIV to be delivered in partnership with a range of other specialties NB ageing with HIV
 -  Squeeze on spending
-





Policy opportunities



-  Late HIV diagnosis a Public Health outcome indicator
-  NHS Commissioning Board will commission HIV outpatient, inpatient and paediatric care, according to a single national service specification; PbR; Quality Dashboard – gains in consistency and equity
-  Local councils might offer greater opportunity for integration of services, innovative service configuration, responsiveness to local need/service users






HIV nurses and policy



-  We all have a policy role – important for HIV nurses and NHIVNA to get involved – experience brings authority!
 -  At a national level – NHIVNA on the HIV Clinical Reference Group; can respond to public consultations
 -  Please develop links to NAT, the UK's HIV policy charity. Give us feedback on our resources; tell us what's going on 'on the ground' where you think a policy response is needed
 -  At a local level – make sure your voice is heard in the local Health and Well-being Board, especially when JSNA and JHWS developed. A clinical voice to protect social care, long-term condition management, encourage prevention and testing etc etc
-

The new policy world



-  It may be harder to identify the organisation or individual who is deciding policy
-  Policy responsibility may be more diffuse/shared
-  It may be harder to turn 'best practice' into 'policy'
-  Policy may be more technocratic and cost-driven than political and values-driven
-  But there are plenty of opportunities to influence policy – LET'S TAKE THEM!

www.nat.org.uk

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