Our HIV Strategy

TURNING POINT
inspired by possibility

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FOREWORD

Turning Point is a national social enterprise delivering health and social care services from 300 locations across England with specialisms in substance use, mental health and learning disability. Turning Point provides drug and alcohol treatment services across England and we deliver sexual health services in central London.

We have made great progress in tackling HIV in the UK; however, there is more to do and drug and alcohol treatment providers have a key role to play.

HIV prevalence amongst people who inject drugs in the UK is low (1.2%) but estimates suggest the risk of contracting HIV for this group is 22 times greater than for people who do not inject drugs. People who inject drugs are often marginalised, face barriers to accessing services and are more likely to be diagnosed late (46%). The aim of the Turning Point HIV strategy aims to ensure that all the people Turning Point supports in our drug and alcohol and sexual health services can access testing, treatment and ongoing support for HIV.

Dr David Bremner
Medical Director, Turning Point

We are inspired by the people we support to constantly find new possibilities

Julie Bass
Turning Point CEO

WHAT IS HIV?

HIV (human immunodeficiency virus) is a virus that damages immune cells, weakening a person's ability to fight off infections. If left untreated, the persons immune system can become severely compromised, leading to potential life-threatening infections and diseases. This late-stage HIV is often referred to as AIDS (acquired immune deficiency syndrome).

Background

In 2014, UNAIDS established the global 90-90-90 targets for 2020.
These targets aim for:

- 90% of all people living with HIV to be diagnosed
- 90% of those who are diagnosed are to receive HIV treatment
- 90% of those receiving treatment are to achieve viral suppression.

If these targets are considered as the percentages of all people living with HIV, the 90-90-90 targets translate as 90% of all people living with HIV to be diagnosed, 81% of all people living with HIV are on treatment and 73% of all people living with HIV are virally suppressed.

In 2019, it was estimated that there are 105,200 people living with HIV in the UK. 94% of these people are diagnosed, and therefore know that they have HIV. However, this means that around 1 in 16 people living with HIV in the UK do not know that they have the virus.

98% of people diagnosed with HIV in the UK are on treatment, and 97% of those on treatment are virally suppressed, meaning they can no longer transmit the virus. Out of those living with HIV in the UK, 89% are virally suppressed. This means that the UK met (and exceeded) the UNAIDs 90-90-90 targets for 2020.[1]

Yet, overall, the rate of progress towards eliminating HIV transmission in the UK remains unequal between different communities and in different areas of the UK. For example, progress remains slow for those from ethnic minority backgrounds, who are not only more likely to be living with HIV but are also more likely to be diagnosed late.[2]

There are also regional disparities in HIV prevalence, with central London (including Westminster, Lambeth, and Kensington & Chelsea) and areas such as Blackpool and Wolverhampton all sharing higher HIV prevalence compared to the UK average.[3] The pace of reduction is less pronounced for people who inject drugs, particularly outside London.[4]

Transmission

The main route of transmission for HIV is by way of unprotected sex. However, the virus can also be transmitted via blood-to-blood contact e.g., sharing injecting equipment.

Whilst HIV prevalence amongst people who inject drugs (PWID) in the UK remains low (1.2%), the risk of contracting HIV for this group estimated to be 22x greater than for people who do not inject drugs. This group is particularly susceptible to focused outbreaks, as is currently the case in regions such as Glasgow and South-West England.[5]

Diagnosis and Treatment

Regular testing of 'at risk' clients can enable early identification and treatment of HIV, preventing the development late-stage HIV and premature death.

Treatment consists of daily antiretroviral tablets and is highly effective. On treatment, most people can achieve an undetectable viral load within 6 months.

OUR STRATEGY

Turning Point strategy is guided by three underlying principles in dealing with HIV:

- **We will seek to challenge stigma surrounding HIV within services and beyond. This will be achieved through the provision of robust staff education and training, and by providing clear information regarding HIV for people supported by our services.**

- **We will ensure that key messages relating to HIV testing and treatment are clearly communicated. It is important that we achieve wider understanding regarding the fact that when HIV is undetectable (as a result of treatment), it is untransmissible.**

- **We will ensure all of our services are a safe space in which clients living with HIV can access support and discuss their diagnosis and treatment.**

1. Staff development

All Turning Point staff within our drug and alcohol and sexual health services will receive a robust education and training regarding HIV and on sexual health more broadly. This education and training will include the following:

- Harm reduction: including access to condoms, safer sex advice, greater access to needle and syringe programmes, and exploring options for increased access to PEP and PREP within services.

- HIV transmission: ensuring staff understand and can confidently discuss the main routes of HIV transmission (including dispelling common myths), and are able provide advice on how to reduce risk of transmission

- HIV treatment: Turning Point will provide staff with a robust understanding of the HIV treatment process – an understanding which will continue to be updated regarding treatments currently in use and as treatments evolve. Turning Point will also ensure staff are educated on PEP and PREP treatments, including which groups are eligible to receive PEP and PREP, and where the treatment can be accessed.[6]

- Reducing stigma; ensuring staff understand how language can be stigmatising and harmful to people living with HIV. The correct, person-centred language will be incorporated into training.

We will...

Ensure high-quality training for staff working within our drug and alcohol services by bringing in expertise from our sexual health service (SASH).

Provide all harm reduction[RJ1] leads and BBV champions within our drug and alcohol services receive 'train the trainer' HIV and sexual health training.

Ensure all keyworkers in drug and alcohol and sexual health services receive training on HIV and wider sexual health, including in needle and syringe programme (NSP) training.

Provide training for clinicians – to develop awareness of treatments and specific interactions with illicit and prescribed medication.

Make training available to colleagues in Turning Point's mental health and learning disability services to enable them to deliver interventions and advice relating to sexual health including HIV.

The organisation will keep pace with developments in the UK's HIV situation and training materials will be reviewed and updated annually.

2. Learning from good practice

We have a number of examples of good practice across the country. The aim of this strategy is to ensure all services learn from these examples:

- In Wakefield we have close links with the specialist HIV Nurses at Leads Teaching Hospital and direct access to the GUM Consultant and Sexual Health Clinical Lead for LTHT HIV outpatient service. Our Lead Nurse and HCA make direct referrals to the service and we work together to identify areas of increased infection rates and contact tracing / testing.

- In Somerset, we are able to make same day phone and email referral into our HIV service via a professionals only contact point. We have very good relations with our HIV and sexual health lead practitioners and these sexual health services deliver in-reach to our hubs.

- Across our drug and alcohol services in Leicester, Leicestershire and Rutland all new recovery workers, HCAs and nurses receive needle exchange training that covers PEP, PREP and U=U. Staff carrying out DBST do a will talk to the client about the procedure, what is being tested for and also what happens if the test is positive or indeterminate; they will also discuss how treatments have progressed. The team have excellent links with the HIV specialist nurses that work closely with and recovery workers who have clients living with HIV.

2. Learning from good practice - continued

- At SASH, our central London sexual health service, we have close working relationships with the sexual health clinics (for testing) in each borough we cover to encourage testing and referrals. We support clients with a positive diagnosis through improving connection (peer mentors lead monthly social activities), counselling or service user involvement working groups and complimentary therapies for the long term diagnosed.

  One of our goals is to support people living with issues caused by the negative effects of the early HIV medication or delays in originally getting that medication. We can offer immediate response testing (and PEP) through our partner agencies and also target some of the cohorts who are disproportionately affected with HIV diagnosis, such as LGBTQ+ and particularly those who partake in Chemsex as well as sex workers.

- In Rochdale and Oldham we have great links with North Manchester General Hospital for support for our client who are diagnosed with Hep C. North Manchester is also one of the main regional clinics for supporting those diagnosed with HIV in the North West. The service provides access to the latest treatments, psychological health support, HAND clinics (HIV and Neurological Disorders Clinic), facial fillers (to help facial muscle wastage) access to social and welfare support by George House Trust and Black Health Agency.

  Our clinical team have already made excellent treatment pathway links with HIV clinicians, HIV nurses, phlebotomy and healthcare support. The nursing team have supported clients to have HIV medication dropped off at the service so clients do not have to travel to get medication. The HIV service can also arrange to have HIV medication delivered to the home of the client. The service is lucky to be able to access great HIV support for all our clients. As a 'fast track city', Greater Manchester has joined more than 250 other cities across the world to take combined action, share best practice and tackle HIV related stigma and discrimination.

3. Quality Standards

We will work towards ensuring all services are delivering HIV harm prevention interventions include information and advice, condoms, referral to testing and treatment, signposting to specialist support services, including LGBTQ+ and ethnic minority services.

Harm Reduction

We will:

- Ensure all services have harm reduction information and materials (such as condom packs), up to date posters and information leaflets.
- Ensure all services have adequate information of local providers for PEP and PREP treatments to successfully signpost clients. The organisation will also explore the possibility of prescribing PEP and PREP within our relevant services.

Testing

We will:

- Include information on HIV testing and treatment pathways within Blood Borne Virus (BBV) training.
- Monitor current testing levels and prevalence across services to ensure all at risk clients are tested.
- Ensure all services provide advice and support in accessing testing for other STI and BBVs.

Treatment

All services will:

- Ensure referral and treatment pathways are clearly documented and available for all staff to access.
- Develop their understanding of the barriers to treatment and any additional challenges for HIV diagnosis and treatment for clients with complex needs (for example, those on Opioid Substitution Therapy [OST]).
- Build strong working relationships with local HIV nursing teams and HIV peer networks to ensure support is available for Turning Point services, including addressing challenges with treatment compliance ,attending for testing and follow-up visits, and reengaging clients who have dropped out of HIV treatment
- Provide ongoing support for people living with HIV, working closely with peer mentors with lived experience to ensure services correctly address health needs.
- Ensure ongoing support is available in discharge plans for clients who are leaving treatment with the organisation.

4. Making the most of existing expertise

There is a wealth of specialist expertise on HIV across the country. We will work to develop our links with national and local HIV organisations including local sexual health services, HIV clinical teams, local charities, and support networks.

Turning Point will develop greater access to evidence-based resources for staff (iBASE).

We will look for opportunities for mutual learning/information exchange for example where HIV specialists provide CPD sessions on HIV for Turning Point clinicians and Turning Point clinicians provide CPD sessions on substance misuse to partner organisations.

Sources

[1]https://www.nat.org.uk/about-hiv/hiv-statistics

[2]https://www.hivcommission.org.uk/final-report-and-recommendations/equity/

[3]https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025/annex-b-local-authorities-with-high

[4]https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00142-0/fulltext

[5] https://www.hivcommission.org.uk/final-report-and-recommendations/equity/

[6]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4309625/

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