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Policy briefing

Universal access to primary care: A gateway for HIV testing, treatment and prevention

November 2012

The Government is considering the introduction of NHS treatment charges for primary care, based on residency status.

This will undermine efforts to detect and treat undiagnosed HIV in migrant communities.

In recent years there has been a growing consensus amongst HIV and public health experts that increasing the offer and uptake of HIV testing in a range of non-specialist settings including GP surgeries is the key to tackling the UK epidemic.

As of 1 October 2012, HIV treatment is freely available to everyone in England. This is in recognition of the great public health benefit of providing antiretroviral treatment to people living with HIV. Research has demonstrated a 96% reduction in onwards transmission when someone is on effective treatment. HIV treatment is life-saving and essential to preventing serious illness amongst people living with HIV.

However, a quarter of people living with HIV in the UK do not yet know they have it. They are not accessing treatment and may unwittingly pass their infection on to others.

This briefing sets out the evidence for why continued (and improved) universal access to primary care is an essential underpinning to the NHS's current efforts in HIV testing, treatment and prevention.

NAT (National AIDS Trust) is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expertise and practical resources. We champion the rights of people living with HIV and campaign for change.

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Trends in HIV diagnosis within BME and migrant communities

New evidence about the preventive benefits of commencing treatment when clinically recommended means that encouraging people at risk to test for HIV is more important than ever.

In 2010, half of people newly diagnosed with HIV were diagnosed late, meaning they should already have commenced treatment. When categorised by ethnicity, late diagnosis was highest amongst African-born men (66%) and women (61%), followed by Caribbean women (59%) and men (47%).[1] It is clear that the crisis of undiagnosed and late diagnosed HIV is most severe in migrant communities, many members of which face barriers to accessing primary and secondary care.

In addition, evidence shows that compared to the rest of the population, this group are much more likely to be diagnosed with HIV in a GP surgery or hospital than in a sexual health clinic. Between 2006 and 2009, one in three BME people diagnosed with HIV were tested outside of a sexual health setting, compared to one in five newly diagnosed white people.[2]

Reducing migrants' access to primary care therefore not only excludes them from one *possible* setting for HIV diagnosis – it keeps them away from one of the settings *most likely* to encourage them to test.

NICE recommendations to expand HIV testing to primary care

To respond to high rates of undiagnosed and late diagnosed HIV, in 2011 NICE published new public health guidelines to increase uptake of testing in the groups most affected by HIV in the UK: men who have sex with men, and black African men and women. These guidelines re-emphasised the recommendations made in the UK National Guidelines for HIV Testing.[3]

NICE guidelines for improving the uptake of testing within African communities include the following recommendations for commissioners and providers of primary healthcare:

- To routinely offer and recommend an HIV test to men and women known to be from a country of high HIV prevalence, and men and women who report sexual contact abroad or in the UK with someone from a country of high HIV prevalence. (Regardless of the HIV prevalence of the local area).

- In areas where more than 2 in 1000 population have been diagnosed with HIV, to consider offering and recommend an HIV test to **all new GP registrants** and all general medical admissions.[4]

These new testing strategies will only work if there is universal access to primary care. Initial pilots of testing in primary care indicate that it is an effective approach, which should be rolled out alongside existing targeted testing strategies.

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[1] HPA.2011.HIV in the United Kingdom.
[2] Meaghan Kall et al. 2012. Where do we diagnose HIV? Monitoring new diagnoses made in non-traditional settings. IAC, Washington DC, Poster 161.
[3] BHIVA, BASHH, BIS
[4] NICE. 2011. Increasing the uptake of HIV testing among black Africans in England: guidance (web format).

HIV testing pilots in primary care

In order to be considered a cost-effective strategy, routine HIV testing would have to identify at least one positive result per 1,000 people tested. In the Brighton & Hove primary care pilot, ten GP surgeries identified HIV positive patients at a rate of 1.36 per thousand over a period of six months. In nine months of routine testing in Lewisham, the positivity rate was seven per 1,000.[5] These results show that primary care is a gateway to HIV testing for many people who would otherwise go undiagnosed.

Above and beyond routine HIV testing for new registrants, GPs have a vital role to play in recommending a test to existing patients including those who present with the symptoms of very early HIV infection (a crucial time from a prevention perspective) or with an indicator disease that points towards more advanced HIV infection (and the need for urgent testing and treatment).

Comparative costs of testing, treatment, late and non-diagnosis of HIV

a. Costs of testing and treating

In the pilots, the cost of an HIV test was between £6.35 and £8.32 in a primary care setting.[6] One year of routine HIV treatment and care is estimated to cost between £10,000 and £16,000.

b. Costs of undiagnosed and late diagnosed HIV

As shown above, diagnosing and treating HIV is the key to curbing onwards transmission of HIV in the UK.

Modelling by the Health Protection Agency shows that preventing one onwards transmission of HIV saves between £280,000 and £360,000 in treatment costs across a lifetime. Using statistics from 2008 as an example, the HPA noted that preventing UK transmissions diagnosed in one year alone would have saved £1.1billion in future HIV-related costs. This does not take into account the additional social and economic costs of an HIV transmission, nor the additional people who will get HIV from those newly infected.

In addition, encouraging early diagnosis of HIV saves the NHS the costs of treating people who are not diagnosed until they are hospitalised with a serious HIV-related illness. In 2010, London hospitals estimated that a week's stay in an Intensive Care Unit (ICU) was between £14,250 and £25,000.

Existing barriers to primary care for migrants with HIV

Although NHS charges do not apply to primary care at present, there are still barriers to access for many migrants. Undocumented and irregular migrants in particular may be registered at a GP surgery, but only at the discretion of a practice. Migrants generally still face barriers in the form of unnecessary proof of identity requirements (such as passports) and the misunderstanding and application of NHS entitlement rules. These barriers must also be overcome with clear guidance on entitlement to free primary care.

[5] Health Protection Agency. 2011. Time to Test for HIV: Expanding HIV testing in healthcare and community services in England.
[6] ibid

Conclusion

Universal free access to primary care is a vital to the success of current strategies to test and treat people living with undiagnosed HIV. Migrants from Africa and the Caribbean are two of the communities most affected by HIV in the UK, and also the most likely to be undiagnosed. Late and non-diagnosis of HIV has devastating impacts on individual and public health.

The Government has just removed one the main barriers to testing and treatment for migrant communities, by ending NHS charging for HIV treatment. The very positive impact of this change in policy will be undermined, however, if these groups face a new barrier to diagnosis in the form of charging for primary care.