

Appendix 1

Sexual Health and HIV services in Brent

This report has been compiled by NHS Brent following a request from the Health Select Committee for an update on sexual health services and HIV in Brent. It has been informed by a recent Sexual Health Needs Assessment undertaken by the Public Health Department. This needs assessment is still in draft format and will shortly be presented to the PCT Board.

HIV – the situation in Brent

The most recent Sophid data (HIV specific data collection undertaken by the HPA) shows that in 2009 817 Brent resident HIV positive people were accessing services. According to the 2010 Sexual Health Needs Assessment, HIV rates for Brent show a diagnosed prevalence of 3.1 per 1000. National rates are 1.3 per 1000. This figure includes undiagnosed prevalence. The Health Protection Agency estimates that nationally 27% of those people that are HIV positive do not know their status.

Brent is unusual in the profile of HIV positive residents in that the majority of cases are the product of sex between men and women (see figure 1)

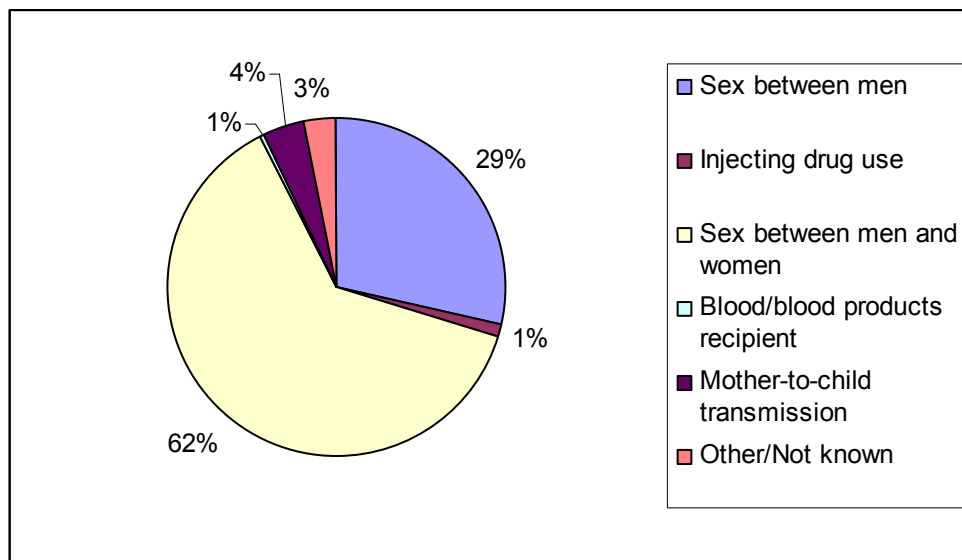


Figure 1 – HIV by source of transmission Source: HPA

The demographic profile of HIV positive people in Brent shows that the majority are from Black and Minority Ethnic (BME) groups, particularly the Black African population (see figure 2)

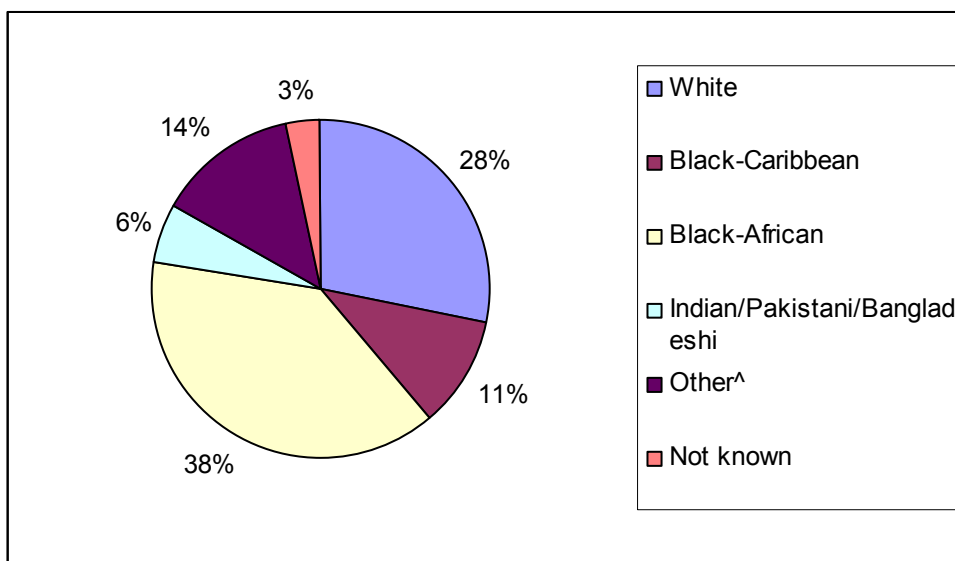


Figure 2 – Ethnic breakdown of HIV positive Brent residents Source: HPA

According to the 2001 census BME groups make up the majority of the population at 54.7%; including 18.5% Indian, 10.5% Black/Black British Caribbean and 7.8% Black/Black African.

Table 1 shows the prevalence rate per 1000 of HIV by ethnicity. This shows significant problems amongst the Black African population.

Ethnic Group	Sex	2004	2008	% change 04-08	% Male or Female 2008	HIV diagnosed cases per 1000, 2008*
White	Male	156	182	17%	41%	4.6
	Female	27	26	-4%	8%	0.7
Black-Caribbean	Male	26	35	35%	8%	5.1
	Female	25	38	52%	12%	4.1
Black-African	Male	98	122	24%	27%	20.0
	Female	207	208	0%	64%	25.2
Indian/Pakistan/Bangladeshi	Male	26	30	15%	7%	1.3
	Female	7	10	43%	3%	0.5
Other/Not known ethnicity	Male	57	77	35%	17%	1.3
	Female	24	43	79%	13%	0.7

Table 1 – Breakdown of HIV by ethnicity and prevalence Source: HPA

According to the last available data 42% of Brent residents were diagnosed late. This means that their CD4 counts had fallen to 200 or below at the time of first diagnosis.

According to the HPA 68% of HIV positive people in Brent lived in NW2, NW6 and NW10 in 2009. This represents a triangle between Kilburn, Stonebridge Park and Dollis Hill. 38% of HIV positive people are within the most deprived quintile of Brent residents (as measured on the index of multiple deprivation from the Department of Communities and Local Government) and 85% are within two most deprived quintiles

HIV – Current services and commissioning arrangements

Some HIV services are commissioned by NHS Brent and some by Brent LA Adult Social Care. Options to consolidate this are being explored. The main areas of commissioned services are:

Prevention

The Pan London HIV Prevention Programme is a jointly commissioned services with the 30 other PCTs across London. This has been poorly managed in the past but new leadership is in place, with reducing budgets and the limitations of local primary prevention initiatives this initiative may become increasingly important.

Locally, Community Health Action Trust (CHAT) provides culturally sensitive primary HIV prevention for the Black African Community.

Testing

Acute Hospital Genito Urinary Medicine (GUM) services provide HIV testing as part of a standard service. Some GP's provide HIV testing. NHS Brent is undertaking a communication initiative beginning 22nd September to increase testing for HIV, Hep C and Hep B in GP practices.

A community HIV testing pilot was ended because the governance structures were not deemed strong enough in April 2010.

Treatment

The London HIV Consortium commissions HIV treatment services from Acute Trusts across London and jointly procures Anti Retroviral Therapy (ART) on behalf of all 32 London Boroughs. NHS Brent has committed to contribute approximately £7.5 million to this in 2010-11. 65% of its budget is used to procure ART drugs. With numbers of HIV positive Brent Residents rising by around 40-50 per year, late diagnosis steady at 42% and attrition rates very low, costs are likely to rise over the next few years.

North West London HIV Clinicians send notification letters for >90% of new diagnoses to the relevant GP. This improves the management of HIV in primary care and reduces the risks associated with polypharmacy.

There is a 'one stop shop service' managed by the HIV Coordinator called 'The HUB' which is currently based at Monk's Park. This provides a central point for HIV positive people to access a range of statutory and voluntary sector services. This includes treatment support, assessment for respite and rehabilitation, nutritional advice and complementary therapy.

Social Support

NHS Brent and the London Borough of Brent commission a range of services that provide social support to HIV positive people in Brent. These include Housing support such as Hestia Housing, peer support which is currently being recommissioned, and floating support workers for a range of issues including employment, education and welfare rights.

HIV – Current Issues

- Lack of involvement of HIV positive people in service commissioning. NHS Brent is attempting to set in place a user group forum to support this and we hope to launch this group on 1st December as part of World AIDS day events.
- Primary prevention services need to be improved and standardisation is needed across a wider geographic area. The HPA has calculated that the lifetime cost of each new diagnosis is between £280k and £360k. Steps have been taken to improve this includes moving to commissioning based on Behavioural Change Communications plans and the development of a sexual health website www.sexualhealthbrent.org.uk. However:
 - Local primary prevention services are costly and have a very narrow focus.

- Local initiatives are often confusing given the myriad campaigns across London.
 - Pan-London prevention programme contract is coming to an end and due to reporting problems a number of PCTs are looking to reduce commitment or pull out. This will affect the viability of universal messages.
- GPs are not currently testing for HIV routinely. A letter is being prepared for distribution to GPs identifying common symptoms to encourage increased testing. Routine testing at first registration at a GP practice would meet national standards for an area with our prevalence rate and would support the delivery of the HIV late diagnosis target and would be cost effective in the long run. NHS Brent will consider if funding can be made available to roll out routine testing in 11/12. This may need to be on a phased basis with an initial focus on areas with a higher prevalence.
- Immigration and HIV. A number of HIV positive people accessing services in Brent have immigration status issues. This leads to two problems:
 - If a person with undiagnosed HIV with unclear immigration status remains outside of the healthcare system then opportunities for secondary prevention can be missed.
 - A person lost to treatment, if they feel that they will be deported, is next likely to access services as an emergency admission.
- Greater coordination between NHS Brent, Brent Council and the regional NHS HIV commissioning group could provide opportunities to improve the care given to HIV positive Brent residents.

Sexual and Reproductive Health - the current situation in Brent

Approximately 75% of Brent residents that access STI testing at a GUM clinic attend Northwick Park Hospital, Central Middlesex Hospital or St Mary's Hospital. The data from these three clinics have been used for the analysis within this report taken from the 2010 NHS Brent Sexual Health Needs Analysis.

The GUM clinics have only just started collecting data on a PCT by PCT basis. There has been an overall decrease of 11% in number of STI over the last five years presenting at the local clinics. This pattern reflects the better provision of services and generally increased awareness of the sexual health and increased willingness to attend early for screening and treatment.

GUM services locally are continuing to perform to a high level with 100% of GUM patients are seen within 48 hours and the ratio of first to follow up appointments in Northwick Park and Central Middlesex Hospitals is below the national average of 1:0.75

Chlamydia continues to be the most common diagnosed STI. 26% of <25 year olds were screened in Brent as part of the National Chlamydia Screening Programme in 2009/10. The national target was 25%. The target for 2010/11 is to have 35% of all <25 year olds screened and NHS Brent is on trajectory to achieve a screening rate of approximately 33%. The PCT is considering if further initiatives are required to hit the 35% target.

The below table of STI diagnoses shows that Brent does have a significant STI problem

	Chlamydia (by age group)		Gonorrhoea	Syphilis	Herpes	Warts	Acute STIs
	15-24	25+					
Brent Teaching	2275.2	251.0	81.7	9.6	87.2	161.9	1444.3
London Average	2428.5	181.0	72.8	14.1	79.3	163.6	1176.5

Table 2 Rates of selected STI & acute STI diagnoses per 100,000 population. Source: HPA

Table 3 shows the ethnicity breakdown of Brent residents attending GUM services, the numbers of infections (Chlamydia, gonorrhoea, anogenital warts, anogenital herpes and syphilis) and the projected population. Multiple infections may be concurrent in one attendee.

Ethnicity	Projected Population		Nos Screened		Nos Infections	
	Male	Female	Male	Female	Male	Female
White	57,101	57,450	1661	2260	565	571
Black or Black British	27,136	34,289	2490	3662	966	853
Asian or Asian British	34,049	34,103	627	533	135	119
Mixed			224	335	66	90
Other ethnic groups	17,240	17,277	229	325	54	42
Not specified			132	139	48	52

Ethnic breakdown of GUM attendances against projected population 2009
Source: HPA (STIs and GUM attendances) and GLA (population projections)

Table 4 shows the ratios of population, infections and numbers screened at our GUM. This shows the proportion of activity in GUM clinics is not consistent with our population breakdowns.

Ethnicity	% of total screened	% of total infections	% of total population
White	31%	32%	41%
Black or Black British	49%	51%	22%
Asian or Asian British	9%	7%	24%
Mixed	4%	4%	
Other ethnic groups	4%	3%	12%
Not specified	2%	3%	

Table 4 population ratios against ratios of attendances and infections by ethnicity.
Source: As table 3

Abortion services

There were 2128 terminations of pregnancy provided by Marie Stopes International and BPAS in 2009-10 for Brent women. Of these 908 or 43% are repeats. Of the 784 women under the age of 25 having a termination in 2009-10 263 or 34% were repeats.

Contraceptive services

The locally commissioned contraception service provider Camden Contraceptive Services is commissioned to provide 9,726 patient episodes per year. The number of GP prescribed Long Acting Reversible Contraceptives (LARC) in 2008/09 was 1413 giving a rate of 21/1000 women aged 15-44, compared to a rate of 41.4/1000 for England and 22.0/1000 for London SHA. We do not have a good understanding of why the uptake rates for London are so much lower than those found nationally.

Teenage Pregnancy

The teenage pregnancy rates in the borough have seen a slow decline however there is still a long way to go in reaching the 50% target set by the previous government. 64% of conceptions to under 18's resulted in abortions

Table 5 below shows the rate of decline in the borough over the last 18 months:

Brent	Jan - March	Apr - June	Jul - Sept	Oct -Dec	Jan - March	Apr - June
	2008	2008	2008	2008	2009	2009
Rolling quarterly average	38.2	40.2	38.4	40.3	44.2	40.4
Quarterly rate	23.3	49.0	38.6	50.2	38.9	33.8
No. of conceptions	25	52	41	53	40	35
London	45.5	45.4	45.4	44.6	43.8	42.5
England	41.6	41.4	41.1	40.5	39.8	39.5

Sexual and Reproductive Health - Current Services

- Local GUM services including Northwick Park Hospital, Central Middlesex Hospital and St Mary's Hospital. These are open access but only open office

hours with the exception of an appointment only clinic at Northwick Park on a Saturday 9-1.

- Contraceptive services run from 4 centres Willesden Centre for Health and Care, Wembley Centre for Health and Care, Chalkhill Primary Care Centre and Hillside Primary Care Centre. There is a mixture of appointment and walk-in clinics and there are clinics that run until 7.30 most days.
- An integrated tariff is currently being developed to dehost sexual health services across London. It is likely that there will be a cost impact on Brent as this comes into force. However, the start date has been delayed from April to November 2011, despite this notice is being served on all providers across London. There is a risk that this programme does not happen because of the scale of the current restructure.
- There are a number of GPs that deliver contraceptive services in Brent either under a PMS contract or under a Local Enhanced Scheme.
- Chlamydia Screening is being delivered from a range of venues including street based outreach workers, pharmacies and GPs. Brent GPs are the most successful GP screeners in London.
- The London Borough of Brent commissions 'Clinic in a Box' a school based education service that provides education on Sexual Health and Substance Misuse to 8 secondary schools in the Borough.
- NHS Brent has commissioned and just launched a sexual health website www.sexualhealthbrent.org.uk that is aimed at Brent Residents. Currently it is in a holding format while the full site is developed. Full launch is expected at the end of October
- Brent resident under 20's can get access to free condoms with a condom card.
- Emergency Hormonal Contraception is available from a number of Pharmacies (mostly in the south of the borough) to under 19's and most GPs, GUM services and Contraceptive Services.

Issues for Sexual and Reproductive Health

- Brent residents don't just stay in Brent and so travelling a few minutes by tube can mean a whole different set of messages and branding. NHS Brent is in discussion with the 4 other outer North West London PCTs to access support from the National Support Team (DH) to develop a co-ordinated approach.
- Uptake of Long Acting Reversible Contraception, especially implants, is very low. According to DH guidance, for every £1 invested in contraceptive services, including screening, there is a saving of at least £11 on associated NHS costs.
- Lack of consistent use of SH services by demographic breakdown may be indicative of the distribution of the burden of disease but also may reflect the social and cultural issues regarding accessing relevant services.
- Contraceptive Services do not provide STI testing and this means that female users can need to undergo a further invasive procedure at another site when in reality they could just undergo one check up. The shift to an integrated service could provide more choice, increase access and potentially reduce costs in terms of secondary prevention and a reduction of activity in the Acute setting.
- Contraceptive services have also had difficulties in engaging more vulnerable young people such as those who are Looked After or NEET
- There is an initiative to create a dehosted integrated tariff for sexual health services. This will allow STI and contraceptive services in neighbouring boroughs to charge NHS Brent (or equivalent GP consortia) for each Brent resident that accesses their services. It will be extremely difficult to manage

demand for these services and the potential cost impact could be significant. This has been delayed until November 2011 and there is a shadowing exercise currently underway to establish likely costs.

- Violence and abuse.
 - Female Genital Mutilation – the general belief among professionals is that there is a level of activity going on. There is very little evidence. NHS Brent is starting to try and collect systematic data on this and once this has been completed then a strategy needs to be developed.
 - Domestic Violence services under threat from cuts. It is expected that this will have an impact on other health services including sexual health services.

Appendix 1 – Service Provider List

Type of Provider and Commissioner	Name	Coverage	Commissioned by	Value
SH & HIV Services – NHS Brent				
Contraceptive Services	Camden Contraceptive Services	All Brent residents	NHS Brent	£587,650 (including £20,354 for a YP clinic)
Ethnic minority HIV prevention education	NAZ project London	African women, ethnic gay mens groups	NHS Brent, NHS Westminster (lead), NHS K&C, NHS H&F	£19,591
Gay men and African community prevention	Pan London HIV Prevention Programme		Pan London (K&C – lead)	£80,359
HIV prevention	Community Health Action Trust	Anglophone Africans	NHS Brent	£101,902
HIV Peer support	Hopegate Trust	Decommissioned and recommissioning in process.	NHS Brent	£89,721
HIV coordinator and one stop shop	The Hub		NHS Brent (support from council staff)	£242k
HIV Life coaching	Living Well		NHS Brent	

HIV in patient care	Mildmay	Hospice care	Consortium lead by Tower Hamlets.	£137,002
HIV hospice Care	St Johns	HIV positive Brent residents referred into the service. Mostly out patient.	NHS Brent (contract held by continuing care)	£78,599
HIV treatment and drugs	Pan London HIV Consortium	All HIV positive people seeking treatment in London NHS provided services.	Pan London (croydon lead via specialised)	£5,298,454
Terminations of Pregnancy	BPAS	Brent residents referred by GPs or FP	NHS Brent	£149,215
Terminations of Pregnancy	Marie Stopes	Brent residents referred by GPs of FP	NHS Brent	£654,649
Chlamydia Screening	Chlamydia Screening Office			
Chlamydia Screening	Don't Panic			
Supporting sexual health in Primary Care	Sexual health on call (SHOC)	GPs and pharmacists	NHS Brent	£127k
Social Care – Brent LA				
HIV counselling	Community Health Action Trust	HIV positive brent residents	Brent Council – Adult social care	£63,622
HIV homecare	Brent Cross Roads	HIV positive brent residents	Brent Council – adult social care	£18,700

HIV positive women support	Positively Women	HIV positive brent residents	Brent Council – adult social care	9,200
HIV positive families	Body and Soul	HIV positive brent residents	Brent Council – adult social care	35,468
HIV social support	2 x social workers	HIV positive brent residents	Brent Council – adult social care	£80k approx
HIV Housing support	Hestia Housing support	HIV positive Brent residents	Brent Coucil – Supporting people	£51k
YP Services – NHS Brent/LA Joint Commissioning				
Sexual health and substance misuse Clinic In a Box service	SHOC / Addaction	YP	LA	£72,319.00
Parenting support to develop confidence in raising healthy relations and sexual health with their children	The African Child	YP	NHS Brent (new contract being negotiated)	£20,600
Early intervention programme for young people at risk of becoming teenage parents	Teens and Toddlers	YP	LA	£26,500.00

Back office support - Medivend	SHOC	YP	NHS Brent	£3,200.00
EHC provision	SHOC	YP	NHS Brent	£7,500.00
Condom Distribution	SHOC	YP	NHS Brent	£37,000.00
Safe Card	SHOC	YP	NHS Brent	£9,600.00
Counselling, HIV support, Pregnancy testing and other sexual health support to young people. Teenage parents support service currently being agreed in addition to this service	The African Child	YP	NHS Brent	£45,868.00 + 20,316
LGBT support for young people	Mosaic	YP	NHS Brent	£26,456.00
EHC provision	Pharmacies	YP	NHS Brent	£71,948.00