

**British HIV Association (BHIVA) Member Survey, September 2018
Results Summary**

GOVERNMENT FUNDING CUTS CAUSE WORSENING HIV CARE

Introduction

The results summarised in this document are from a survey of the members of the British HIV Association (BHIVA) undertaken in August and September 2018. BHIVA is the leading UK association representing professionals in HIV care and is committed to providing excellent care for people living with and affected by HIV. Of the 98 responses to the survey, 97 were from respondents based in England. These responses are included in the findings of this report.

HIV care has worsened in England since changes to the funding and organisation of sexual health services in 2013, according to more than three quarters of those who took part in a recent (August/September 2018) survey of members of the British HIV Association (BHIVA.)

Respondents said that there was now reduced access to core sexual health services for people living with HIV, leaving many forced to look elsewhere for services traditionally available to them from their HIV centre of care.

Funding cuts coupled with increased demand are cited as the main reasons for the reduced services. Changes in local decision making and procurement processes have in many cases caused restructuring, which has limited the access to HIV and other sexual health services for people living with HIV. This is either because there are fewer available appointments, as a result of increased demand and a reduction in funding, or to the separation of HIV and sexual health services to different locations.

Respondents to the survey also expressed concerns regarding the impact of the reduction of HIV prevention services and the removal of health advisors, particularly as this is combined with a dramatic reduction in outreach services offering prevention advice and testing. At the same time funding cuts have drastically reduced the output of third sector organisations. Historically these, together with charities and community groups, have supplemented services, by offering HIV testing, advice and peer support.

Key findings

- **Negative affect on care:** results show that 76 per cent (76.3%) of respondents thought that care delivered to patients in their HIV service had worsened since the 2013 changes to the funding and organisation of sexual health services.
- **Reduced access to HIV prevention advice and provision of condoms:** 75 per cent (75.3%) said there had been an impact on access to HIV prevention advice and condoms, with 63 per cent (62.9%) reporting that access had been reduced.
- **Prep monitoring/advice:** access to prevention through the use of Pre-exposure Prophylaxis (PrEP) is now available at 71 per cent (71.1%) of services, or offered locally by another service (16.5%). However, while 28 per cent of respondents said access was improving, almost a quarter (24.7%) said it had been reduced, with more than 10 per cent (11.3%) saying it was not offered locally.
- **HIV testing:** the survey shows that it is also becoming more difficult for people to test for HIV, with 35 per cent (35.1%) of respondents reporting that there is now reduced access to testing in

their own location. Although 58 per cent (57.7%) of services offered outreach testing, with a quarter (25.8%) of respondents saying that it was offered locally by another service, more than half (51.5%) said access to testing in outreach settings was also reduced. (NB this should be seen in the context of increasing availability of online services, although these are not universally available across England, or appropriate for all demographics.)

- **Third sector cuts:** nearly 40 per cent (38.1%) of respondents no longer offer peer support. Funding cuts have drastically reduced the output of third sector organisations that historically, together with charities and community groups, have supplemented services, by offering HIV testing, advice and peer support. Results show that 70 per cent of those surveyed (70.1%) say that third sector support has worsened, with services being decommissioned, stripped back to basics or simply closed down completely.
- **Range of services offered:** despite reductions in availability, the majority of clinics continue to offer core services, such as sexual health screening (93.8%), reproductive health/contraception (81.4%), cervical screening (73.2%), counselling for newly diagnosed individuals (81.4%), HIV partner notification (89.7%) and some psychology input for HIV related mental health problems (70.1%). However, access to these services has been severely affected in many locations – see below.
- **Cervical screening:** access to cervical screening has been halved (reduced access reported by 49.5% of respondents, of concern given that national cervical screening coverage is falling and that women with HIV are at higher risk of HPV related cancer.
- **Sexual health screening reduced:** more than 40 per cent (41.2%) say that access to sexual health screening has also been reduced, although HIV positive people are at greater overall risk of sexually transmitted infections (STIs).
- **Psychology input for HIV related mental health problems:** similarly, despite being at greater risk of mental health issues, psychology input for HIV related mental health problems is now available to fewer people with HIV: over 40 per cent (41.2%) of those surveyed report reduced access.
- **Reproductive health and contraception:** more than a third of respondents (34%) said there was reduced access to these services, although 15 per cent (15.5%) said they had improved following changes.
- **Counselling for newly diagnosed individuals reduced:** the majority of services (63.9%) have maintained counselling for the newly diagnosed but close to 30 per cent (28.9%) say that access is reduced.
- **HIV partner notification reduced:** more than a quarter of respondents (26.8%) reported that access to partner notification had also been affected, yet this is a key method of increasing testing of people at higher risk of HIV transmission, and thus identifying people who have not yet been diagnosed.
- **Peer support:** 70 per cent (70.1%) of respondents say that support for people with HIV provided by third sector, voluntary or community organisations in their area has worsened. While not all services provide peer support, 28 per cent (27.8%) of those that do say that there is less access.

Summary of feedback given in comments by survey respondents

Changes since 2013 have in many areas led to a fully integrated range of services from a single location now being divided between differently funded suppliers. Although this has led to improvements for some

respondents, they are unfortunately in the minority. The separation of HIV and GUM to different funding sources, and different sites, was a key issue. People living with HIV may not be willing or able to travel to another location, so that opportunities for important services such as STI testing are missed.

Many respondents also commented on the negative impact of changes in funding for cervical screening, formerly provided by their service, but now by a mix of primary care and sexual health clinics. They also said that mental health and psychology services have become increasingly difficult to access due to staff leaving and not being replaced as a result of budget cuts. Funding has also led to fewer Health Advisers, with the knock-on effect being less time for partner notification, counselling for the newly diagnosed and prevention advice. Staff are also less able to offer support services for social care, which in turn can result in lower adherence to medication, which means that the most vulnerable people may have poorer treatment outcomes and experience more HIV related disease.

The situation is exacerbated because depleted third sector services are unable to step in to help with advice and assistance. The closure or reduction of peer support services can thus have a significant impact on the increasingly vulnerable HIV population. Respondents also point out that remaining public health funding to the third sector now focuses on testing and prevention rather than community activities and social care.

BHIVA members remain determined to maintain standards of excellence, and limit any impact on those in their care, as reflected by this comment: *“Constant consultations and re-organisations have destabilised the workforce and morale is rock bottom ... despite this patient care remains of an excellent quality and I hope they don’t ever get to see how awful it is for us behind the scenes. We all just try to keep smiling.”*

For further information: please contact Jo Josh at jo@commsbiz.com or +44 (0) 7787 530 922