Together we can end the HIV epidemic

We need sustained investment, strong leadership and improved availability of pre-exposure prophylaxis

Over the past 30 years, HIV care and treatment has changed beyond recognition in the UK. In the 1980s and 1990s services focused on providing support for people with a virus for which there was no treatment, and on end of life care.

HIV is now seen as a long-term condition. People accessing treatment have a life expectancy that is almost the same as someone who is not living with HIV.

However, the Health and Social Care Act (2012) in England led to changes in the commissioning of services, resulting in a complex and fragmented commissioning environment.

This was highlighted in a report in April by healthcare charity The King’s Fund, which looked at the future of HIV services in England. It shows the complexity of the current commissioning system and highlights other key issues, including the number of older people living with HIV and the need to focus on quality of life issues for this group to maintain their health and well-being.

It has become clear that HIV services must adapt to provide support for people growing old with HIV and experiencing other physical and mental health problems that are part of ageing. These include memory problems and management of other long-term conditions such as diabetes and heart disease. Social isolation and financial hardship are also of concern for older people living with HIV.

The HIV sector is facing cuts, with a number of charities closing or facing an uncertain future. The Sussex Beacon in Brighton has faced the possibility of closure, putting nurses and healthcare assistants at risk of redundancy. These are experienced, knowledgeable staff skilled in HIV care, and who strive to provide the best possible service. This was reflected last September in a Care Quality Commission (CQC) report that rated The Sussex Beacon as outstanding.

The CQC recognised the importance of high quality care, and how the organisation is changing and adapting to the needs of people living with HIV, alongside strong clinical and managerial leadership.

Patient access

Specialist nurses have always been central to HIV care. As well as contributing to the development of services, they recognise the challenges of living with HIV. Every person with HIV should have access to a specialist nurse when they need one.

The King’s Fund is calling for clear and stronger leadership for HIV care. This is important to ensure that good services are not lost, to promote collaborative working, and to involve clinicians, funders and service users in future decisions to ensure that all services are available when people need them.

In the past year there has been a campaign to ensure that HIV prevention services continue, and for pre-exposure prophylaxis (PrEP) to be provided by the NHS.

In April it was announced that PrEP is to be made available on the NHS in Scotland. The rest of the UK now needs to follow suit to ensure that a drug proven to reduce the risk of becoming infected with HIV is available to those who need it.

If PrEP is made available across the UK, alongside sustained investment in HIV services with strong leadership, there is every chance we can end the HIV epidemic by 2030.