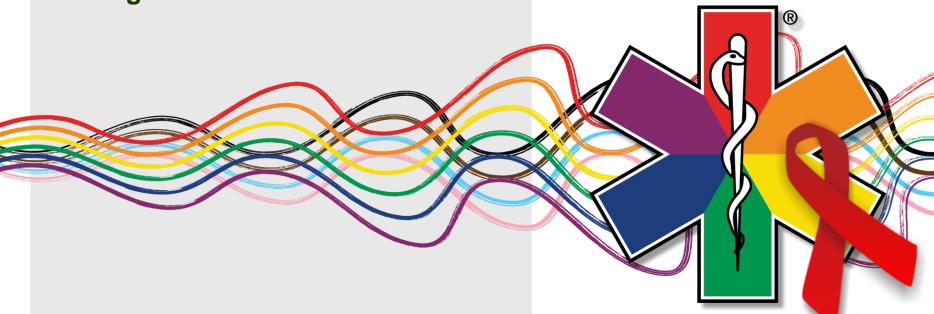
Towards Zero

A brighter future on the horizon

National Ambulance LGBT+ Network



Adam Williams

1 December 2022



Celebrating the sexual orientations and gender identities of all our patients, staff and communities

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Contributors to this 15 Minute Read are Adam Williams.

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An Editorial Team oversees the production and consistency of all 15 Minute Reads. Members of the team are Tony Faraway, Alistair Gunn, Jen Palmer-Violet and Kirsten Willis.



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LGBT+ Network Information

The National Ambulance LGBT+ Network exists to provide support to LGBT+ staff within UK ambulance services and ensure LGBT+ patients receive the right care.

The national committee is made up from two members from each NHS ambulance service and additional members with specialist roles. The committee meets four times a year.

Further information about the network, copies of our resources, link to our online shop and a calendar of events can be found on our website.

Information about LGBT+ networks in each NHS Trust, including contacts, can also be found on our website.

You can also contact members of the committee using the *Contacts* feature on our website.

ambulanceLGBT.org

Follow us on social media:



National Ambulance LGBT+ Network



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Getting Involved

15 Minute Reads

If you have an idea for a 15 Minute Read, or you'd like to author an edition, please get in touch with our Editorial Team using the *Contacts* feature on our website.

Author guidance information and a style guide are available to support aspiring authors.

Local Networks

All of our local networks are always looking for people to get involved. Have a look at the *Networks* feature on our website for contact information.

National committee members are appointed by local networks.

Events

We publish a calendar of events that you can get involved with, which includes our annual conference. Special events happen in LGBT+ History Month (February) and throughout the Pride season (June to August each year).

It is always worth contacting your local network to see if they are planning any additional events.

World AIDS Day



#WORLDAIDSDAY

Every year World AIDS Day is celebrated on 1 December. It recognises the millions of people around the world who are living with Human Immunodeficiency Virus, or HIV.

HIV and AIDS still represent a health inequality for gay and bisexual men. The National Ambulance LGBT+ Network had addressed this by providing up-to-date information and helping ambulance clinicians to understand how they can provide good care to people living with HIV.

In this 15 Minute Read, **Adam Williams**, from North West Ambulance Service, provides an overview of the Government's *Towards Zero* strategy that aims to eliminate new HIV infections in the United Kingdom by 2030.

Read how you can support patients and don't forget to wear your red ribbon with pride.



Towards Zero

The threat of HIV and AIDS is, at least in the UK, not what it once was

In this 15 Minute Read, released on 1 December to mark World AIDS Day, we look at the Government's *Towards Zero* strategy and the progress being made to make HIV a disease of the past. We will also look at the part we can play in the ambulance service to make patients' lives better.



Before that, a quick recap on what HIV is and how treatments have improved in recent years.



HIV

(Human Immunodeficiency Virus)



This is a virus which attacks the immune system, the body's defence against diseases. HIV stays in the body for life, but treatment can keep the virus under control and the immune system healthy. Without medication, people with HIV can develop AIDS.

(National Aids Trust, 2022)

Prevention as Cure

Preventing transmission stops a disease in its tracks. Vaccination programmes succeed through establishing sufficient immunity in a population so that there remain too few hosts within which the disease can thrive. Whilst work is ongoing to develop an HIV vaccine, there are already many other ways in which transmission can be prevented:

- Stopping the virus entering the body (safer sex and use of physical barriers such as condoms)
- Once the virus has entered the body, stopping it establishing itself (PrEP and PEP*)
- Treating those with the virus so they cannot pass it on (undetectable = untransmittable*)

All of these rely on the engagement of the sexually active population. None will be effective unless interventions are both easily available and widely taken up. Now that medical solutions

exist, tackling social and cultural aspects hold the key to getting to the brighter future that we can see on the horizon as we move *towards zero*.

* These terms are explained later in this edition.

£23 million

of funding has been pledged with the aim of reducing new infections by 80% by 2025 and eliminating all new infections by 2030. (gov.uk, 2021a)



Action Plan

The root of the social and cultural issues that continue to hamper progress in the fight against HIV and AIDS is the homophobia characterised by the moral and political furore surrounding the early years of the AIDS epidemic. This began in the 1980s with the first case in the UK reported in 1981. There was no education amongst the general public on how it was transmitted and many people were disowned by families and died alone.



The importance of combatting the lingering stigma is highlighted in the Government's action plan alongside the other more practical aspects in preventing transmission.

The Government's HIV Action Plan sets out four key themes, shown right, in its aim to eliminate new HIV infections by 2030.

- Preventing people from contracting HIV through availability of PrEP and PEP and condoms.
- Provide **testing** to ensure prompt diagnosis, targeting communities with high prevalence.
- Treating those who are diagnosed with HIV to prevent onward transmission.

Retaining those being treated and strategies to combat stigma.

Preventing - PrEP

Pre-Exposure Prophylaxis (PrEP) is a drug that can be taken to prevent someone who is at risk of acquiring HIV. It is almost 100% effective and an important prevention option for many people at higher risk of HIV.

The NHS made this available in England from 2018 to 2021 only as part of the PrEP impact trial. Wider rollout was delayed several times by the Department of Health who chose instead to extend the trial despite evidence showing its overwhelming benefits to public health (Terrance Higgins Trust, 2022a). It is estimated that rollout delays contributed to at least 15 preventable HIV diagnoses in London alone (Hunte, 2019).

Significant ideological opposition was present and may have contributed to the delays with many right-wing sources spreading misinformation.



The limited number of people who could join the trial led to many people at risk of HIV buying the medication themselves online or through private providers.

Since it has successfully been rolled out more widely, it has had the additional benefit of increasing engagement of people with sexual health services as they visit their clinic frequently for testing and support.

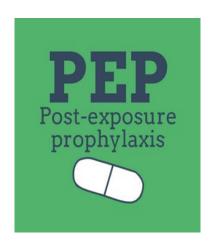
The cost of PrEP currently stands at £11 per month per person, compared to up to £500 per month for treatment of an HIV positive patient. (Hunte, 2019)



Truvada is the main medication used in prevention.

Preventing - PEP and Safer Sex

Post-Exposure Prophylaxis (PEP)



After exposure to the HIV virus, taking the combination of HIV drugs in PEP within 72 hours (preferably within 24) can reduce the risk of someone acquiring HIV.

However, it is not guaranteed to work and should only be used as

an emergency last resort measure. It needs to be taken regularly for 28 days as skipping a dose or failing to complete the full course reduces its effectiveness.

It is available on the NHS for free for people who meet guidelines about its use from sexual health clinics (in-hours) or Emergency Departments (outof-hours).

(Terrence Higgins Trust, 2022b)

Safer Sex

Condoms remain an effective method of HIV transmission prevention with success rates of 70%-90% for heterosexual couples and 70%-92% for gay male couples.

Free condom distribution schemes are widely commissioned by local authorities and condoms/safe sex packs can be obtained from a variety of places from GUM clinics to bars.

Such schemes have been extremely effective, particularly in reaching at-risk demographics including 16 to 19 year olds, those ethnically at higher risk and those whose economic situation may act as a barrier to obtaining condoms.



2 Testing

HIV testing enables life-saving treatment to be offered to those who need it and presents an opportunity to give information regarding HIV prevention options to those who test negative.

The lingering stigma of HIV and persistent stereotyping of those who have it both have a negative impact on many people's decisions to test. Statistics show that only 65% of sexual health service attendees were tested for HIV. How many diagnoses could have been missed?

Testing stigma needs to be tackled if routine testing is to be normalised as it needs to be in all communities. To illustrate the issue, whilst there was an 18% increase between 2015 and 2019 in HIV testing of gay and bisexual men, the same figure for black African heterosexuals was just 3%.

The Government plan for this (gov.uk, 2021b) outlines the following key actions:

- Increase testing rates, improve accessibility especially where higher HIV risk/prevalence.
- Target of 90% testing for first-time attendees at sexual health services.
- Increase in opt-out testing in Emergency Departments in high prevalence areas.
- Increase testing in Primary Care.
- Consideration of testing in a wider range of settings (pharmacies, prisons, rehabilitation).
- Innovative approach to partner notification to increase partner testing.

New HIV diagnoses are now higher amongst heterosexuals. 49% of new diagnoses in England are among straight people, with an almost even split between men and women exceeding the 45% rate for gay and bisexual men – which has shown a sustained drop of 71% in diagnoses since 2014.

(Green, 2022)



Treating

If someone diagnosed with HIV is provided with rapid access to HIV treatment and is then supported to continue compliance with their treatment, it gives them the greatest chance to maintain an undetectable viral load. Not only does this benefit their own health but it means they cannot transmit the infection to their sexual partners.

Undetectable viral load = untransmittable levels of virus.



It is clear that there is still work to do. Compared to 97% of the total, viral suppression was lowest amongst people aged 15-24 (91%) or those who acquired the infection through infravenous drug use (94%).

(gov.uk, 2021b)





In the UK in 2019:

- An estimated 105,200 people were living with HIV.
- 6% of whom were undiagnosed and so unaware.
- 98% of those diagnosed are on treatment.
- 97% of those on treatment are virally suppressed (they cannot pass the virus on).
- So, 89% of the total of those living with HIV are virally suppressed.

(National Aids Trust, 2021)

4 Retaining and Stigma

Although quality of HIV care in England is highly rated (scoring 9.3/10 in 2017), there were still 3,570 people not retained in care in 2019. To completely eradicate new infections by 2030 it is recognised that this figure needs to be brought as close to zero as possible.

Identifying the barriers to this and formulating strategies to address these are crucial to the NHS plan's success. Adaptation to a more holistic and collaborative approach is needed to meet the increasingly complex needs of a growing proportion of people living with HIV aged over 50 and/or experiencing long-term conditions.

Improving wellbeing amongst these groups, through such actions as investment in peer support pathways, is hoped to increase retention in care rates.

Addressing stigma is another large and important goal.

Despite the massive advances in knowledge about HIV and its treatment, stigma still exists. An HIV diagnosis can be extremely distressing not only in terms of health implications but also the reactions of others to such a diagnosis.

Improvements in public education and perceptions surrounding HIV have failed to keep pace with treatments, subsequently contributing to false perceptions and stigma.

Stigma often negatively affects the mental health of those living with HIV with 1 in 5 people reporting to have experienced suicidal feelings.



What Can We Do?

Some of the practical things you can do to support patients living with HIV are:

- Stay informed. Educate yourself and stay up to date with the latest HIV treatments and figures.
- Provide good care to patients living with HIV. Empathy and understanding go a long way.
- Universal precautions. Ensure equality amongst patients, don't be afraid to challenge out-of-date practices (for example, doublegloving).
- Challenge the stigma! HIV is no longer deadly, but the rhetoric can be (1 in 5 people living with HIV will experience suicidal thoughts).

Wear a red ribbon on World AIDS Day.

In partnership with the National AIDS Trust and CPDme, the National Ambulance LGBT+ Network has produced a CPD module to improve the care provided to people living with HIV by ambulance personnel.

This module is free to access and provides a certificate at the end. See the next page for details of how to access this resource.

So why not earn yourself some CPD credits whilst you do your bit to improve patient care and challenge the stigma?

This resource is free and contributes to professional development.



Finding Out More

Full details of all the references in this 15 Minute Read are provided below. All references were correct at time of producing this document.

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Your Professional Development





Make a Difference!

In July 2020 we released two professional development packages that focus on two major health inequalities for LGBT+ people. The first is the Ambulance Service Trans Toolkit, which aims to demystify the issues for trans patients and how we can provide better support for our trans colleagues. The second looks at how we can provide exceptional care to patients who are living with HIV.

Feedback from people that have completed the packages has been very positive and indicates the development helps people to provide a more confident and appropriate service to our patients.

It's all about providing #InformedCare.

Access to these professional development packages is free, and can be found at:

ambulanceLGBT.org/resources/professional-development/

Happy Christmas



This is our last 15 Minute Read before Christmas and in fact for 2022, so we'd like to wish you all a very Happy Christmas!



We are particularly thinking of all those of you in operational roles that will be working throughout the festivities. All the committee hope you find time to celebrate with your colleagues, loved ones and those important to you.

2022 has been another complex year for ambulance services and we're hoping things resume more normality next year. We have exciting plans for next year, including the return of our conference. We'll be spilling the beans in the New Year and telling you all about the event and how you can take part. For now, take care of yourselves and we'll be back with our January 15 Minute Read.

Mental Health Support

Christmas is not always the happiest time for everyone. There are many reason for this and we know those living away from their families and loved ones, and those who have suffered a loss will be particularly vulnerable.

Some LGBT+ people can also feel isolated or excluded at Christmas, a time when traditional family values are often represented as the norm.

If you are affected by this, a reminder that staff networks are here for you, and you will find a range of additional support facilities on our website. Having information to hand in difficult times can be half the battle.

The National Ambulance LGBT+ Network has recently refreshed its *Useful Mental Health Contacts* poster. As well as looking out for your colleagues, print some posters off and put them up in your work base. You never know who might draw support from this. You can find this, and other resources, at:



ambulancelgbt.org/resources/mental-health/mental-health-contacts/

