EuroTEST
Working together for integrated testing and earlier care

HepHIV 2026
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Linkage to care: Opt-out post-diagnosis support to reduce stigma and barriers to engagement

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FAST-TRACK CITIES LONDON

Addressing unmet needs: peer support to reduce internalised stigma

Fast Track Cities (FTC) London adopt peer-led interventions to reduce internalised stigma and improve wellbeing and engagement in care:

2020-23: targeted in-clinic peer support pilots via the Improvement Collaborative
2021: creation of a Framework to deliver empowerment interventions and workshops
2022: Empowerment Programme pilots across London and trains HIV Ambassadors
2023-26: Getting to Zero programme aims to integrate peer support workers in every London HIV clinic for post-diagnosis support and re-engagement in care (2026+)
2024-26: Learning to Live Well With HIV courses, as part of Getting to Zero Programme
2025-26: new stigma workstream builds on the Empowerment Programme to engage and re-engage people whose stigma negatively impacts care/treatment

Addressing unmet needs: shortening pathways to support and advice

FTC commissioned Voluntary & Community Sector (VCS) organisations to partner with NHS Trusts, using quality improvement methodology to integrate peer support workers in clinics and Multi-Disciplinary Teams (MDT) and refer into external VCS support:

1. E London: wellbeing assessments and inclusion in MDT identified unmet needs for >480 people, **increasing referrals to VCS support by 68%**

2. S London: tailored support plans and referral to VCS improved engagement in care/treatment for >100 people, with **85% achieving an undetectable Viral Load**

3. W London: in-house e-pathway **increased clinician referrals 12-fold**. Moving from opt-in to opt-out peer support offer for newly diagnosed **increased uptake from 11% to 67%**

Building on Success: Getting to Zero (GtZ) Collaborative

2024-26 FTC London expands VCS/NHS partnerships to achieve the following aims, in line with the strategic aims of the national HIV Action Plan:

Aim 1: Embed a peer support worker in every London HIV clinic
Aim 2: Improve the quality of life and wellbeing of people living with HIV (direct access or referrals to advice & support via VCS partners to address unmet needs)
Aim 3: Retain or re-engage people diagnosed with HIV who are erratically or no longer accessing care or treatment.

Programme evaluation underway, exploring effectiveness and impact of the collaborative partnership on participants and services.
Programme extended to April 2027, with aim of onward NHS commissioning

London learning, progress and challenges

Clinical engagement with VCS partner and programme improves implementation. Clinics with pre-existing VCS peer support outreach are slower to adapt.

NHS bureaucracy & excess caution delay honorary contracts/NHS emails/EPR access to input interventions/data reporting. Strategic-level input can help reduce barriers in serious cases. London Staff Movement Agreement sped up some contracts.

Gatekeeping can limit opt-out referrals *("they're not ready for peer support")* potentially reinforcing internalised stigma. Shift from offering a referral to stating 'the peer support worker will call you' or 'I'm booking you in with our peer worker' to improve uptake.

Local authorities may use BBV testing funds to cut existing funding – push back!

2026 and beyond: Strategic mandate and validation for integrated opt-out support offer

Freedom of Information request shows some Trusts not utilising the allocated resource. NHSE implements new reporting measures to ensure Trusts are accountable and can be audited on delivery

BHIVA release an interim update to the Standards of Care to strengthen recommendations for immediate post-diagnosis peer support

NHSE circulates supportive statement to implement opt-out peer support referral, referencing the updated BHIVA Standard and recommendations in the HIV Action Plan

London region approaches to funding support

SW & SE London HIV Network jointly commission in-clinic post-diagnosis support , funding VCS partners to provide both peer support and Advice & Advocacy support to address wider determinants of health

E London takes similar approach, combining ED funding and Local Authority (LA) funding to ensure a joined-up approach to commissioning services across region

W & N London not yet integrated. ED BBV funding reaching some clinics – some employ NHS peer support workers, some partner with VCS, but several still unable to access their allocated resource, with outreach only from pre-existing LA funding

Varied approaches across England

Some Trusts already integrate paid VCS peer support in clinics: Manchester

Others have formalised and strengthened connections with HIV VCS: Blackpool

Regions with no local HIV VCS have jointly commissioned new services out of area: East of England ICBs with London-based Positively UK/Plus Health

Where Trusts fund VCS but don’t embed support in clinic or make opt-out referrals, patients may not take up support offer (stigma of visiting HIV VCS): Newcastle

Other Trusts have peer support in-house or externally, but are not using BBV money to pay workers or VCS partners: Portsmouth, Brighton, Berkshire, Blackpool

Current priorities and next steps

Ensure allocated funding is used to provide post-diagnosis support in Trusts and regions, paying peer support & advice workers to provide in-person or virtual support

Make the peer support offer opt-out and a standard part of HIV care & MDT

Utilise accredited or standardised assessments (e.g. HIV PROM or GtZ Wellbeing Assessment), to identify challenges, outcomes and demonstrate return on investment

Prioritise VCS collaboration to improve pathways into community-delivered support and safeguard fragile services. Employ NHS peers as last resort (training is available)

Share learning and success of programmes/interventions to address/reduce stigma and barriers to care – **mandate opt-out approach in any new programmes**

ANY QUESTIONS?

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