

Impact of COVID-19 on the HIV care continuum in the United Kingdom

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Background

- COVID-19 has threatened the health and wealth of the UK with over 150,000 deaths recorded (1).
- Nationwide restrictions have been imposed since March 2020 with provisions made to prevent the national health service from being overwhelmed by a surge in demand.
- As a result, National Health Service (NHS) clinical services have been temporarily cancelled or postponed with staff redeployed at the early stages of the epidemic.
- We identified a need to explore the impact of COVID-19 on the HIV care continuum and service delivery models in the UK.

Methods

We undertook various streams of work, with data analysed individually and then triangulated using Denzin's approach (2) and mapped to the HIV care continuum.

- Workstream 1: Community involvement event** (June 2020) attended by people living with, affected by, or working in HIV (n=25) to rapidly capture insights (3). Data analysed by thematic analysis.
- Workstream 2: Semi-structured online interviews** with peer support, charity and healthcare workers (n=14) in October-December 2020 with the topic guide questions developed from **workstream 1**. Data analysed using an inductive-deductive approach which included mapping themes to an ecosocial framework.
- Workstream 3: Survey of service users** (n=245) conducted by Positively UK in June 2020 (4).
- Workstream 4: Comprehensive surveillance and monitoring data** by Public Health England of all NHS HIV outpatient sites in England (5, 6).

Discussion

- COVID-19 has undoubtedly changed how HIV services will look in the future.
- Collaborative cross-sectoral efforts have been fundamental to minimising disruptions to HIV care, as well as wider determinants of health.
- Strengths** – we provide snapshot of experiences during first and second wave of COVID-19 epidemic in the UK. Triangulation provides a cross-validation of results across levels of time, space and people (2).
- Limitations** – time sensitivity of research during a pandemic, voices missed (due to digital exclusion) and missing/incomplete data from services.
- Finally, a need remains to capture first-hand experiences of people living with HIV during the pandemic.

Conclusion

Some changes to service provision or HIV care may continue in the future; however, we recommend any changes continue to be in conversation with, and co-designed by, service users.

For more information about future work planned, please scan the QR code.



Acknowledgements

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Results

- We identified several challenges and opportunities presented at each point of the **HIV care continuum** – from diagnosis to health-related quality of life.
- Here, we are presenting one key theme identified from interviews – the HIV care continuum as experienced at the 'community' level. We also present the potential future of service provision, as anticipated by interview participants.

Testing & Diagnosis

- Temporary **decline of testing** during early stages of epidemic with increased access of internet-based tests (**Fig. 1**).
- Opportunity to prevent **late diagnoses** (e.g. interviewees described coincidental diagnoses among COVID-19 patients).
- Social distancing may provide time and space required to process a **new diagnosis** – however, concerns of lack of physical touch & social contact.

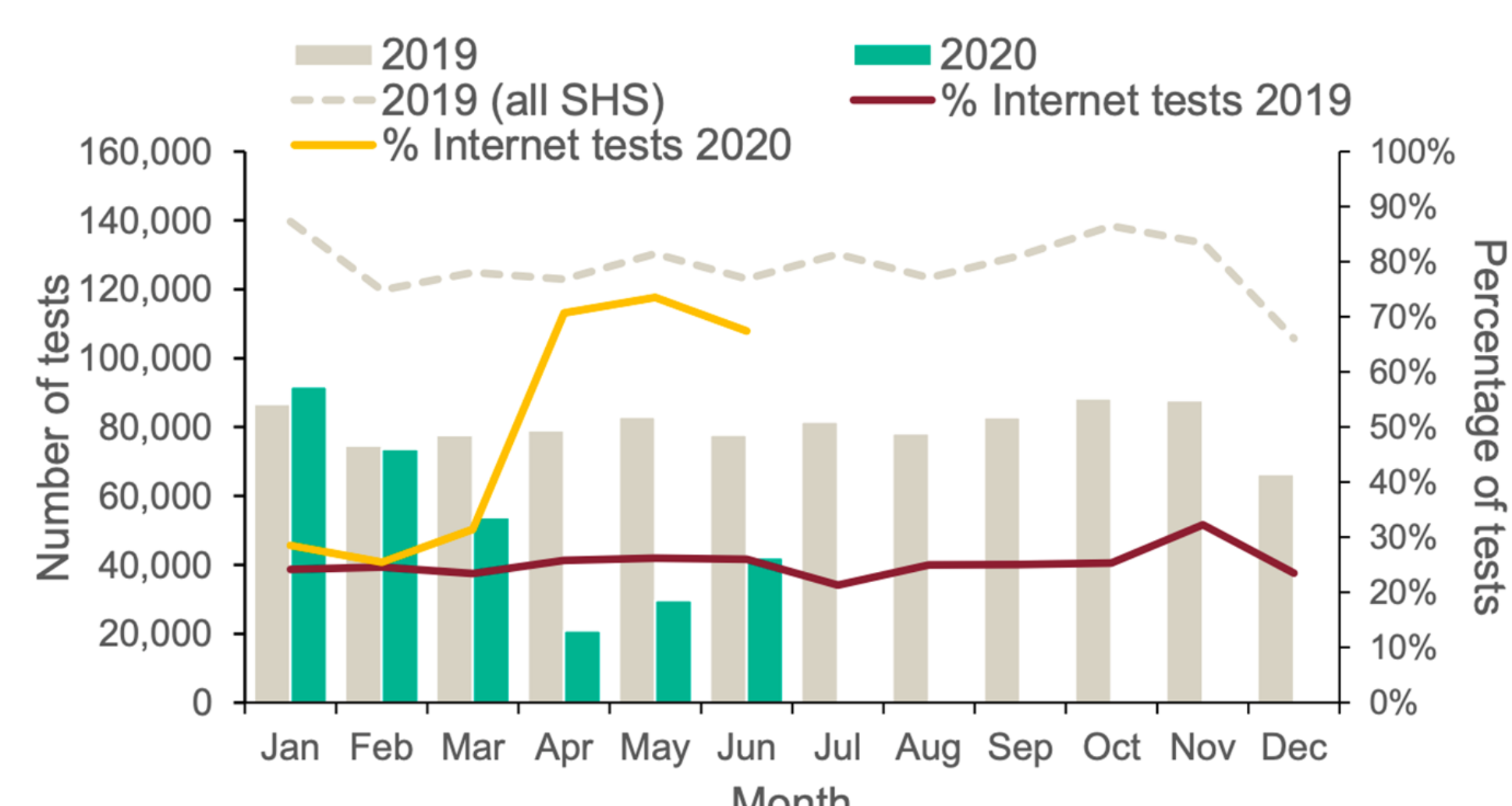


Fig. 1 HIV tests at sexual health services (SHS), including proportion accessed by internet services in England. Taken from Public Health England (5)

Future?
Continued increase in home sampling kits for HIV testing.

Antiretroviral Therapy Access, Supply & Adherence

- Initially, clinics **prioritised medications** and coordinated with pharmacies to provide **home deliveries** to service users with differing levels of success.
- Confidentiality and privacy** remain issues among service users who are living with household members unaware of their status.
- In most cases, medication switches and regimen adaptations were **postponed**.

"...we had a pile of prescriptions for people that we weren't able to get hold of. [...] They know where we are, but it would be nice to see them..."
Participant A14 (HIV Pharmacist)

Future?
Clinics will likely continue home deliveries after COVID-19 however, this may not be appropriate for all service users.

Retention & Engagement in Care

- Temporary closure** of clinics due to staff redeployment, increased workload and a reduction in available services.
- Rapid shift from face-to-face to **teleconsultations (Fig. 2)** & virtual support groups.
- Prioritisation** of vulnerable service users with clinics now facing a **backlog** of 6-monthly monitoring appointments.

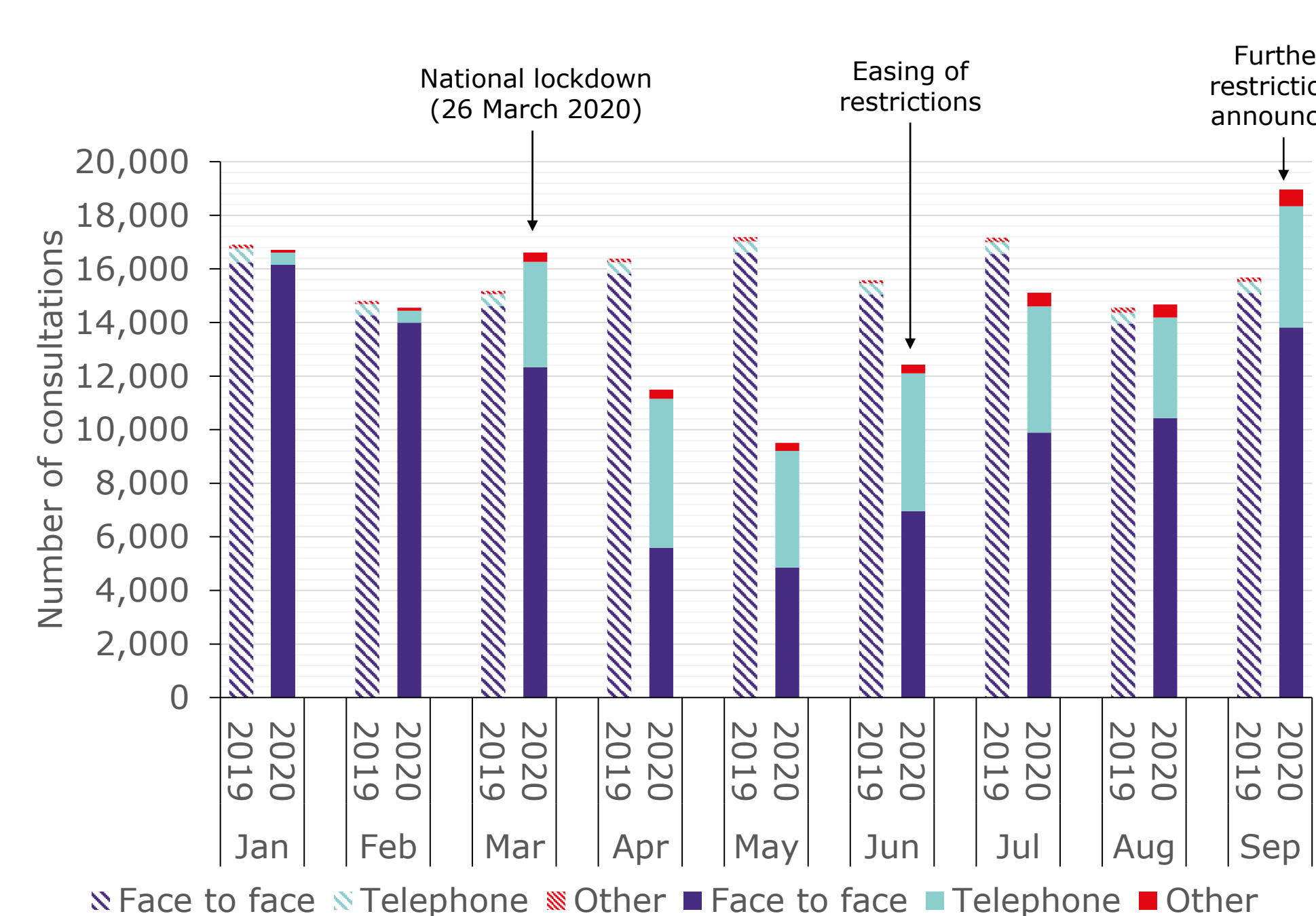


Fig. 2 HIV consultations (by type) in England, Jan-Sep 2019 vs. 2020 based on reporting from 120 (73%) sites. Adapted from Public Health England (6)

Future?
Less frequent monitoring may be acceptable to some although balance between face-to-face and virtual consultations less clear. An anticipated accelerated shift of HIV care to primary care (due to the pandemic) remains contentious.

Health-Related Quality of Life

- Loneliness and social isolation** exacerbated during lockdown.
 - 57.0% (n=138) survey respondents reported issues with mental health.
- Difficulties with referring** to psychological and mental health services.
- Development of **multi-agency partnerships** to combat **inequalities** (food, job & financial insecurity & loneliness) – many from 'early days' of HIV.



Future?
Isolation and loneliness will likely continue to be issues despite efforts by community-based organisations to remain connected with service users. These organisations face an uncertain future due to financial pressures.