

Nottingham City Council Delegated Decision



Nottingham
City Council

Reference Number:

2232

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Department:

Children and Families

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Subject:

HIV Home Sampling Kits (part of Public Health England's National HIV self-sampling Service)

Total Value:

£30,000 (Type: Revenue)

Decision Being Taken:

- 1) To approve spend of £15,000 for a 12 month period (with an option to extend for a further 12 months at a cost of £15,000) as Nottingham City Council's contribution to a Public Health England 'HIV Home Sampling Kits' pilot.
- 2) To approve the award of a contract for HIV home sampling services via ESPO framework 3173.
- 3) To approve the use of the Public Health reserve to support this spend.

HIV Home Sampling Kits

- **Public Health England (PHE) are leading the commissioning of a HIV home sampling service and local authorities across England are invited to take part. Currently, there are 81 local authorities who have completed a Statement of Intent to take part**
- **PHE aim to announce the appointed provider the first week of October 2015 and initiate service mobilisation prior to the National HIV Testing Week in November 2015**
- **HIV Home Sampling is a new and evidence based innovation. From the national pilot, this approach is effective with 'hard to reach' groups, helping to prevent onward transmission in groups where HIV infection rates remain high**
- **Despite high levels of HIV testing in antenatal and genito-urinary medicine (GUM) services, levels of HIV testing remain too low in most at-risk populations, and there is a need for innovative approaches to improve uptake of HIV tests, especially in the most-at risk populations. HIV home sampling kits offer an additional approach to increasing HIV testing for key vulnerable groups**
- **In the Home Sampling service, individuals who have been posted a kit return a self-taken sample (either blood or saliva) to a laboratory for testing and results management. Two national pilots, supported by PHE, have been extremely successful, demonstrating the feasibility, acceptability and effectiveness of such services. The next step is to scale-up the model to provide a sustainable service across England**
- **Effort will be made to target the service towards the most underserved and at-risk populations; albeit the service specification will not prevent others from using the service.**

HIV, Key facts

- **Within the UK there are an estimated 107,800 (95% credible interval 101,600-115,800people) living with HIV in 2013. The overall prevalence was 2.8 per 1,000 population aged 15-59 years (1.9 per 1,000 women and 3.7 per 1,000 men).**
- **In Nottingham City, there were 528 people diagnosed with HIV in 2013, of which 500 were over 35 years. Groups affected are Black African, Black Caribbean (55% of new diagnosis) & MSM. Nationally, the estimated prevalence of HIV is much higher in both communities than in other populations**
- **In Nottingham City, late HIV diagnosis remains high at 63.9%, compared to 45% for England**
- **Within the UK, a quarter (24%, 26,100) of people estimated to be living with HIV were unaware of their infection and remain at risk of passing on their infection**
- **The high levels of undiagnosed infections are of major health importance both for the individual, as delays in treatment initiation will result in a worse prognosis[1], and the public, as treatment for the positive individual can reduce the risk of onward transmission[2]**
- **Reducing the numbers of people with undiagnosed infection through promotion of HIV testing is a key component of the current HIV prevention strategy[3].**

Cost benefits

The procurement of a national HIV self-sampling service will be expected to offer major cost benefits. HIV self-sampling would complement current local HIV test service provision by offering an alternative service to those who either have never tested for HIV or wish to test more regularly. The 3 areas where such a service would be expected to offer significant cost savings are:

Earlier diagnosis: There are significant cost-savings in earlier diagnosis of HIV through the promotion of HIV testing. A number of studies report lower treatment and care costs for individuals who are diagnosed earlier than later, due to less late-stage disease comorbidities, and consequently a reduced requirement for inpatient care. In the UK, the estimated annual treatment costs were 22% more if HIV treatment was initiated later. For example, it is estimated where a person is treated later (has a lower blood count of CD4 less than 200 cells/microliters) treatment costs are £12,812. However if someone is diagnosed earlier and has a blood count more than 200 cells/microliters blood, annual treatment costs are 10,478 (2). There are also other additional costs e.g. social care costs, associated with late HIV diagnosis.

Increased capacity: A key component of the current HIV prevention strategy is to promote HIV testing and increased frequency of HIV testing (every three months for those at highest risk). This increase in testing need will be difficult to provide from traditional services such as GUM clinics, which are now working at close to or full capacity, without significant additional local authority investment.

Lower costs of an HIV test: It is anticipated that a HIV self-samplings service will offer costs saving over current tariffs and costs for an HIV test. Financial data from the PHE Home Sampling pilots identified costs were significantly lower than current tariffs. Through this England wide procurement process, the final cost savings will be dependent on the number of local authorities taking part and the resource allocated, although it is currently estimated each test will cost approximately £20, significantly lower than current tariffs

Other Benefits

Apart from cost benefits, a HIV self-sampling services for Nottingham City would be expected to contribute further benefits including:

Public Health Outcome Framework (PHOF): One of the three sexual health indicators included in the current PHOF is proportion of persons presenting with HIV at a late stage of infection (CD4 count <350 cells/microliters blood). Promoting HIV testing (especially among those who have either infrequently or never tested for HIV) is an important tool to meet this PHOF indicator.

Reducing HIV incidence: Evidence shows that treatment of individuals with an HIV infection can almost eliminate the risk of onward transmission of their infection to HIV-negative partners. Therefore, earlier diagnosis and access to treatment will have a significant public health benefit in reducing HIV incidence.
Platform for future internet sexual health services: The use of the internet to provide sexual health services is attracting greater interest due to a number of factors including reduced costs and greater access to 'difficult to reach' or 'most at risk groups'.

[1] Simmons RD et al. Ten-year mortality trends among persons diagnosed with HIV infection in England and Wales in the era of antiretroviral therapy: AIDS remains a silent killer. HIV Med 2013 14(10):596-694.

[2] Cohen MS et al. Antiretroviral treatment of HIV-1 prevents transmission of HIV-1: where do we go from here? Lancet 2013 382:1515-24.

[3] Nardone A et al. HIV in the UK: tests, test, and test again. Lancet 2013 382:1687-88

[4] Greater Manchester Health Protection Unit HIV testing via the Chlamydia Screening Programme Targeted screening of high risk populations RUClear Pilot 2: June 2012 - December 2012. 2013

[5] Krentz HB, Gill MJ. The Direct Medical Costs of Late Presentation (<350/mm) of HIV Infection over a 15-Year Period. AIDS Res Treat 2012; 2012:757135

Other Options Considered:

1. Do nothing, other than maintain existing provision of HIV testing with current provides of sexual health services. Public Health England invited Local Authorities to be part of the Public Health England online HIV testing pilot. Participation was optional and it was decided that Nottingham City Council would like to participate.

Background Papers:

Published Works:

Affected Wards:

Citywide

Colleague / Councillor Interests:

Consultations:

Those not consulted are not directly affected by the decision.

Crime and Disorder Implications:

N/A

Equality:

EIA not required. Reasons: This will broaden access to existing provision and there will be no adverse impact on citizens.

Social Value Considerations:

N/A

Regard for NHS Constitution:

Local authorities have a statutory duty to have regard to the NHS Constitution when exercising their public health functions under the NHS Act 2006. In making this decision relating to public health functions, we have properly considered the NHS Constitution where applicable and have taken into account how it can be applied in order to commission services to improve the health of the local community.

Decision Type:

Portfolio Holder

Subject to Call In:

Yes

Call In Expiry date: 13/11/2015

Advice Sought: Legal, Finance, Procurement

Legal Advice: This report raises no significant legal concerns. The procurement exercise complies with procurement rules (both EU rules and the Council's constitutional documents) in that the procurement is being undertaken through an ESPO framework. Advice provided by Sarah O'Bradaigh (senior solicitor) on 16/10/2015.

Finance Advice: The cost of this decision cannot be contained within the current Public Health budget in 2015/16 or, if funded for an additional 12 months, in 2016/17.
Therefore, provision of £0.030m has been made within the Public Health reserve to fund the decision over a maximum of 2 years. This reserve is ringfenced for Public Health activities.

The decision aligns with the Public Health objectives setout in the 2015/16-2017/18 Medium Term Financial Plan.

Advice provided by Tania Clayton Perez (Senior Finance Assistant) on 20/10/2015.

Procurement Advice: There are no significant procurement concerns with this decision. ESPO framework 3173, currently being tendered by ESPO and Public Health England, will be a compliant procurement route in accordance with Contract Procedure Rules that is available to the Council to use.

The Procurement Team will provide support as needed to award a contract once the framework is in place. This is expected to be a direct award to the single supplier selected, but should follow any guidance provided by ESPO/PHE to accompany the framework.

Advice provided by Dawn Cafferty (Procurement Category Manager) on 16/09/2015.

Signatures

Alex Norris (PH for Adults, Health and Community Sector)
SIGNED and Dated: 05/11/2015
Alison Challenger (Director of Public Health (Interim))
SIGNED and Dated: 03/11/2015