



Rt Hon Steve Barclay
Secretary of State for Health and Social Care

Sent via email

Reply to Marvin Rees
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Date 31st October 2022

Dear Secretary of State,

Congratulations on your appointment as Secretary of State for Health and Social Care. In February 2022, we wrote to your predecessor – Sajid Javid MP – to outline our ongoing commitment to the national effort to ending new cases of HIV by 2030 and finding the 4,660 undiagnosed people living with HIV in England. We have welcomed the government's HIV Action Plan and the £20 million being made available by NHS England for opt-out testing in very high prevalence HIV areas.

Bristol is among the areas in the next tier: high HIV prevalence and outside London. To meet the 2030 goal, and the Action Plan's interim target of an 80 percent reduction in new diagnosis by 2025, the same kind of opt-out testing will be needed in hospitals in our constituencies. We are calling on government to build on its commitment by extending funding to areas of high HIV prevalence.

With those undiagnosed being twice as likely to live outside London, Bristol is a priority area when it comes to people knowing their HIV status. Some areas in our position – like Blackpool – have taken the step of locally funding opt-out testing. While the results from these local HIV testing drives speak for themselves, this is not an option for all our areas. It is, therefore, vital that the DHSC and NHS England become a funding partner to make this happen and provide equity across all parts of the country.

Opt-out testing works, is cost effective and has been recommended by the British HIV Association and British Association of HIV and Sexual Health since 2016., and It is included in current NICE guidelines on HIV testing. In just the first 100 days of opt-out HIV testing in London, Manchester, Brighton and Blackpool, 102 people were newly diagnosed with HIV, plus 60 were found who had been lost to care. A further 328 were newly diagnosed with Hepatitis B and 137 with Hepatitis C. It is proven to support

the diagnoses of those with the historically poorest HIV outcomes: people of Black African heritage, women and older people. More than two in five (42%) of people diagnosed with HIV in England continue to get their diagnosis at a late stage – this can have serious consequences for their own health and the health of others through unknowingly passing on the virus. Those populations referenced experience some of the highest rates of late diagnosis.

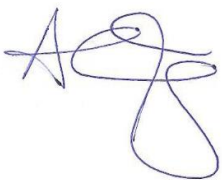
Additional investment in early diagnosis is proven to limit more costly interventions later down the line, which is why our HIV testing infrastructure must be levelled up. While there is much that can be learned from testing in areas of high prevalence, the lack of resource to support other areas of high prevalence must be addressed.

I look forward to your reply.

Yours sincerely,



Marvin Rees
Mayor of Bristol



Cllr Asher Craig
Deputy Mayor with responsibility for Children's Services, Education and Equalities



Cllr Ellie King
Cabinet Member for Public Health, Communities and Bristol One City