

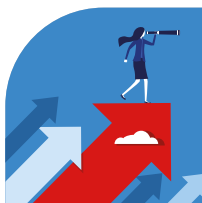
Action and outcomes in HIV

What ICB leaders
need to know

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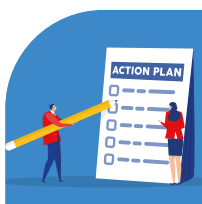
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OVERVIEW

HIV action plan

The government published the HIV Action Plan 2025 to 2030 in a bid to reduce new HIV infections and AIDS-related deaths

The HIV Action Plan 2025 to 2030 established clear goals for the future of care in England. Published on World Aids Day on 1 December, 2025, it set out an ambition to reduce new HIV infections by 90% on 2010 levels by the 2030 deadline – and maintain an annual 5% decline after that date.

The plan will also look to reduce AIDS-related deaths by 90% on 2010 levels by 2030, and secure the sustainability of the HIV response beyond that deadline.

The ‘incredible’ progress already made on HIV was recognised by Wes Streeting, former Secretary of State for Health and Social Care, in his foreword. ‘When I was growing up in the 1980s and 1990s, an HIV diagnosis was more often than not a death sentence,’ he said.

‘Today, the picture is so much brighter. Early diagnosis, better treatments and easier access to them, mean people living with HIV can lead long and healthy lives, with no risk of passing on the virus.’

The latest annual HIV statistics from the UKHSA suggest improvements are ongoing. In 2024, there were 738 deaths due to all causes of mortality among people with HIV in the UK, down from 751 in 2023. There were also 3,043 new HIV diagnoses in 2024, a 4% decrease on 2023. At the same time, there was a 4% increase in the number of people accessing HIV care in England. A further report by the UKHSA in May – the HIV Action Plan monitoring and evaluation framework 2026 – found England had once again met the UNAIDS 95-95-95 targets. That means 95% of people living with HIV have been diagnosed, 95% of those diagnosed are receiving treatment, and 98% of people on treatment have suppressed viral loads.

The progress has been backed by funding. According to The HIV Action Plan 2025 to 2030, the

NHS spends around £358m on medicines for HIV treatment, PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis) and around £461m on HIV care and treatment services annually.

However, Mr Streeting’s foreword argued ‘there is more to do to ensure that everyone, everywhere, gets the support, treatment and care they need’. Ensuring widespread and equitable access to care is the core aim of the plan, developed by the Department of Health and Social Care (DHSC) in partnership with UKHSA and NHS England.

Following consultation with more than 250 system partners – from primary care to local government, charities and people living with HIV – the strategy established five key pillars:

1 Prevent The plan aims to ensure individuals understand how HIV is transmitted and how they can protect themselves with interventions such as PrEP. That target was backed by the announcement of a £4.8m national HIV Prevention England programme, plus a drive to improve access to and awareness of PrEP – especially in remote areas and among harder-to-reach groups.

2 Test To improve timely diagnosis, there will be a focus on expanding opt-out testing in emergency departments and establishing HIV home testing in the NHS App.

3 Treat To ensure all patients living with HIV are accessing treatment, there will be a £9m national retention and re-engagement initiative for those who have lapsed in their care, plus a focus on strengthening pathways in local sexual health and HIV services.

4 Thrive Reducing stigma around HIV is another key aim of the plan. It will commission anti-HIV stigma programmes across trusts that provide opt-out testing in emergency departments, and encourage wider training for health and social care staff.

5 Collaborate As part of its focus on collaboration, the strategy vowed to work with local partners to carry out a comprehensive HIV needs assessments, which will inform the publication of local plans designed to offer joined-up care.

The plan also established a particular focus on improving outcomes among five populations disproportionately affected by HIV:

- ethnic minority gay, bisexual and other men who have sex with men (GBMSM)
- White GBMSM
- Black African heterosexual men
- Black African heterosexual women
- Ethnic minority heterosexual adults, which includes heterosexual adults of Black Caribbean ethnicity, Black other ethnicity, Asian ethnicity and other ethnicity or mixed ethnic background



NHS SPENDS AROUND
£358M
ON MEDICINES FOR
HIV TREATMENT

ICBs were named as crucial to the success of the strategy, as they will now be responsible for commissioning adult HIV services.

‘Delivery of the HIV Action Plan will require the involvement of local authorities, ICBs and emerging pan-ICB commissioning structures as the main commissioners of HIV prevention, testing, treatment and care services,’ it says. ‘Therefore, regional directors of public health and ICB representatives have particularly important leadership roles at system and place.’

However, the strategy detailed concerns raised by ICBs in its roundtable events. Stakeholders voiced the need for transparent,

long-term funding structures, plus clarity on ICB responsibilities and minimum service standards.

There is also ongoing scrutiny over the wider approach to sexual health services, which are commissioned locally. In January, the DHSC vowed to develop a timeline for a ‘combined sexual and reproductive health framework’, following repeated calls for a national sexual health strategy.

This report will explore the key targets for ICBs in delivering on the HIV Action Plan 2025 to 2030, what best practice looks like, and the key considerations and concerns around meeting government targets. ■



CHAPTER 1

Prevention

The first pillar of the HIV Action Plan 2025 to 2030 looks to prevent HIV transmission through awareness-raising campaigns and increased access to prevention methods

Prevention programmes form a central part of the goal to reduce HIV transmission in England. However, the HIV Action Plan acknowledges progress has been ‘uneven’ on this front, driven by low awareness and structural factors that have limited access to preventative measures such as PrEP.

Particular issues are faced by young people, ethnic minority communities, heterosexual men and women, transgender and non-binary individuals, plus people who inject drugs, according to the BASHH/BHIVA guidelines on use of PrEP. The HIV Action Plan monitoring and evaluation framework 2026 further highlights those discrepancies. The report shows uptake of PrEP has grown every year since its NHS rollout in 2020, to reach a record 111,123 people 2024. Uptake is approaching 80% among gay and bisexual men with a need identified. Yet among Black African heterosexuals, that figure stands at less than 40%.

‘To close this gap, it is vital that actions are taken to engage with these communities and reduce missed prevention opportunities,’ the HIV Action Plan states. It suggests potential commercial

→ KEY TAKEAWAYS FOR ICBs

- A £4.8m campaign will raise awareness of HIV prevention across England
- Community settings have been identified as a key location for PrEP access
- Digital access to PrEP is an emerging priority

partnerships to support HIV prevention, including uptake and access of PrEP.

The plan also points to emerging PrEP technologies as having ‘an important role to play’. For example, in October, a new long-acting injection – cabotegravir – was approved by the National Institute for Health and Care Excellence (NICE) for use in people at risk of HIV who cannot have PrEP tablets.

ICBs have a key role to play in this first pillar of the HIV Action Plan, says Mike Bell, chair of West and North London ICB.

‘With regards to the prevention agenda, as ICBs we must work closely with our local authority colleagues, who have a key role in prevention of HIV alongside their role in funding wider sexual health services,’ he says.

Awareness-raising campaign

A new national HIV Prevention England campaign is designed to raise awareness of HIV prevention among at-risk and underserved populations. The programme will be led by the DHSC and backed by £4.8m in funding from April 2026 to March 2029.

Prevention methods such as PrEP will be a focus of the campaign, alongside safer sex and testing (see chapter 2).

The new initiative will build on the five years of work already delivered by HIV Prevention England, in conjunction with the Terrence Higgins Trust. From 2021 to 2026, it worked to boost HIV prevention work through four key components: campaigns,

community interventions, capacity and skills development, and stakeholder engagement.

In 2025, its 'PrEP protects' campaign targeted Black African heterosexuals and women, who were identified as less likely to use prevention methods such as PrEP.

It is not yet known exactly what form the new activity will take. However, the UKHSA's HIV prevention barriers and facilitators study called for scaled up national or local awareness-raising initiatives on HIV prevention interventions using established social media platforms – with a particular focus on engaging younger populations.

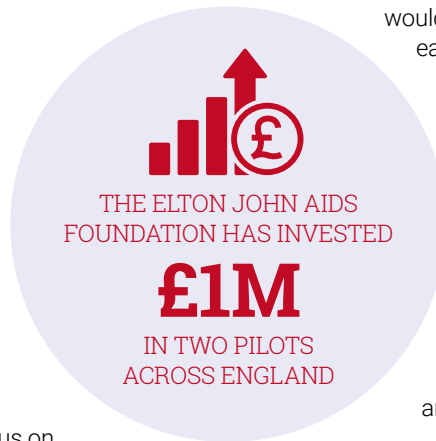
Alongside the campaign, young people will also be targeted through the mention of PrEP in updated statutory relationships, sex and health education (RSHE) guidance.

Community PrEP provision

Sexual health clinics are the main providers of PrEP. However, the HIV Action Plan is keen to expand provision to a wider range of settings.

It pledged to work with local government on 'wider implementation of new PrEP approaches and technologies' – including 'building and promoting the evidence around alternative delivery settings'.

The aim is to make prevention methods as accessible as possible. Due to their high street location, community pharmacies were identified as a key opportunity by the Terrence Higgins Trust in January. Provision of PrEP in pharmacies



would widen access, reduce health inequalities and ease pressure on overstretched sexual health clinics, found its report, 'PrEP in Community Pharmacy: Policy options for widening PrEP access in England'.

'We would be really keen to see PrEP accessible in other settings,' says Katie Clark, head of policy at the Terrence Higgins Trust. 'The argument for PrEP access in pharmacies is that people might go there for the morning-after pill or for condoms. People trust pharmacies and they are there on the high street.'

Ms Clark believes it would also be beneficial for GPs to provide PrEP 'as people interact with the health service in their sexual and reproductive health'.

To encourage that wider access, the Elton John AIDS Foundation has invested £1m in two pilots across England, in partnership with Fast Track Cities, Gilead Sciences and ViiV Healthcare. One of those pilots – in Brighton and Hove, West Sussex and Liverpool – is assessing the benefits of embedding PrEP into 'everyday healthcare settings', such as women's health hubs, antenatal appointments, cervical screenings and primary care.

The aim is to reach 'Black African women, sex workers, and refugee and migrant communities who are less likely to attend a sexual health clinic,' says Anne Aslett, CEO of the Elton John AIDS Foundation. 'The principle is the same as it's always been: to drive down HIV infections, you must meet people where they are, in settings they already trust.'

Digital PrEP provision

Digital access to PrEP was named as another priority in the HIV Action Plan. It calls on NHS Shared Business Services to promote the newly procured Online Sexual Health Services Framework to sexual health services and other relevant providers, offering 'a convenient route for provision of online PrEP and PEP'.

The plan also pledges to build and promote the evidence for remote PrEP prescribing.

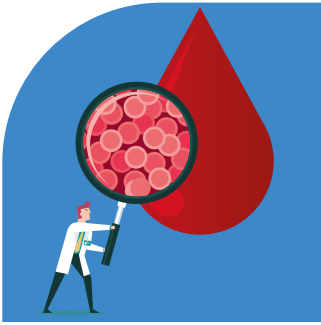
The Elton John AIDS Foundation is helping to build that evidence through its second pilot, Expanding PrEP Access through novel delivery in North East London. The initiative allows participants to complete online assessments for the delivery of PrEP to their homes or local dropbox.

In nine months, 2,988 prescriptions have been dispensed – a 17% increase in uptake compared with the previous year. According to figures from the Elton John AIDS Foundation, 24% of users accessed PrEP for the first time, and 31% came from non-white ethnic backgrounds.

'Digital tools remove barriers that have been stopping people from getting care for years,' says Ms Aslett. 'For someone who fears being seen walking into a clinic, who can't get time off work, or who lives hours from the nearest sexual health service, remote access changes the equation entirely.' ■



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CHAPTER 2

Testing

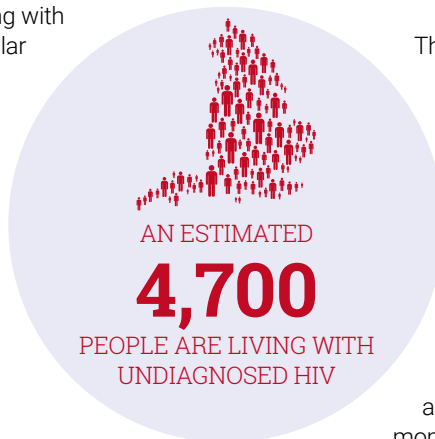
The HIV Action Plan 2025 to 2030 aims to promote timely testing and reduce the number of people living with undiagnosed HIV

In England, an estimated 4,700 people are living with undiagnosed HIV. Testing is therefore a key pillar of the HIV Action Plan.

Testing in sexual health services rose 3% between 2023 and 2024. However, that progress that isn't necessarily playing out across all demographics. Gay and bisexual men continue to have far higher rates of testing than heterosexual men and women, for example.

There are also variations by ethnicity. The HIV Action Plan monitoring and evaluation framework 2026 revealed just over two in five people (42%) diagnosed with HIV in 2024 received a late diagnosis – and Black African communities were disproportionately affected.

The HIV Action Plan aims to increase uptake of testing by expanding opt-out services in sexual health clinics, while broadening that work to a wider range of settings – including emergency departments, the NHS app and primary care.



Opt-out testing in emergency departments

A core part of the drive to increase testing involves greater use of emergency departments (EDs). Hospitals in high-prevalence areas have already been piloting opt-out HIV testing in A&E, with encouraging results. So far, the work has diagnosed 719 new cases, half of which were late, and re-engaged 291 previously diagnosed individuals with their care.

NHS England also points to a UK Health Security Agency (UKHSA) evaluation of the programme published in 2023, which found 62.8% of eligible attendees had no record of a previous blood borne virus (BBV) test. People tested through the programme were also older and more likely to be from an ethnic minority group than those testing outside the programme, it revealed.

On the back of those results, the HIV Action Plan has pledged to invest £108m in the delivery of opt-out testing in EDs in 'very high and high HIV prevalence areas' from April 2026 to March 2029. Opt-out testing has already been rolled out to nearly 90 EDs across England – in major cities such as London and Birmingham, but also in areas such as Grimsby, Poole, Hull, Worthing and Frimley. Progress will be monitored to 'inform delivery and maximise efficient use of resources' and the approach will be modified 'as required to amplify impact'.

The expansion of the initiative is welcomed by Anne Aslett, CEO of the Elton John AIDS Foundation, who points to the uplift in testing among harder-to-reach populations. 'It's reaching older people, ethnic minority communities, heterosexual populations, people who would never have walked through the door of a sexual health clinic. That's exactly the point.'

NHS England says ICBs have a clear role to play in supporting opt-out testing at EDs, by allocating funding efficiently. 'ICBs ensure these monies are passed on to provider trusts promptly, working closely with local finance teams to avoid delays to delivery,' says Rachel Hill-Tout, NHS England clinical lead for BBV opt-out testing in emergency departments.

'Some ICBs directly commission HIV peer support services to support people identified with a BBV, others flow that funding to trusts or local councils,' she adds. 'Beyond funding flows, ICBs can support trusts through providing oversight of the additional operational pressures associated with implementation, providing coordination, problem solving and visibility at system level.'

NHS app testing

The HIV Action Plan wants to make testing 'earlier, easier and more inclusive'. As part of that aim, it is looking to trial HIV home testing in the NHS App, in partnership with existing home test providers, by the end of 2026. That commitment has been backed by £5m in investment.

HIV home testing is already available through local sexual health websites. However, there is a 'bit of a postcode lottery' around who can access the free service, says Katie Clark, head of policy

KEY TAKEAWAYS FOR ICBS

- Emergency departments need support to deliver opt-out HIV testing
- The NHS app is due to pilot digital HIV testing by the end of 2026
- Primary care has been identified as a crucial setting for improving access

at the Terrence Higgins Trust. She is therefore pleased to see the commitment to a nationalised digital initiative.

'We're really excited about HIV home testing in the NHS app,' she says. 'It's all part of the aim for the NHS app to be the front door of the NHS, and it means people can get tests in a much easier way than filling in a form on a website.'

There is also the added benefit of normalising the process. 'Access to online HIV testing improves access to and acceptability of HIV testing and therefore helps to identify cases of undiagnosed HIV and prevent transmission,' says a Derby and Derbyshire ICB, Lincolnshire ICB, and Nottingham and Nottinghamshire ICB cluster spokesperson.

Primary care testing

Finally, primary care is emerging as a potential area for greater HIV testing. The HIV Action Plan set out plans to promote opt-out primary care HIV testing 'in areas of very high and high HIV prevalence' – to include people who have recently registered, and people who are having blood tests and have not had an HIV test in the last 12 months.

The potential benefits were made clear in the [2025 North Central London HIV GP Champions pilot](#), funded by Fast Track Cities London. By working directly with GPs, the programme aimed to deliver more proactive HIV care in a primary care setting.

As part of the initiative, GP champions promoted testing across a wider range of patients. 'One of our aims was to increase testing in other areas and not just in sexual health clinics,' says Dr Samantha Preston, a salaried GP at The Group Practice at

River Place, Islington, and a GP champion at Fast Track Cities London. 'People will attend testing in sexual health environments if they think they are at risk, but everyone goes to the GP'

'One example was, when we had annual reviews for people on the severe mental illness index, my team agreed to add in BBV screening,' she reports. The initiative also involved routine testing in community gynaecology clinics, the addition of HIV testing into some cancer referral pathways, plus engagement with colposcopy services to encourage HIV testing for high-risk conditions.

The results are hammered home by Fast Track Cities London co-chair Professor Jane Anderson. 'HIV testing in primary care shot up and hopefully that will be sustained, because it was being supported by people who are experts in primary care,' she says. 'Sooner or later, most people will go to a GP and if there is literacy and awareness there, then care will go up.'

Tristan Barber, chair of the British HIV Association (BHIVA), says clinicians are 'often fearful of testing something they might think is stigmatising'. However, patient perceptions are very different. 'When you ask patients who have had a blood test, they will assume they've been tested for HIV,' he says. 'There's a disconnect.'

The clinical benefits of primary care testing are also acknowledged by the Royal College of GPs (RCGP). 'Incorporating HIV testing into routine blood tests in higher prevalence areas, for example, could help normalise testing and increase timely diagnoses, provided this comes hand in hand with appropriate resources, clear guidance and patient consent,' says RCGP president Professor Victoria Tzortziou Brown. ■



CHAPTER 3

Treat

The HIV Action Plan 2025 to 2030 seeks to minimise the number of people living with HIV without accessing treatment

Increasing uptake to treatment is a vital part of the HIV Action Plan's core goal to reduce new HIV infections and cut AIDS-related deaths. Comprehensive, timely HIV treatment not only

improves health outcomes, but prevents transmission.

The action plan points to 'clear' progress in linking people to timely treatment once they are diagnosed. Of the 2,838 adults diagnosed with HIV in England in 2023, 82% were linked to specialist HIV care within two weeks, compared to 71% in 2019.

However, the plan acknowledges ongoing challenges around reaching all demographics. 'Not all people living with HIV are able to maintain adherence to their treatment – particularly people experiencing personal, financial, housing, immigration, or mental health difficulties, with a disproportionate impact on Black African communities and women,' it says.

In 2023, an estimated 15,800 to 18,900 people were living with transmissible levels of the virus – equating to between 15% and 18% of those living with HIV in England. This population includes people living with undiagnosed HIV, as well as those who have been diagnosed but are not receiving treatment.

To cut that number, the DHSC is investing in a retention and re-engagement initiative and looking at providing treatment in more accessible settings.

→ KEY TAKEAWAYS FOR ICBS

- ICBs could play a role in allocating the £9m funding for the national retention and re-engagement project
- Community settings offer an opportunity to expand treatment uptake

Retention and re-engagement

To reach people who have lapsed in their treatment, the government is investing £9m in a national retention and re-engagement initiative from April 2026 to March 2029. The project is seen as a vital part of efforts to boost treatment rates.

As part of the initiative, NHS England will 'amplify existing work within local services', while partnering with voluntary and community organisations and industry to increase the number of patients re-engaged in their care. 'This will support individual care and clinical outcomes, as well as preventing new infections,' the plan says.

The push is welcomed by BHIVA chair Tristan Barber, who points to the varying reasons for people falling out of treatment. 'Sometimes people have moved, some are taking time to adjust to their diagnosis, and some struggle with their treatment,' he says. 'Being able to re-engage those people into care is really important if we are to meet our goals around cutting transmission.'

The Elton John AIDS Foundation CEO Anne Aslett also points to 'stigma and mental health' as the major drivers of disengagement, alongside 'poverty, food insecurity and substance use'.

As the full details emerge, ICBs could play a crucial role in delivering the initiative. 'We're not quite clear yet how this £9m funding is going to be spent, but there may well be a role for ICBs in that,' points out Katie Clark, head of policy at the Terrence Higgins Trust.

Ms Clark highlights work by South East London ICB as an example. In 2022, it launched the South East London ICS HIV Re-engagement Project to support people to re-engage with their HIV care and re-start taking antiretroviral medicines.

Three NHS Foundation Trusts offered 'tailored support to address competing needs that often pushed patients out of care, including unemployment, alcohol misuse, mental health issues, and substance use'. As a result, 333 people living with HIV reconnected with treatment between April 2022 and March 2025, South East London ICB reports. Of those, 84% were re-engaged via proactive outreach.

Still, 20 patients experienced 'repeated disengagement' which shows 're-engagement activity needs to be ongoing and consistent', the ICB says.

Both South East London and South West London have launched a new HIV re-engagement programme funded through Fast Track Cities in 2026. The goal is to address some of the areas

of unmet need. For example, this includes deploying a dedicated chemsex worker – who specialises in counselling around sexual activity under the influence of drugs - from LGBT+ charity Antidote.

Community care

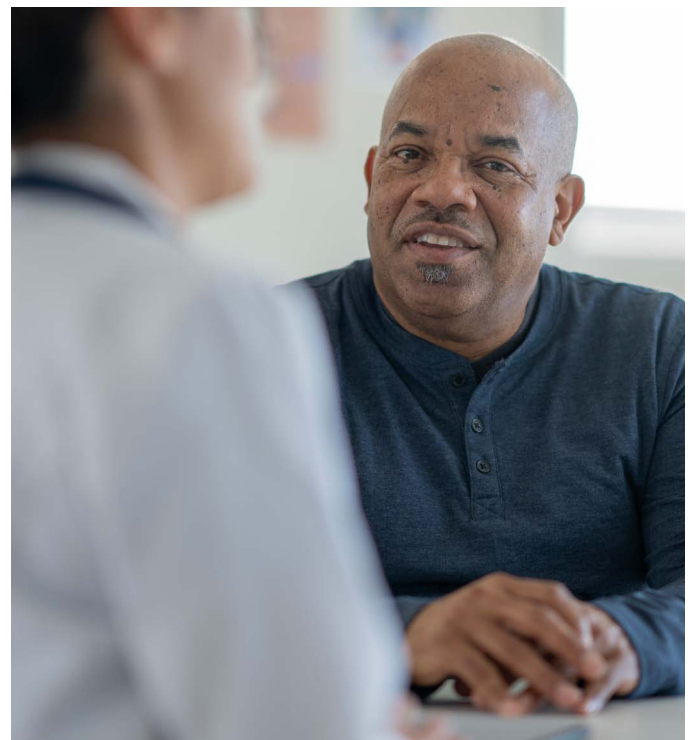
Providing care in accessible settings was identified as a vital part of boosting treatment rates. In the HIV Action Plan, the DHSC pledged to work with clinics, voluntary and community organisations and primary care providers to offer 'flexible, person-centred re-entry pathways'.

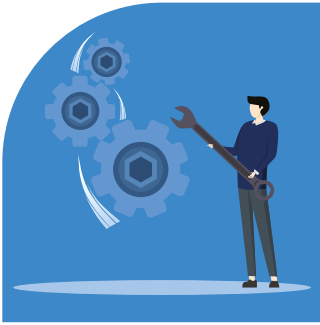
Specialist centres in hospitals remain the preferred option for the majority of people living with HIV, says BHIVA's Mr Barber. However, he believes it is important to offer choice.

'There is a proportion of people who find a specialist service in itself stigmatising,' he says. 'So the role for ICBs is seeing where people can be seen at the right time.' The North Central London HIV GP Champions pilot uncovered 'a small but significant minority' who would prefer to have consultations at their GP surgery, Mr Barber adds.

The importance of providing care across a range of settings is reiterated by the Derby and Derbyshire ICB, Lincolnshire ICB, and Nottingham and Nottinghamshire ICB cluster, which works closely with the public health team at Lincolnshire County Council.

'Local authorities and health partners need to work closely to ensure that people living with HIV are well supported both in the community and when attending hospital,' the cluster spokesperson says. 'A priority is improving the coordination of care for people living with HIV, who often experience co-morbidities and co-infections.' ■





CHAPTER 4

Thrive

The HIV Action Plan's 'thrive' pillar seeks to improve the quality of life of people living with HIV

One in seven people living with HIV fear being treated differently in their care, according to the HIV Action Plan. Tackling stigma is therefore a key part of its 'thrive' pillar, which seeks to improve quality of life.

Training plays a crucial role here. The action plan points to a 2024 European survey, which showed HIV-related stigma and discrimination were less prominent among healthcare workers with good knowledge of HIV.

That education push is backed by a whole system focus. 'Linking mental health, long-term condition pathways and HIV care, while tackling structural inequalities through multi-agency support, is essential for longer, healthier lives,' the report says.

In the case of ICBs, key points to bear in mind include the successful local training on offer, and the need to provide peer support.

Training

The HIV Action Plan calls for successful local training initiatives to be scaled up on a national basis, to promote greater understanding of the condition and tackle stigma. Katie Clark, head of policy at the Terrence Higgins Trust, points out stigma

➔ **KEY TAKEAWAYS FOR ICBs**

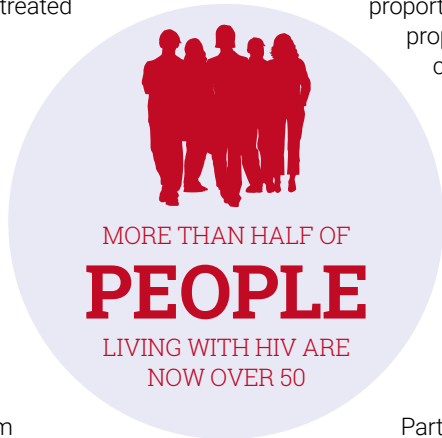
- **Mandatory training has delivered strong results**
- **ICBs must ensure local peer support is available**
- **More than half of people living with HIV are over 50, and may face co-morbidities**

can still exist outside of specialist HIV settings.

'We hear of people being pushed back on operating waiting lists and double gloving, and we need to play 'whack a mole' in the system,' she says. 'The key is ensuring staff have the most up-to-date information and the mandate on training is one ICBs should definitely assume responsibility for.'

The Terrence Higgins Trust has its own Can't Pass It On training programme, which is designed to tackle misconceptions around HIV transmission among social care and healthcare professionals. However, training can take many forms. Ms Clark points to the success of the mandatory HIV training in Manchester.

Manchester Foundation Trust – part of the Greater Manchester Fast Track City initiative – developed an HIV stigma training module in partnership with George House Trust and Dibby Theatre. Once the module was made mandatory, 25,500 staff members undertook the training in 12 months.



Participants reported greater understanding as a result. The proportion who understood stigma rose by 25%, the proportion who felt confident talking about HIV care rose by 34%, and the proportion who felt confident about what language to use around HIV rose by 36%.

Another important example is the HIV Confident project. The national initiative, led jointly by National AIDS Trust, aidsmap, Positively UK and Fast Track Cities, seeks to increase understanding of HIV and eliminate stigma within organisations including healthcare settings.

Participating organisations – one of which is Newcastle Hospitals NHS Foundation Trust – receive tools such as a dedicated contact person, eLearning modules, and staff resources. Their participation allows them to bear the HIV Confident Charter Mark.

Dr Samantha Preston, a salaried GP at The Group Practice at River Place, Islington, was an early participant in the HIV Confident project as part of her role as a GP champion. 'My colleagues and I also ran education sessions that weaved in stigma reduction across GPs, pharmacists, nurses and mental health teams,' she says.

For her, the use of the HIV Confident Charter Mark can offer reassurance to patients, who could feel 'more confident about opening up about their status'.

Integration of care for HIV and co-morbidities

More than half of people living with HIV are now over 50, the HIV Action Plan states. While some enjoy healthy lives, others may experience challenges such as co-morbidity, economic hardship and lack of access to good housing.

'Holistic and integrated support should be provided to cater for complex needs so people living with HIV can age well,' it says.

The plan calls for updated guidance to support the integration of care for HIV and co-morbidities, plus the sharing of best practice to 'highlight and increase awareness of primary care's role in providing support for people living with HIV'.

Fast Track Cities London co-chair Professor Jane Anderson points to the North Central London HIV GP Champions pilot as proof of the power of primary care. As part of the pilot, prescribing of statins – which should be offered to all people living with HIV aged 40 years or older, according to BHIVA guidelines – increased at GP level.

'People living with HIV are getting older and the care for their other conditions sits with GPs,' says Professor Anderson. 'So the pilot changed not just the prevalence of testing, but also improved treatment and care.'

Peer support

Peer support is named as another vital component in improving

quality of life. The HIV Action Plan calls on ICBs to ensure commissioning arrangements are in place with local providers for peer support provision.

The 'thrive' element of the strategy puts a particular focus on women, and sets out a goal to help them 'manage their physical, mental and social needs through tailored care pathways, peer support and access to psychological services'.

However, peer support also plays more widely into the 'treat' pillar of the strategy. Tristan Barber, chair of the BHIVA, says it can be a vital tool in encouraging people to re-engage in their care (see chapter 3). 'Rather than phone calls from doctors, hearing from someone in a peer support organisation can be really reassuring,' he says.

Anne Aslett, CEO of the Elton John AIDS Foundation, backs up that point. 'Outreach nurses and peer support workers can reach those who have disengaged and bring them back in,' she says. ■



CHAPTER 5

Collaborate

Promoting collaboration between the NHS, public health authorities and voluntary organisations is the final pillar of the action plan

The fifth and final pillar of the action plan acknowledges the need for collaboration to achieve its goals. 'Ending new HIV transmissions by 2030 will only be possible through strengthened and co-ordinated collaboration at every level of the health and care system,' it says.

It points to the need to join up efforts between NHS services, local government public health, voluntary and community organisations and national agencies.

The plan also puts a strong emphasis on local collaboration, as a standardised national approach is 'not sufficient' to tackle HIV effectively.

'Local leaders must be empowered to work together across boundaries to design place-based solutions, while national bodies support with data, a strategic direction of travel, and clarity on organisational roles and responsibilities,' it says. 'Together we can deliver tailored solutions that make a real difference.'

The action plan calls for local needs assessments to be conducted in the 2026 financial year to deliver targeted, joined-up care for populations in the area.

Local needs assessments

Under the plan, local public health directors are charged with carrying out a comprehensive HIV needs assessment in conjunction with local partners, using 'existing data tools and engaging with communities to identify service gaps and priorities'.

The findings will be used to create local HIV plans across the country, which should 'align with national objectives and reflect local population needs'.

The large variations in local needs are hammered home by voluntary organisations. At least 40% of people living with HIV are in London, says Fast Track Cities London co-chair Professor Jane Anderson, meaning the capital often informs initiatives elsewhere in the country.

High-prevalence areas will naturally have a stronger focus on HIV prevention, testing and treatment. However, BHIVA chair Tristan Barber says it is nonetheless important to increase efforts in areas with lower HIV prevalence, to tackle the 'final mile problem' in terms of geography.

'We have good streams of work going on in places such as London, Manchester and Brighton, but we need HIV on the radar in areas where historically there has been a lower prevalence,' he says. 'There, those undiagnosed numbers are going up.'

→ KEY TAKEAWAYS FOR ICBS

- Local assessments will inform HIV plans, which should take into account local needs but 'align with national objectives'
- Multi-agency local groups will form part of the drive to provide more joined-up care

Joined-up care

Providing a joined-up approach to care across the system is a key goal of the HIV Action Plan. It calls for co-ordination of HIV efforts across local areas through the establishment or strengthening of a multi-agency group during the 2026 financial year.

West and North London ICB is one of the pioneers on this front. It has established a Joint London Sexual Health and HIV Board with local authority colleagues and third sector partners, says ICB chair Mike Bell.

By forming these local pools of knowledge, lessons can be more easily shared across the country, points out Professor Anderson of Fast Track Cities London. 'At Fast Track Cities, we have a place where all the cities come together – we meet online every two

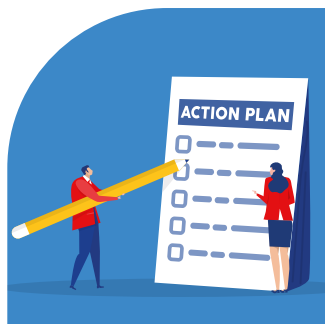
or three months and have a national get together every year. It means we can look at what each city is doing.'

Professor Anderson also envisages a more joined-up care pathway for HIV – from the testing phase to the provision of care. 'I see the HIV test as a gateway. You turn right if you're positive to receive treatment and left if you're negative with a set of interventions to keep you that way. For example, if everyone who had a negative test had info about PrEP, the information would get out immediately.'

Such a system would require strong collaboration between primary and secondary care, which was one of the key tenets of the North Central London HIV GP Champions pilot, funded by Fast Track Cities London.

'As part of the pilot, GPs worked in partnership with hospital consultants and the voluntary sector,' says Professor Anderson. 'It showed the benefits of a whole system approach. You need to make sure all the players are doing their bit, and they must be supported to do it together.'

That collaborative model is welcomed in principle by the RCGP. 'While specialist services will continue to lead on HIV care, there is scope for closer working between general practice and specialist services in the community to support people living with HIV,' says RCGP president Professor Victoria Tzortziou Brown. ■



CHAPTER 6

The future

There is a quiet optimism around the future and the chances of meeting the HIV Action Plan goals

As the 2030 target date looms closer, there is a quiet optimism over the chances of meeting the key goals of the HIV Action Plan: to reduce new HIV infections and AIDS-related deaths by 90% on 2010 levels.

Katie Clark, head of policy at the Terrence Higgins Trust, is 'optimistic' but believes momentum needs to increase. 'It's really about ensuring the golden trio: everyone who needs PrEP is

aware and can access it easily, everyone living with HIV who doesn't know gets a test, and everyone living with HIV who does know needs to be accessing treatment.'

There are simple concrete steps that 'would make a real difference', says Anne Aslett, CEO of the Elton John AIDS Foundation. She cites the example of adding HIV testing to every routine blood sample taken (see chapter 2), and ensuring stronger links between GPs and HIV specialists (see chapter 5).

Ultimately, the HIV Action Plan is 'a test of whether our health system can move from analogue to digital, from hospital to community, and most importantly, from treatment to prevention,' Ms Aslett says.

Looking to 2030 and beyond, there are also key developments and challenges to consider – including funding, pharmaceutical developments and messaging.

Funding challenges

Funding is repeatedly mentioned as a constraining factor in the ambitions to improve HIV care. In the roundtables with stakeholders – one of which was held solely with ICB leads – particular concerns were raised over the funding of treatment.

Roundtable attendees called for clearer responsibilities and funding guidance for ICBs to deliver HIV services, as well as greater transparency and accountability in how funding is allocated and used at local and national levels.

In response, the DHSC pointed out the plan is backed by over £170 million in new funding until March 2029, and made clear that ICBs are responsible for the commissioning of adult HIV services.

The question will be how that funding is allocated – and whether it will be sufficient. The plan puts a greater emphasis on primary care in HIV prevention, testing and treatment. So, GPs are naturally concerned about the availability of funds to deliver those goals.

Those concerns are voiced by Dr Samantha Preston, a salaried GP at The Group Practice at River Place, Islington, and a GP champion at Fast Track Cities London. 'I think the most important thing is having primary care representation in these decisions – especially now the funding has moved into ICB control,' she says.

The RCGP also says general practice 'must be adequately resourced' to realise its potential in delivering HIV care.

Voluntary organisations similarly highlight the importance of funding. 'The action plan will only succeed if we can engage and work with the communities most affected, and that is where the voluntary sector has the most expertise,' says Fast Track Cities London co-chair Professor Jane Anderson.

However, funding for voluntary organisations is 'under threat,' she says. 'The current state of affairs means the funding isn't necessarily reaching the people who are best placed to do the work, so ICBs must ensure the money flows to the right people and organisations,' Professor Anderson stresses. She suggests making voluntary organisations the lead budget holder on projects – which involves using the same amount of money but 'the control is different and the ability to do things changes'.

Pharmaceutical developments

Pharmaceutical developments could, in theory, help achieve improved HIV outcomes.

PrEP is one area of innovation. Lenacapavir, a medicine for the prevention of HIV-1 in adults and adolescents, was approved by the Medicines and Healthcare products Regulatory Agency (MHRA) in December 2025. It can be administered as six-monthly injections – offering a long-acting alternative to tablets.

In a similar vein, the cabotegravir injection is being made available to around 1,000 people who cannot have PrEP tablets, following approval by NICE in October 2025.

On the treatment side, a study published in *The Lancet* in February 2026 revealed a new daily tablet – combining bictegravir and lenacapavir – might be able to effectively replace more complicated HIV treatments for people living with HIV on a long-term basis.

However, the ability to deliver these pharmaceutical improvements at scale will hinge on the amount of funding available. BHIVA's Tristan Barber believes there could be an uphill struggle at play as HIV prevalence decreases.

'As we get fewer and fewer people undiagnosed, and we chase



the last mile, there's a question over what happens now with new drug developments,' he says.

That's particularly true when new treatments, such as the daily bictegravir and lenacapavir tablet, do not improve viral suppression. Instead, they offer greater convenience and wider benefits, such as metabolic improvements.

Similarly, the idea of a twice yearly injection for prevention will be 'hugely beneficial' – but a wider rollout will be a 'cost issue', Mr Barber says.

Clear messaging

Finally, the BHIVA's Mr Barber believes we need to look at consistent messaging around HIV, if England is to improve prevention, treatment and care in the long term.

'Historically, I think we've talked about HIV in a binary way and given what could be perceived as mixed messages,' he says. 'On one hand, we've said, 'protect yourself from HIV, don't get it'. On the other, we've said, 'test regularly, you can have a normal life expectancy with HIV and, treatment is much better'.'

'I think we should be using joined-up language to say there many ways to protect yourself from HIV. But if you do happen to acquire HIV, and you're testing regularly, you'll be diagnosed early, you'll be on treatment, and you can have a normal life expectancy.'

'In a similar way, I think we often celebrate the successes around falling new diagnosis rates,' Mr Barber adds. 'But actually, we don't always celebrate so much the positive changes today's transformative treatment has for the life of people who have had their entire life course altered by HIV, who've had very complex care, and who took very toxic treatment in the early years. So I think we also need to celebrate the benefits now available to those people and put them in the spotlight a little bit.'

If the HIV Action Plan 2025 to 2030 reaches its goals, the gains made since those early days will continue to snowball – through a mix of preventing infections, ensuring timely testing, providing the right treatment to individuals, tackling stigma and working to improve local collaboration.

As Ms Aslett of the Elton John AIDS Foundation sums up: 'We believe it can happen. But it is going to take all of us.' ■

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