Bristol Fast Track Cities Action Plan 2026/7

Increasing HIV Testing - Workstream 1	
Aim	○ Improve HIV testing, treatment and care across Bristol ○ Explore opportunities for improving HIV testing, in line with NICE guidelines ○ Improve testing for underserved groups ○ Reduce late HIV diagnosis
No.	**Action**
1.	**Increase HIV testing in Primary Care** • Explore HIV testing at the time of registration with a new GP • Consider pilot of HIV testing and GP-prescribed PrEP in GP surgeries in high HIV prevalence wards • Consider adding HIV testing to routine NHS health checks in primary care (This links to actions in other workstreams: Stigma workstream: training on reducing HIV-related stigma in primary care Systems workstream: Primary care audit of people living with HIV)
2.	**Explore opportunities for HIV POCT (point-of-care testing)** • Explore new outreach settings for HIV POCT • Build on existing HIV POCT delivery • Service bus
3.	Promote a **city-wide awareness of HIV testing** in all settings with a particular focus on 'at risk' communities
4.	**Improve advertising and communications** - to include: • HIV testing week communications and events • Short films - data shows these are more impactful, visible to algorithm-driven platforms and shared more on social media
5.	**Increase HIV testing in migrants and asylum seekers** - to include: • The Haven • Care agencies employing workers • Student migrant populations • Other groups • To connect with and learn from other cities and national organisations (e.g. BASHH, BHIVA)
6.	**Support HIV testing in children of parents living with HIV**
7.	**Understand and improve HIV testing in prisons**
8.	**HIV testing through Yuno online (SH24)** • Evaluate HIV testing on postal kits from the new Yuno Sexual Health digital service, operating since April 2025

Bristol Fast Track Cities Action Plan 2026/7

Tackling Stigma - Workstream 2	
Aim	○ Focus on tackling stigma and reshaping the public perception of HIV ○ Raise awareness amongst the health & social care workforce to ensure all people living with HIV are treated with compassion and dignity ○ Target demographics in Bristol's population who do not come forward for testing and treatment because of stigma.
No.	**Action**
1.	**Develop public campaigns** • Run annual anti stigma / HIV awareness campaigns • Use multi-channel approach (eg social media, news media, billboards, internal healthcare communication channels), use personal stories, explore use of influencers, celebrities and/or local figures • Consider how we can reach the 5 at risk groups in the HIV action plan • Consider targeting the campaign towards healthcare workers
2.	**Co-ordinate HIV/Stigma training**
3.	**Encourage sign up to HIV Confident**
4.	**Raise awareness of HIV/Stigma with children and young people**
5.	**Reduce stigma amongst African & Caribbean heritage communities**
6.	**Tackle self-stigma**
7.	**Monitor HIV related stigma incidents**

Steering Group - Workstream 3	
Aim	Work system-wide to: ○ Improve understanding of what works and implement these changes locally ○ Influence and inform any future service delivery planning across the Health & Social Care sector to improve the quality of life for people living with HIV ○ Ensure that Fast Track Cities remains high on the political agenda ○ Identify any potential funding opportunities for the Fast Track Cities projects
No.	**Action**
1.	**Undertake new HIV needs assessment**
2.	**Engage primary care** • Work with new GP champion to improve GP knowledge, encourage testing, and support late diagnosis learning • PATH GP- work collaboratively to evaluate this intervention with GPs (subject to successful bid)
3.	**Review treatment engagement support for PLHV**

Bristol Fast Track Cities Action Plan 2026/7

Steering Group - Workstream 3	
	• Explore options for expansion of engagement support intervention to support people living with HIV but not engaging with HIV treatment, and those lost to follow up. • Work collaboratively to explore and apply for funding
4.	**Address Late HIV Diagnosis** • As a wider collaborative, develop a plan for addressing late HIV diagnosis including routine look back in NBT and disseminating learning from local and UKHSA late diagnosis reviews. • Embed findings into service improvement plans commissioning
5.	**Optimise provision of formula milk in Bristol** • Ensure maternity services and health visitors and Brecon service are aware of availability of free formula for mothers with HIV. • Work with national team to develop funded provision of formula
6.	**Ensure services provide a holistic approach to HIV care for women** • Work with Women's health leads within BNSSG to ensure HIV services are aware of specific needs of women and pathways into suitable care
7.	**Identify opportunities to work with BCC adult social care** • Adult social care in BCC commission some services from Brigstowe to support the most vulnerable PLHV. • With an ageing population, some PLHV will need additional care- we need to ensure care staff are aware of how to support PLHV and to prevent stigma.
8.	**Address HIV within vulnerable populations** • Continue to extend leadership, partnership and influence in all Bristol FTC activities to local organisations that represent key populations
9.	**Raise profile of HIV and influence wider partners** • Continue to influence and raise the profile of HIV within the health and care sector and political leaders to ensure a system wide approach to HIV. • Appoint HIV councillor champion(s)
10.	**Learn and share from others** • Continue to connect with other FTCs and collate and share best practice. • Support the delivery of the national FTC conference. • Collaborate with regional colleagues around HIVAP, and national colleagues in LAs, OHID/UKHSA, NHSE
11.	**Co-ordinate and maximise local research opportunities** • Explore and utilise opportunities for new HIV research.

Bristol Fast Track Cities Action Plan 2026/7

Steering Group - Workstream 3	
	• Have oversight of current local HIV research and support the co-ordination and dissemination of findings.
12.	**Improve PrEP access for underserved groups** • Increase PrEP awareness and access for BME groups and women. • Continue to explore other settings for PrEP such as Pharmacies and GPs. • Adopt new technologies.