

14th Annual Conference of the
National HIV Nurses Association (NHIVNA)




National HIV Nurses Association

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The Village Practice, London

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HIV Testing in Primary Care – Challenges and Outcomes

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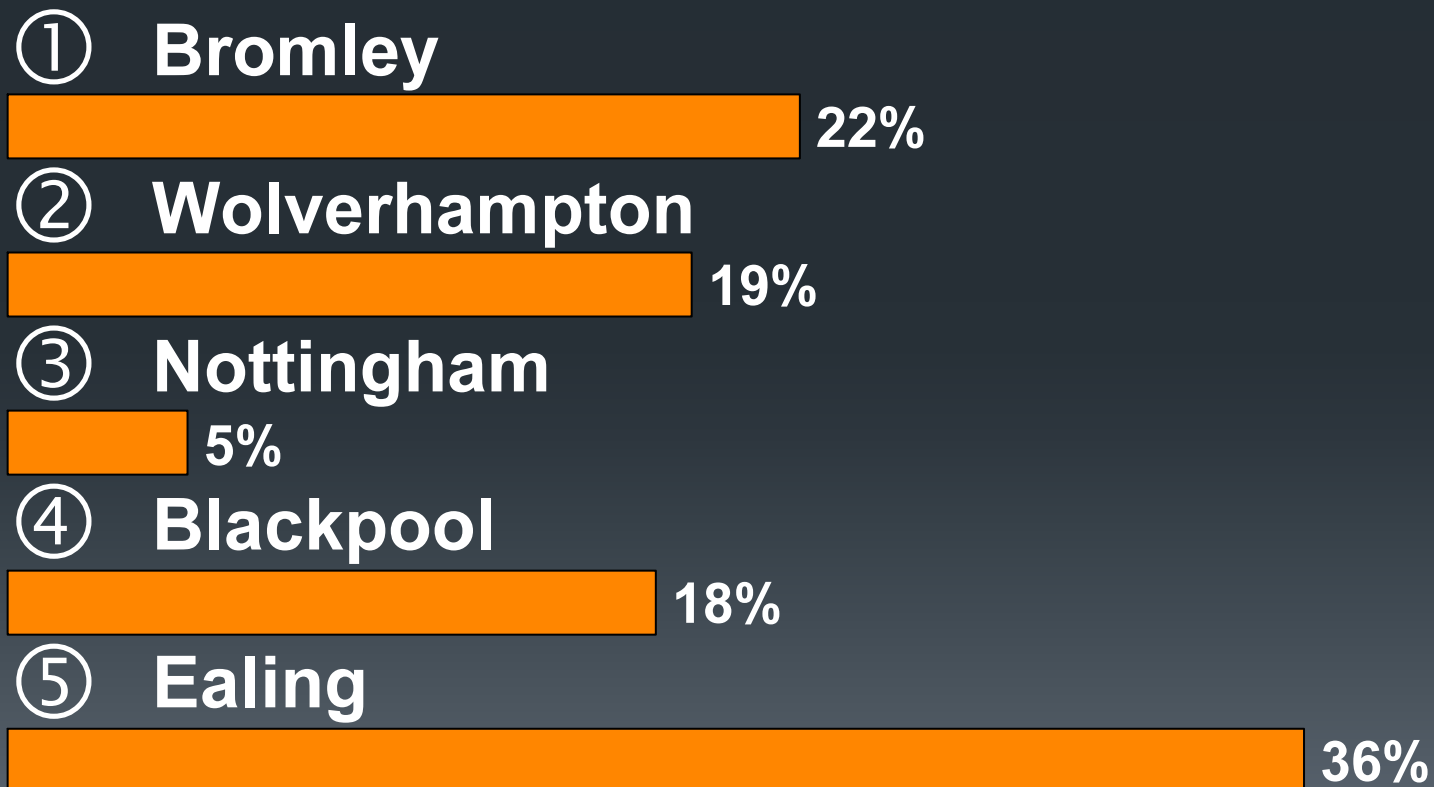


QUIZ!

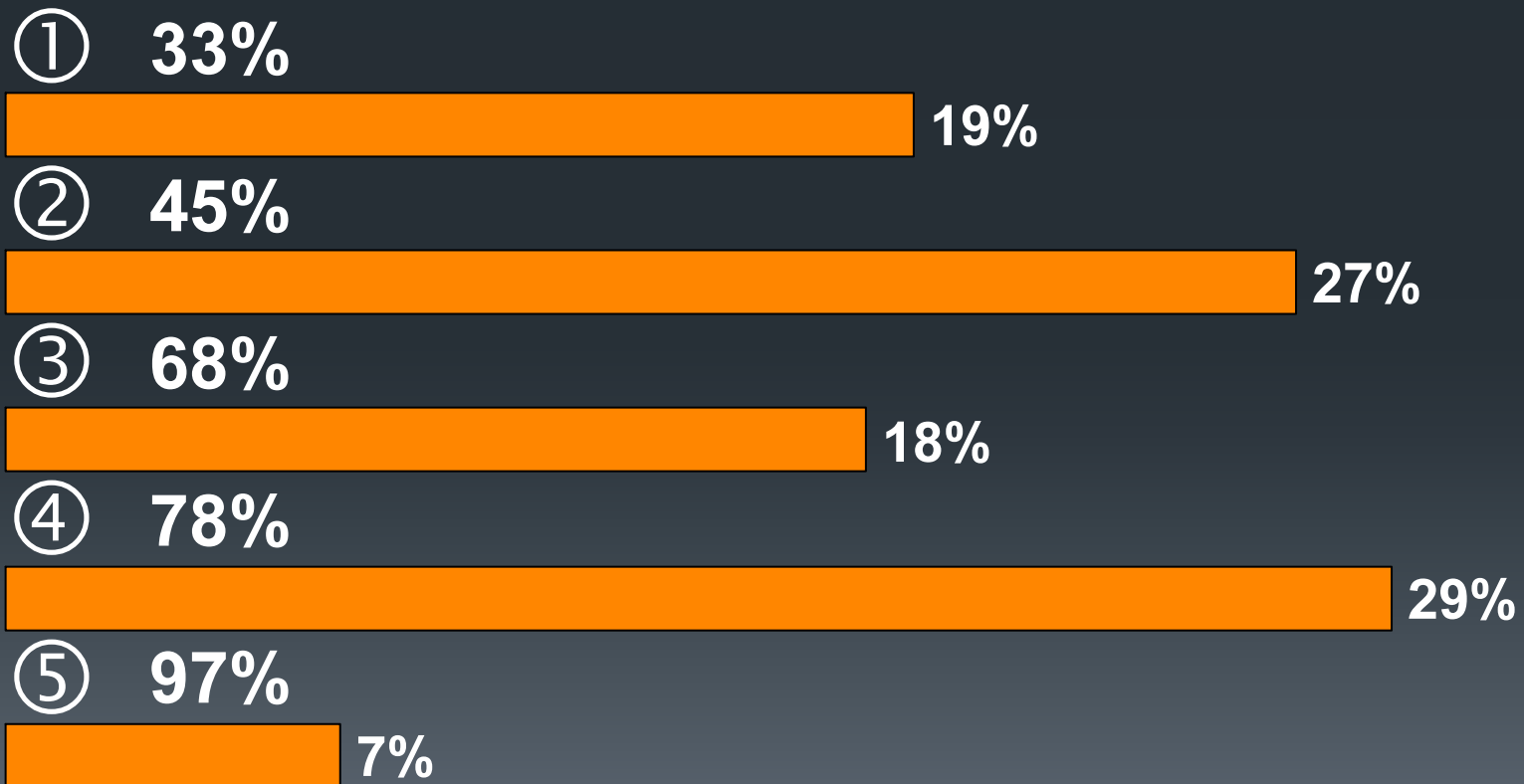
5 questions

5 choices – 1 best answer

1 Which local authority has the highest diagnosed HIV prevalence per 1000 in 2011?



2 According to DH/HPA pilot studies, what was the highest acceptance rate of HIV testing achieved in primary care?



3 In an HIV testing pilot in Lewisham (7.76/1000) what was the positivity out of testing 2713 patients?

① 0%

0%

② 0.7%

21%

③ 3.1%

35%

④ 5.9%

30%

⑤ 8.3%

14%

4 In a trial of multi-faceted sexual health educational initiative for GPs and practice nurses in Haringey (6.5/1000), what was the % increase in HIV testing among trained practices?

① 24%



② 64%



③ 105%



④ 120%



⑤ 191%



5 In the same trial of an educational intervention in Haringey (6.5%), what was the % positivity after training began?

① 0.26%

5%

② 0.55%

27%

③ 0.83%

26%

④ 1.67%

32%

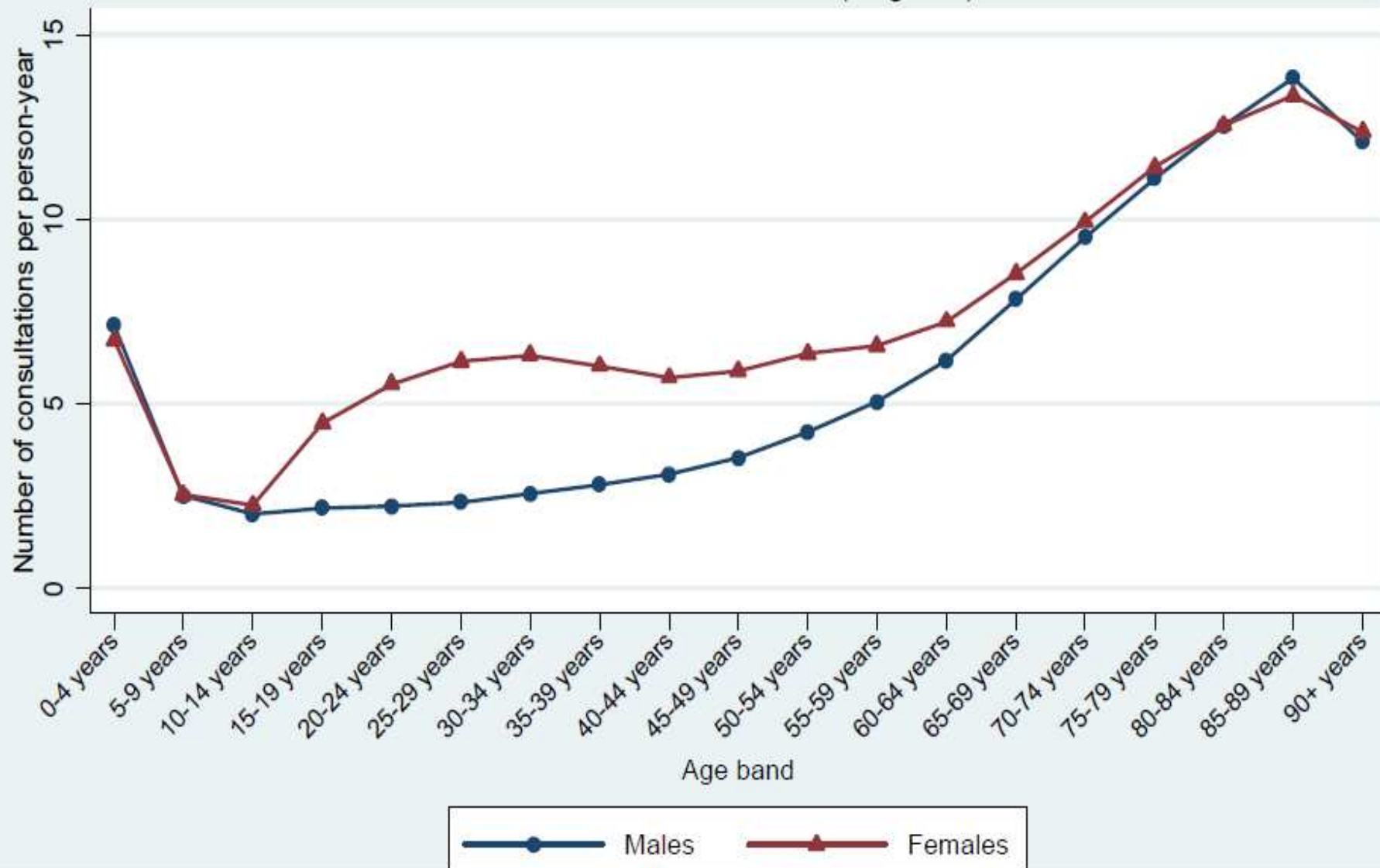
⑤ 2.18%

10%

Why do we need to expand testing in primary care?

- Population coverage > 90% GP reg data vs ONS
- Average pt 3.9 consultations in 1995, 5.5 in 2008
QResearch Database www.ic.nhs.uk
- Accessed by and access to different demographic groups
- Long term sick, unemployed, rented accom,
Indian subcontinent *Carr-Hill R et al BMJ 1996*
- Primary care already deliver many public health and screening programmes with good coverage and uptake

QRESEARCH crude consultation rates per person-year in 2008
All clinicians and all locations (England)



Diagnosed prevalence per 1000 (2011)

Authority	Prevalence	Ave list size 6000 pts
Lambeth	13.85	83
Brighton & Hove	7.59	46
Manchester	5.48	33
Salford	4.33	26
Blackpool	3.64	22
Leicester	3.32	20
Ealing	3.22	19
Southend-on-Sea	2.76	17
Nottingham	2.62	16
Bromley	2.34	14
Wolverhampton	2.32	14
Birmingham	2.30	14



What is the evidence for HIV testing in primary care?

Time to test for HIV: Expanded healthcare and community HIV testing in England, HPA 2010

- Feasible – proportion offered test ranged from 40% to 67%
- Acceptable
 - Brighton – new registrants 16-59 – uptake 75%,
 - Lewisham – new registrants - uptake ranged 26-97%, 2713 tests, 19 positive - 0.7%
- HIV testing In Non-Traditional Settings (HINTS) – uptake 75% in PC but 0 positivity



What can we do to increase testing and positivity rates?

- Education – SHIP, STIF
 - Attending STIF course increases chlamydia but not HIV testing *Bailey et al Int J STD AIDS 2008*
- Incentives
- NICE Guidance – MSM & Black Africans

HIV testing before and after SHIP training

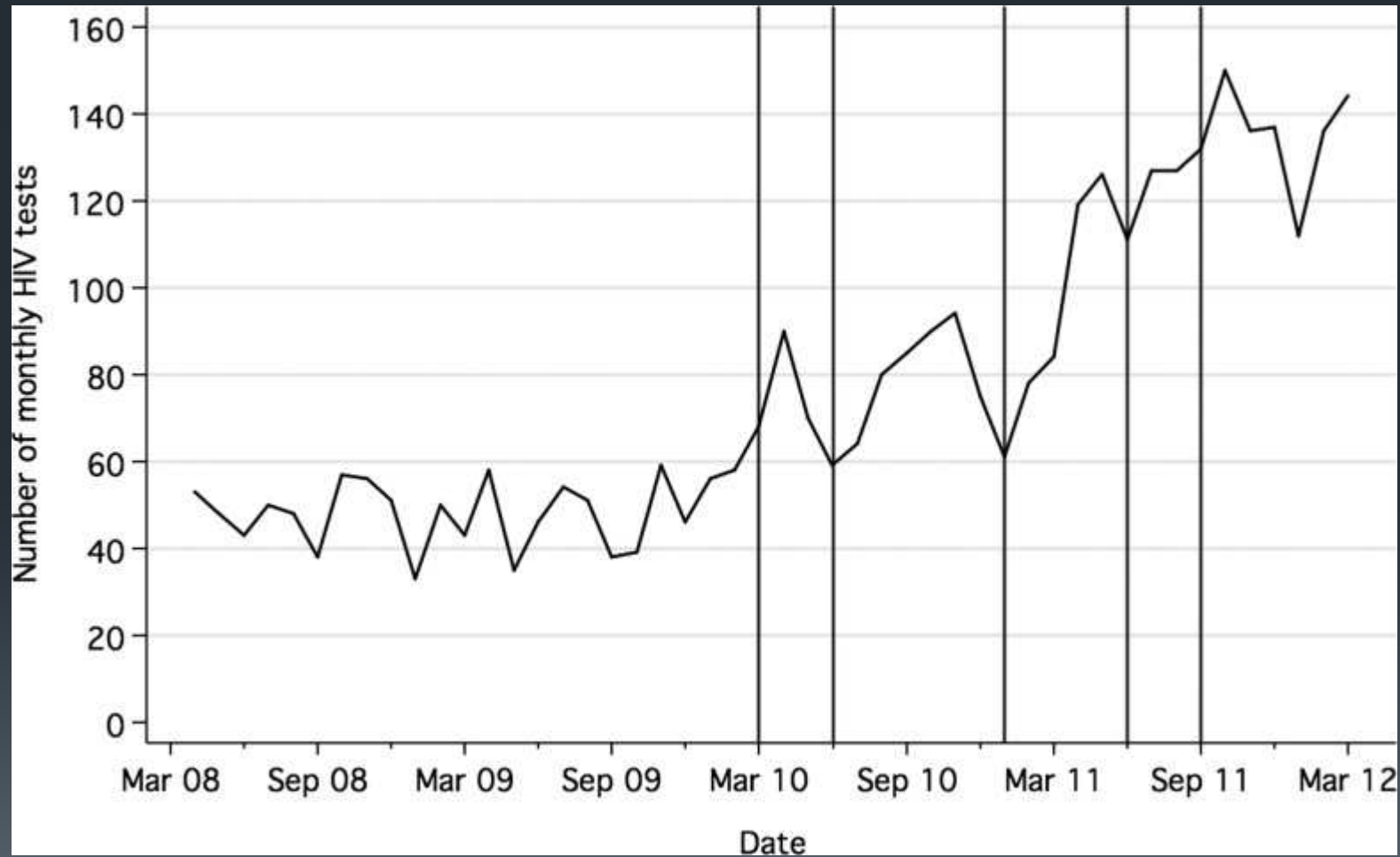


Table 5: Estimated costs of expanding HIV testing in high prevalence areas

Setting	Average cost per test	(Range)	Coverage ¹	Number of tests	Total cost	(Range)
General medical admissions	£8	(£3-£12)	35%	78,407	£627,256	(£235,221-£940,884)
			75%	168,015	£1,344,120	(£504,045-£2,016,180)
			90%	201,618	£1,612,944	(£604,854-£2,419,416)
Primary care (excluding cost of GP incentive)	£7.60	(£6-£8)	35%	218,750	£1,662,500	(£1,312,500-£1,750,000)
			75%	468,750	£3,562,500	(£2,812,500-£3,750,000)
			90%	562,500	£4,275,000	(£3,375,000-£4,500,000)
Primary Care (including cost of a GP incentive)	£18	(£13-£25)	35%	218,750	£3,937,500	(£2,843,750-£5,468,750)
			75%	468,750	£8,437,500	(£6,093,750-£11,718,750)
			90%	562,500	£10,125,000	(£7,312,500-£14,062,500)

¹ Coverage in the pilots ranged from 12% - 35% of all patients. However, as roll out of testing continues coverage will likely increase as the offer becomes more routine.

What are the perceived barriers to testing?

- Life insurance – *ABI Statement 1994*
- Confidentiality in general practice
- Concerns about attitudes to LGBT and inequitable access (*Stonewall Gay Men's Health Survey 2012*)
 - A third of gay and bisexual men who have accessed healthcare services in the last year have had a negative experience related to their sexual orientation
 - A third of gay and bisexual men are not out to their GP or healthcare professionals. Gay and bisexual men are more likely to be out to their manager, work colleagues, family and friends than their GP
- Some GPs feel they shouldn't, couldn't, wouldn't do HIV testing



What next?

- **Address myths and misconceptions that create barriers to expanded HIV testing in primary care – demand side and supply side**
- **Address other barriers that impede expanded testing – eg attitudes, skills, competence, diagnostic services, access, referral pathways**
- **Strategies that improve testing rates and diagnostic rates – not just education and/or economic levers**
- **I think the message is getting through**