

Increasing HIV testing in secondary care – a collaborative training resource

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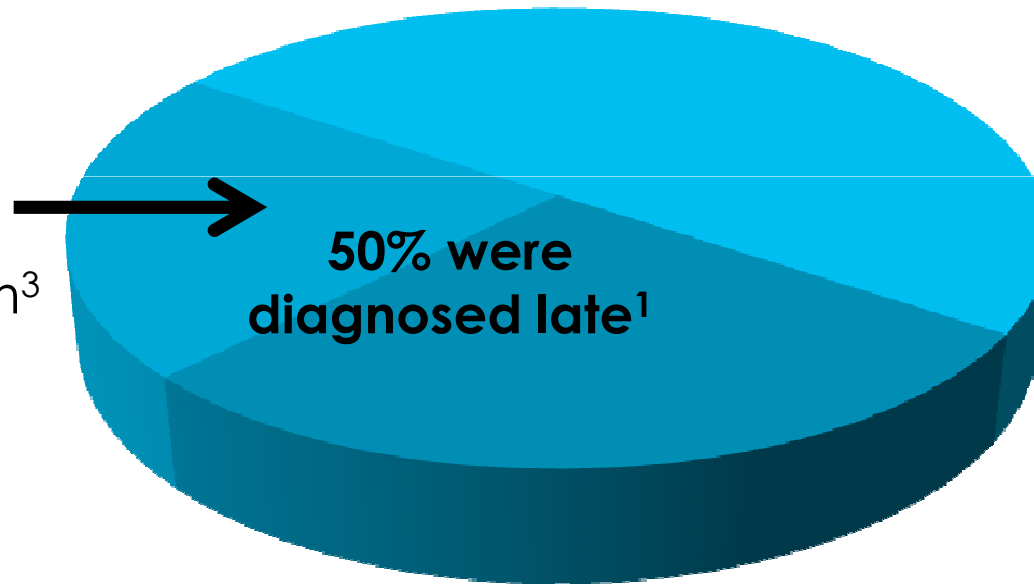
Agenda

- Background
- Programme objective
- Core elements of programme
- Training uptake to date
- Way forward



6660 people were newly diagnosed with HIV in 2010 in the UK, but...

28% CD4 cell count <200 cells/mm³



Late = CD4 count <350 cells/mm³ within 3 months of diagnosis

- Number of studies indicate up to 75% of patients diagnosed late had accessed health care in 12 months prior to diagnosis²⁻⁵
- Opportunities to make earlier diagnoses are missed, including patients who previously present with an HIV indicator condition^{4,6}

Programme aim

- To **increase HIV testing** among non-HIV specialists in secondary care
 - Promote routine HIV testing in secondary care settings where HIV indicator conditions are present
 - Encourage testing on all general medical admissions where HIV prevalence is >0.2%

Objectives are consistent with UK National Guidelines for HIV Testing¹



Core elements of the programme

- A **hospital-level** plan
- Focus on **one centre** in first phase
 - St George's NHS Healthcare Trust
- Developed to support HIV specialists in working collaboratively with colleagues and to **jointly deliver** training
- Designed to integrate into departmental training time
- Developed in collaboration with Bristol Myers-Squibb



Programme plan

Phase 1:
Learning from
experience

- One-to-one meetings with clinicians at a number of UK HIV centres

Phase 2:
Develop &
implement
tailored pilot
programme

- Developed training resources
- Pilot launch

Phase 3:
Programme
expansion

- Roll-out to other centres
- Evaluation using online survey
 - baseline vs. follow-up



Programme pilot – why St George's?

- Guidelines recommend HIV testing in a number of settings where prevalence is >2 per 1000 population (15–59 years old)¹
 - prevalence of HIV in St George's catchment is **4.9 per 1000**



Phase 1: learning from experience

- **UK DH 'Time to Test' pilots**
- **One-to-one meetings with clinicians**

- barriers to testing
- identified that information, motivation and support was important in order for clinicians to initiate testing
- most effective ways of engaging non-HIV specialists to increase opportunistic testing



Phase 2: develop programme and pilot at St George's

- Development included
 - engagement of key non-HIV clinician
 - training slides
 - video case studies
 - online survey
 - supportive materials for clinicians and patients
 - summary sheet

First training session
Respiratory department at St George's,
18th October 2011



Programme identity



Supportive materials



When did you last test a patient for HIV? **ROUTINE TESTING FOR HIV**



Did you know that up to 75% of patients diagnosed late with HIV have been seen in the healthcare system in the 12 months prior to their diagnosis? This means that vital opportunities for testing are being missed. St George's has a reputation for excellence in HIV testing in a non-GUM setting, be part of our departmental adoption of national guidelines for the routine screening of HIV and increase early diagnosis in our community. We are holding regular training sessions, in collaboration with the Genitourinary Medicine team, which will provide you with everything you need to be able to identify patients who should be tested and also alert you to the referral pathway that will ensure patients get the care they need.

The next training session will be held on
 Wednesday 1. June PM, at 020 2060 2211-115-122. E. Gough, L. & L. & S. Roberts, at St. HIV Med. 2006-07-09 13:10 (abstract no. P30).

Supported by Bristol-Myers Squibb **VIUK12PM003: 09/08/12**

When did you last test a patient for HIV?

Did you know that up to 75% of patients diagnosed late with HIV have been seen in the healthcare system in the 12 months prior to their diagnosis? This means that vital opportunities for testing are being missed.

The (insert department name) department at (insert hospital name) has a reputation for excellence in HIV testing in a non-GUM setting, which is helping to decrease this figure and ensure that patients receive the care they need as early as possible. But we can improve still further.

Where the prevalence of HIV is above the threshold of 2 per 1000 - as it is in our community - HIV testing is recommended at all unplanned general medical admissions and, additionally, in outpatients displaying certain indicator conditions.

We are running regular training sessions, in collaboration with the GUM department, which provide you with everything you need to be able to identify patients who should be tested and also alert you to the simple referral pathway that will ensure patients get the care they need. Together we can make sure that we don't miss an opportunity to identify an HIV-infected person who comes through our department.

The first session will be held on (insert date) in the (insert room). We look forward to seeing you there.

(insert name & email sign-off)

References:

1. Burns PM, et al. *AIDS*. 2008;22:111-122.
2. Goodall L & Leen C. *Scott Med J*. 2011;56:84-86.
3. Roberts J, et al. *HIV Med*. 2006;7(Suppl 1):14 (abstract no. P30).
4. Leitch P. *Public Health Agency, Diagnosed HIV prevalence in local authorities in England, 2008*.
5. BHIVA/NAASH/NS UK National Guidelines for HIV Testing, 2004.

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VIUK12PM003: 09/08/12

HIV testing by non-HIV specialists at St George's Survey

The GUM and respiratory (asthma/allergy) departments here at St George's are running a joint initiative aimed at increasing HIV testing by respiratory specialists (general practitioners). The ultimate aim is to ensure the implementation of national HIV testing guidelines by incorporating HIV testing into routine clinical practice, thereby maximising opportunities for earlier HIV diagnosis and improving patient outcomes.

In order to ensure that we address any/all training requirements through the initiative, and also to measure the success of the project, we'd be very grateful if you could complete a short survey on your current understanding and views on HIV testing. It should take a longer than about three minutes and your answers are anonymous.

To access the questionnaire, please click on the link below (five to survey monkey)

Many thanks in advance,
 Dr Mark Pevsner, plus the respiratory (asthma/allergy) team

Questionnaire text

Job title: _____
 Department: _____

1. How confident are you that you know when you should be recommending an HIV test?
 Very confident
 Fairly confident
 Not entirely sure

2. Are you aware of the 2008 British HIV Association guidelines for HIV testing in secondary care and non-HIV specialist settings?
 Yes
 No

3. HIV testing should be routine in services other than sexual health and antenatal clinics.
 Strongly agree Agree Disagree Strongly disagree Don't know

4. How confident do you feel about discussing an HIV test with patients?
 Confident and experienced
 Confident but have little experience
 Not confident, though I have done it several times
 Not confident - I have little experience

5. When did you last recommend an HIV test to a patient?
 Today
 In the past 2 weeks
 About 4 months ago
 2-6 months ago
 7-12 months ago
 More than a year ago
 I have never offered an HIV test (please proceed to question 10)

6. In the last 12 months, approximately how many HIV tests have you offered?
 Less than 5 6-10 11-20 More than 20

VIUK12PM003: 09/08/2012

When did you last test a patient for HIV? More than half of people living with HIV in the UK are diagnosed late!

Late diagnosis of infection is the major cause of HIV-related morbidity and mortality in the UK - a quarter of HIV-related deaths could be avoided if testing for the disease was more widespread and more socially acceptable.

In Wandsworth, the prevalence of HIV is 4.9 per 1000 - national guidelines recommend HIV testing on all general medical admissions where prevalence is >2 per 1000.

More testing is crucial for identifying those at risk and preventing the spread of HIV in our community.

By making HIV testing routine among our patients within the respiratory department at St George's, we can help drive down late diagnoses of the virus and prevent onward transmission.

When did you last test a patient for HIV? Let's make it today

Make it routine - normalise testing by offering it to all:

- general medical admissions
- individuals with indicator conditions (tuberculosis, pneumocystis, bacterial pneumonia and aspergillosis)

For support when a test result is positive, Bleep 7373 for a GUM health adviser



Video vignettes –

Collaboration with Brighton & Sussex



- *Framing the test – example scenarios*
- *A patient's story of her path to diagnosis*



Phase 3: programme expansion

- Core training materials
 - Can be tailored to individual units
- Entire package in electronic format for ease of use



Training uptake to date

- ✓ More than **30 centres** across England, Wales and Scotland
- ✓ Has generated interest and discussion during training
- ✓ Has also helped **identify additional issues** around testing, leading to practical changes



Training feedback

“Since using these materials, there has been a 60% increase in routine HIV testing by junior doctors and a 13% shift in earlier diagnosis”

Dr Dushyant Mital, Consultant in Sexual Health & HIV Medicine, Milton Keynes NHS Foundation

“Very useful and exactly what I am looking for. We have been able to adapt this to fit in with the practical training for non-HIV specialists at our SWISHH [Sandyford Workshops in Integrated Sexual health and HIV] course”

“It is a great advantage to have a before and after survey, so I can audit the effectiveness”

Dr Rak Nandwani, Consultant Physician in GUM, NHS Greater Glasgow & Clyde, UK and joint creator of the Sandyford in Glasgow – one of the largest sexual health services in Europe



Way forward

- Preliminary results indicate that delivery of the training resource is **feasible** and **well-received**
- Continuing roll out
- Plans to develop training for primary care setting



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Thank you!