

HIV Testing Survey to ascertain and encourage compliance with NICE HIV Testing Guidelines



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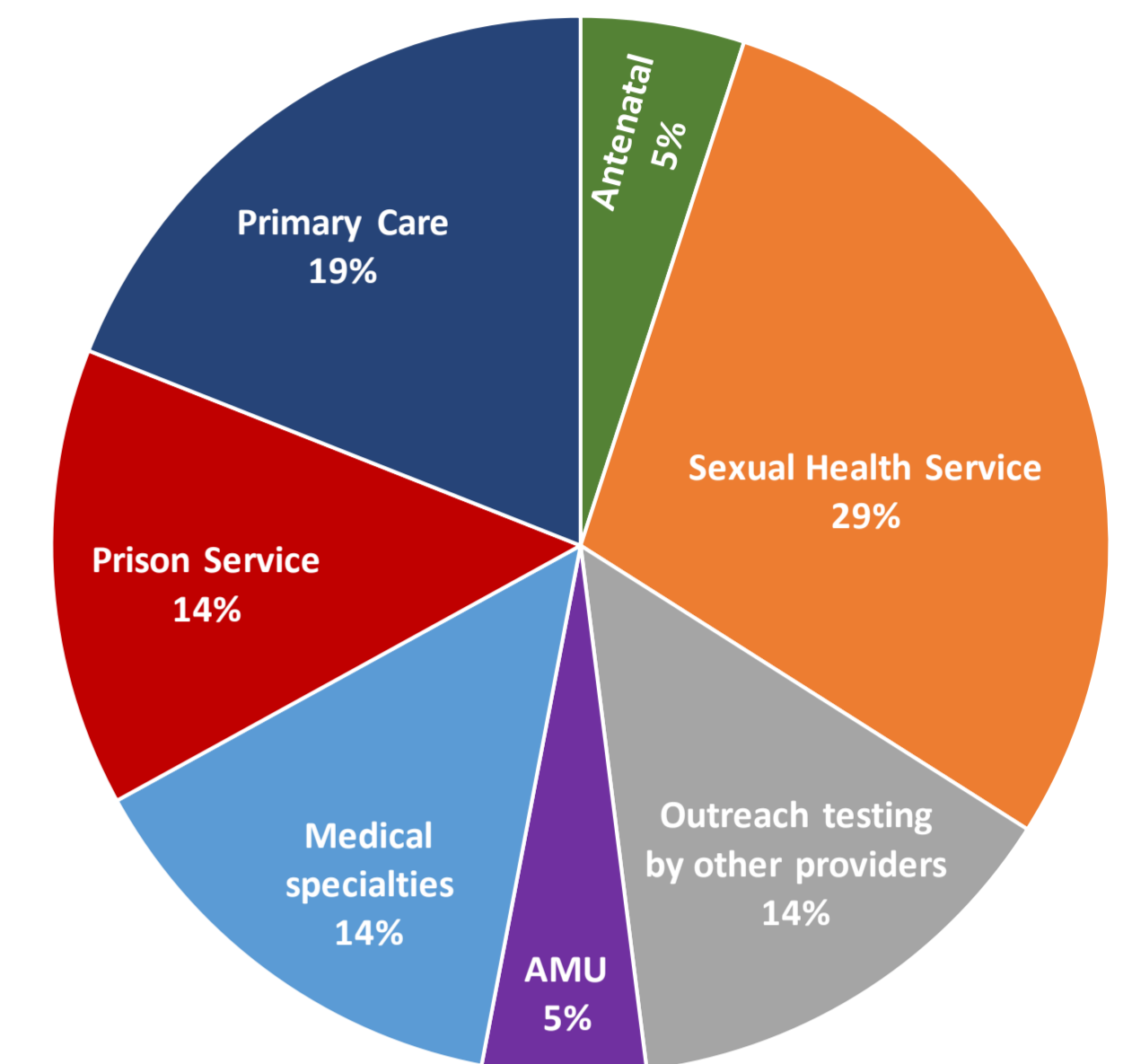


1. Wiltshire Sexual Health Service (WiSe) and 2. Trust Audit Department, Salisbury NHS Foundation Trust

Background

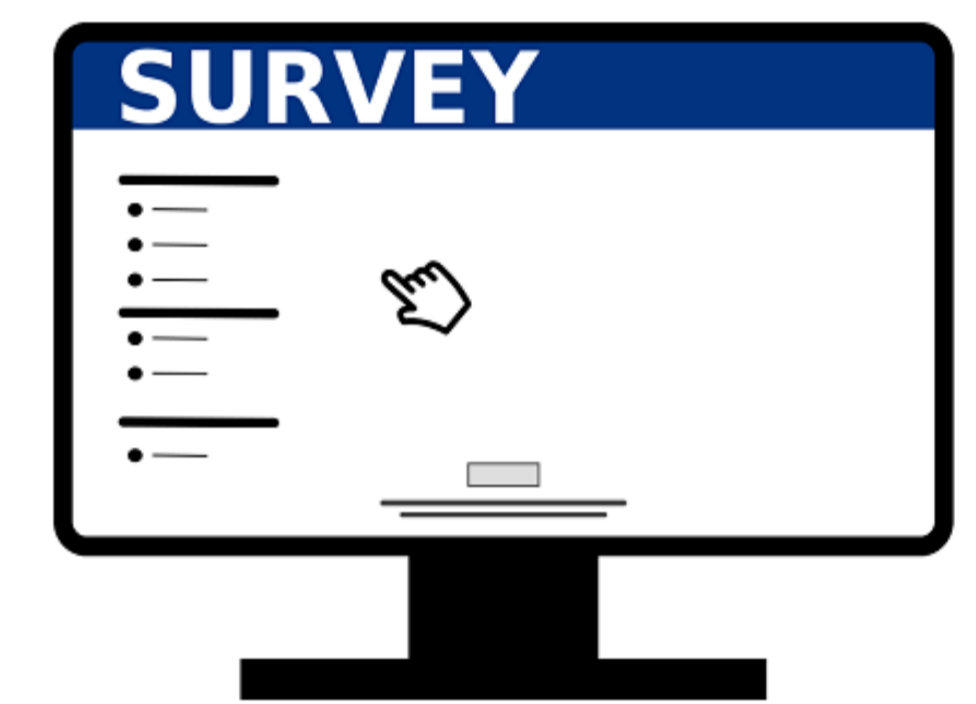
- Wiltshire Sexual Health + HIV Service (WiSe) is a county-wide integrated service with hub and satellite clinics. The WiSe Hub is located at Salisbury District Hospital (SDH), within Salisbury NHS Foundation Trust.
- WiSe and SDH serve a small city (Salisbury) and semi-rural population in Wiltshire with low HIV prevalence (0.72 per 1000). Note: Swindon is excluded from Wiltshire data and covered by a separate Sexual Health + HIV Service.
- Over 50% of people newly diagnosed with HIV in Wiltshire have a CD4 count < 350 cells/ μ l.
- Increasing annual new HIV positive diagnoses made via SDH microbiology laboratory (n = 3 in 2014, n = 3 in 2015, n = 6 in 2016, n = 15 in 2017). In 2016/2017, 81% were Male, 62% Heterosexual, 71% White British, median age = 41yrs, range 20 to 75yrs.
- Increasing HIV testing rates locally in Primary and Secondary care: Overall, 20% more HIV tests processed via SDH microbiology laboratory in 2017 vs 2015.
- Face to face education sessions were delivered to GPs and across SDH in 2016/2017 by the WiSe HIV/GUM team, to raise awareness and encourage HIV testing, and new online Trust + WiSe website-based HIV testing and referral pathway resources created in 2017.
- In 2018, WiSe HIV/GUM and Trust Audit teams were keen to ascertain current practice and encourage compliance with NICE HIV Testing Guidelines (published Dec 2016) and identify further education and service development needs.

Site of new HIV diagnoses Jan 2016 to Dec 2017 (Total number of diagnoses = 21)



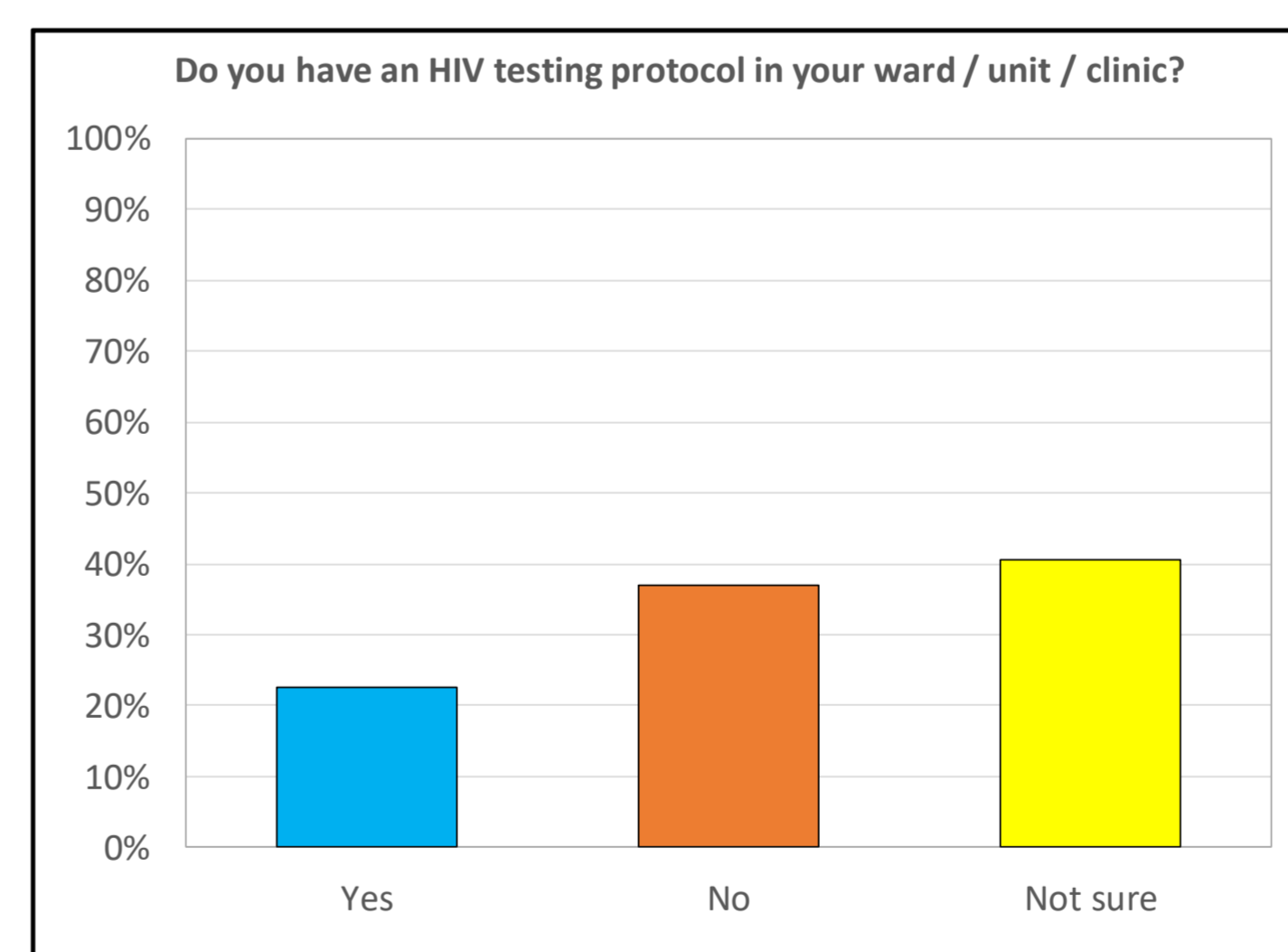
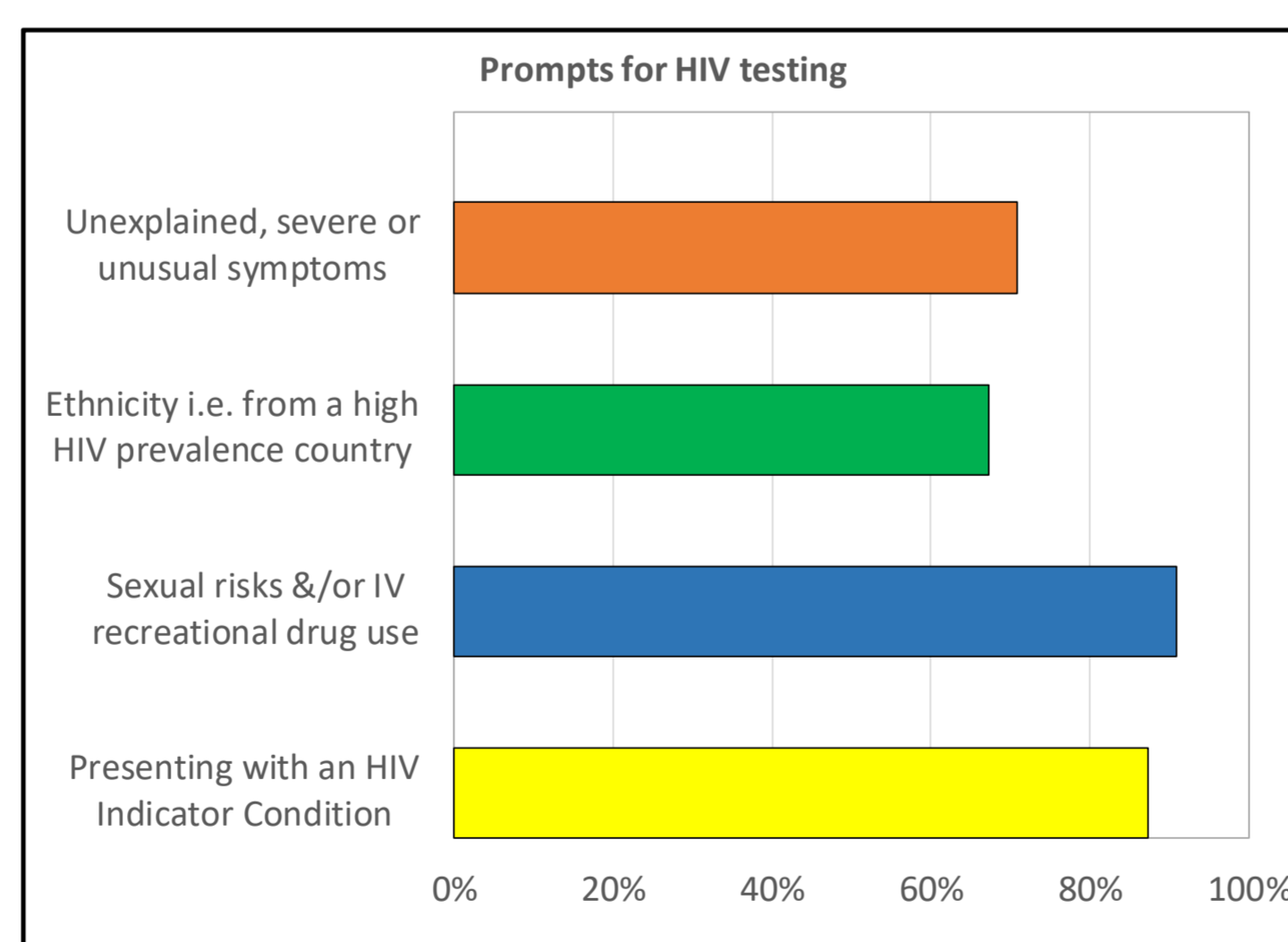
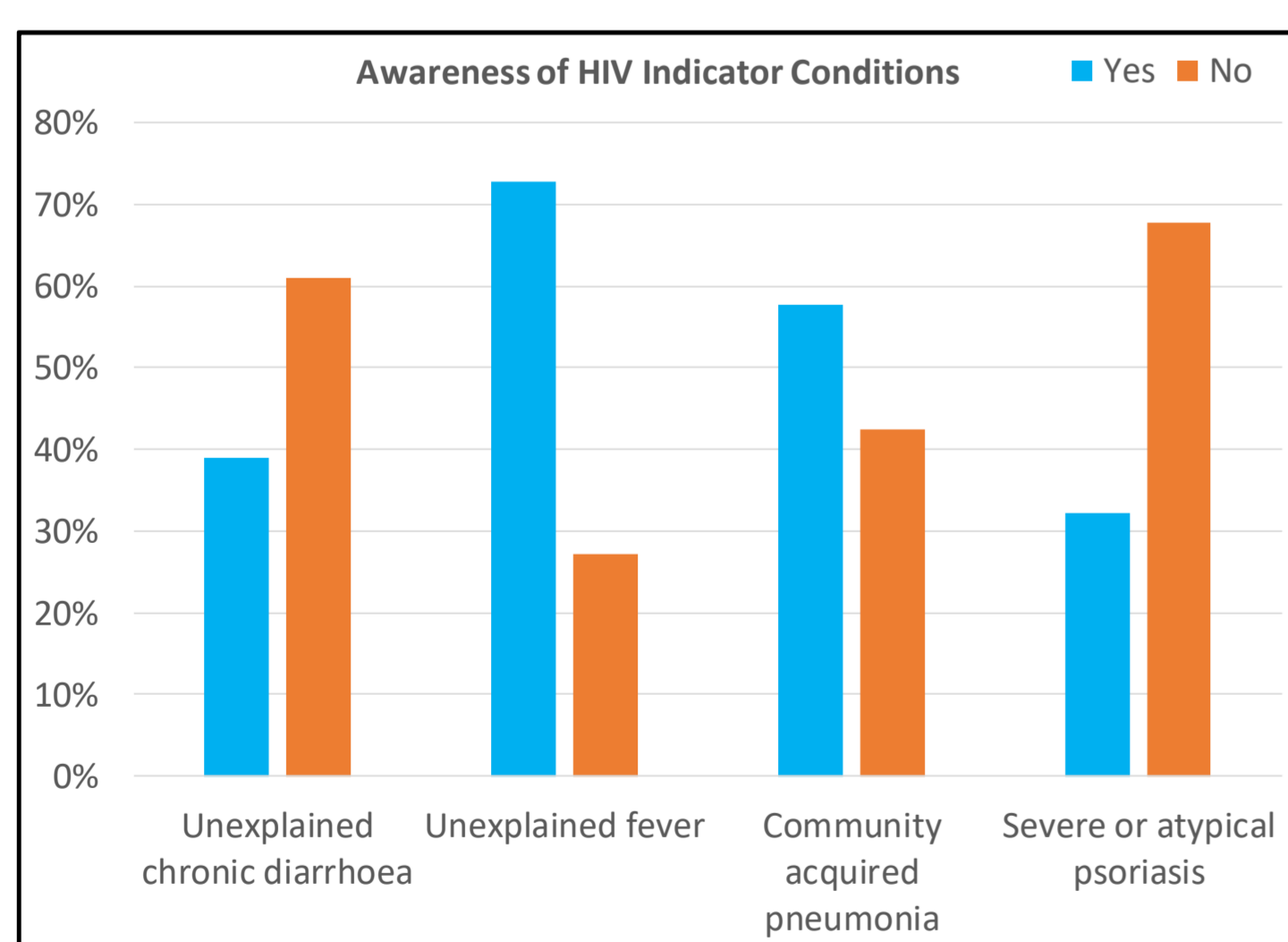
Methods

- Project approved by Trust Clinical Management Board (May 2018).
- Survey Monkey® Questionnaire designed, with objectives: i) assess baseline knowledge of NICE recommendations for HIV testing; ii) ascertain reported current HIV testing practice; iii) obtain suggestions for interventions to increase cost-effective HIV testing.
- Questionnaire web-linked to NICE HIV Testing Guidelines and list of HIV Indicator Conditions for education.
- 12 questions in total with opportunity for free text responses for comments, questions and suggestions.
- Questionnaire link emailed by Trust Audit team to all non-WiSe based doctors and Nurse Specialists working for SDH in Nov 2018.
- 3 weeks to complete survey with weekly email reminders sent.



Results

- 385 SDH Clinicians were emailed, of which 85 (22%) completed questionnaires.
- 30 % (55/185) of Consultants and 31 % (25/81) of Nurse Specialists submitted responses, compared with only 4 % (5/119) of Junior or SAS doctors. Reasons for non-response included being on nights/leave or checking work email infrequently.
- Overall responses to selected questions are displayed in the bar charts below. Responses were also analysed by job title and specialty:
 - 72 % (58/81) of Nurse Specialists rated their knowledge of HIV high risk groups and/or indicator conditions as poor compared with 26 % (48/185) of Consultants.
 - 62 % (13/21) of Consultants in Medical Specialties rated their knowledge of HIV Indicator Conditions and Risk Factors as good compared with 25 % (1/4) in Acute Medicine.
 - Protocols are in place for HIV testing patients with TB, Lymphoma, HBV/HCV, and for those starting immunosuppressants/biologics. No clear protocols exist on the Acute Medical Unit (AMU) or in general medicine for testing those presenting with most other HIV Indicator Conditions.
- Surgeons and paediatricians questioned relevance to their practice, but did identify opportunities for testing e.g. HPV-related cancer, unexplained lymphadenopathy, adolescents.



Screening all medical admissions would be simpler and would destigmatise & routinise HIV testing (AMU Consultant)

Who is going to pay for increased HIV testing? (Microbiology Consultant)

Unless in a clear protocol HIV testing would not be in my remit (Respiratory Nurse Specialist)

Conclusions + Future Work

- Having a Sexual Health hub + HIV Clinic within an acute hospital facilitates liaison and builds productive relationships with Senior Executives, Trust Audit Department, microbiology laboratory staff and clinicians across a range of specialities to encourage cost-effective HIV testing in accordance with NICE Guidelines.
- Online questionnaire promoted further engagement, identified barriers and clarified HIV testing practices and the presence and scope of existing protocols. In our low HIV prevalence area, clinicians had variable awareness of HIV Indicator Conditions and Risk Factors and generally had high thresholds for HIV testing in the absence of specific departmental protocols.
- Results particularly highlighted need for training of Nurse Specialists and developing specific HIV testing policies and protocols for the Acute Medical Unit (AMU).
- Caveats: Requires audit to clarify accuracy of self-report. Spot audits against departmental testing protocols are planned within a range of specialities in 2019.
- Poor overall response rate, particularly by junior and SAS doctors who reported using work email less frequently than Consultants in their day to day role.
- Greater targeted face to face training and discussion planned, particularly at inductions for new junior doctors and SAS Regional Education and Nurse Specialist meetings, in addition to ongoing regular presentations at Hospital Grand Rounds, Clinical Governance days and Departmental Education Meetings.
- Plan for revised questionnaire, developed with Wiltshire CCG, to be sent out to local GPs and Primary Care Nurse Practitioners in May 2019.