

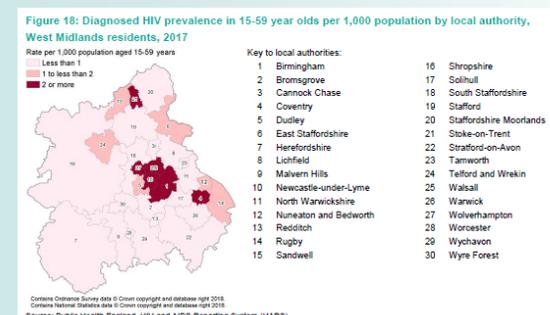
Opt-out HIV testing in the primary care setting — are our expectations realistic?

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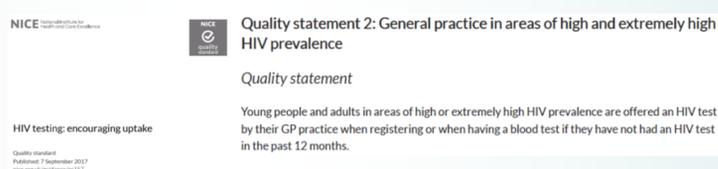
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Background Based on Public Health England data Stoke-on-Trent is an area of high HIV prevalence with 2.15 cases per 1000 population. In accordance with recommendations from NICE, supported by the Royal College of General Practitioners, all new registrants to GP practices in high prevalence areas should undergo routine HIV testing.



Aim Working in partnership with a local primary care practice, we as a community based integrated sexual health/HIV service, sought to implement opt-out HIV testing in this practice.

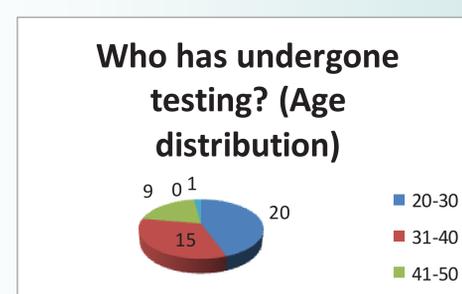
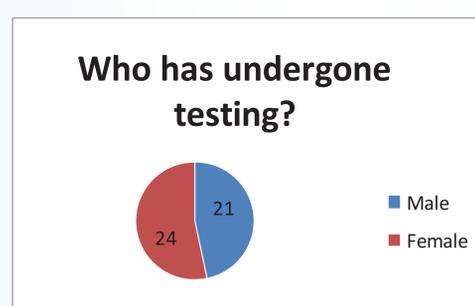
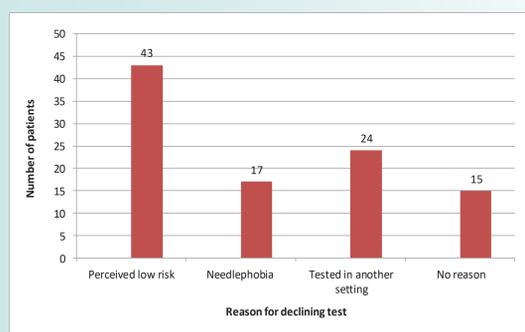


Methods This initiative was introduced in August 2018 following an initial meeting between HIV clinicians (clinical nurse specialist and medics) and the primary care team (comprising medics and the practice manager). In light of potential challenges around consent, we agreed to roll out this initiative to new registrants to the practice aged 18 and over. As new registrants in this practice undergo routine blood testing for metabolic profiling, it was agreed that this would be the opportune time for opt-out HIV testing.

A patient information leaflet was supplied at the patient's initial visit to the practice, highlighting the rationale and method of testing, including results management.

Laboratory logistics Recognising there would be an increase in the number of HIV tests being sent from this practice to the laboratory of the local acute NHS Trust, communication was vital to ensure numbers could be accommodated. A robust results management pathway was established in conjunction with the lab's lead biomedical scientist, including the use of a unique identifier for samples originating from this practice. This ensured any positive results would be flagged directly to the HIV team in addition to the practice. Regular progress/'trouble-shooting' updates are also essential.

Results Of 144 patients eligible for opt-out HIV testing, 99 declined, and 45 tests were undertaken (Sept'18-Jan'19). The most frequent reason for 'opting-out' of the test was a perceived low HIV risk in 43/99 (43%), followed by those who were previously tested in a different healthcare setting 24/99 (24%).



Conclusion Although this is an ongoing piece of work, initial numbers highlight the barriers that need to be overcome in order to increase the uptake of HIV testing. Patient perception of their risk is a large contributory factor and addressing this requires time and perhaps more specialist expertise. Geographical separation between the sexual health service and primary care is a hindrance in this respect, and only further highlights the need to ensure a continuous dialogue between the two settings.

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