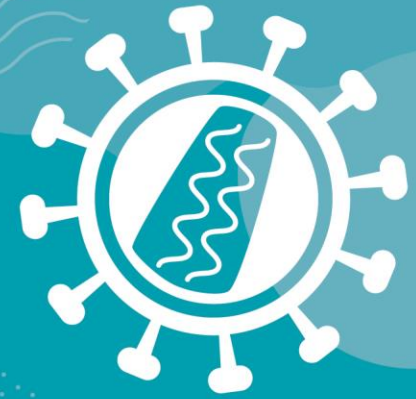


# Opportunities to improve opt-out blood-borne virus screening in two large London Emergency Departments

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In relation to this presentation, I declare that I have no conflict of interest

- Early diagnosis of BBV enables access to life-saving treatments and holistic care
- ED excellently placed to undertake screening - *accessible for socially excluded populations*
- Royal Free and Barnet Hospital EDs introduced opt-out BBV screening April 2022 (NHSEI)

### **Barriers to screening include stigma, misconceptions about risk, and ED staff time and workload**

- Effective screening programmes must meet needs of higher-risk demographic groups

### **Evaluation of screening uptake from April to July 2022**

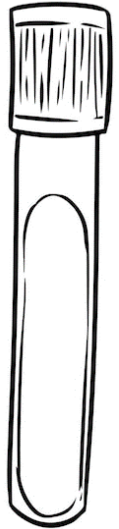
- Impact of age, sex, ethnicity, attendance time and admission status
- Semi-structured interviews with 20 ED staff to better understand experience of screening
- Aimed to identify screening barriers and identify strategies for improvement



- **33,388 opportunities for screening** - *53.65% and 63.87% screened at each hospital*
- Royal Free: **people aged  $\geq 80$  years less likely to receive screening** (OR: 0.868; 0.951-0.792)
  - Patient and staff perceptions of low risk?
  - “The elderly always say no...90 year olds think ‘what’s the point?’” – *ED nurse*
- Barnet: **women less likely to receive screening** (OR 0.80, 95%CI 0.75-0.85)
  - Patient and staff perception of low risk?
- Royal Free: **people of black ethnicity less likely to receive screening** (OR 0.86, 95%CI 0.77-0.96)
  - Social, personal and cultural barriers; stigma is a key barrier
- Staff were confident in initial discussion, but not further discussion in patients who decline
  - “If they say no, I don’t want to push it” – *ED assistant*
  - Staff felt more able to signpost patients to written resources such as virtual leaflet

## Time pressures are a key barrier to screening uptake and discussion of screening

- Attendees **between 5pm-11pm were less likely to receive screening** (Royal Free: OR 0.49, 95%CI 0.46-0.53; Barnet: 0.47, 95%CI 0.44-0.50)
- **Challenges in drawing blood is a barrier to screening**
  - “To be honest, the red top is the least prioritised” – ED assistant
- Time pressures limit discussion of screening
  - “We don’t really have time to tell them, it’s too busy” – *ED assistant*
  - “It’s like fire-fighting out there” – *ED doctor*



## Screening was acceptable to patients and staff, with good uptake

- Demographic variations represent important areas for further improvement
- Interventions to equip staff with time and confidence to discuss screening may improve uptake