

Auditing BHIVA 2020 HIV testing guidelines in primary care in an area of extremely high HIV seroprevalence: A cross-sectional, regional questionnaire (P074)

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Background

The British HIV Association (BHIVA) 2020 HIV testing guidelines outline that primary care should be part of the drive to diagnose those living with undiagnosed HIV¹. In areas of extremely high HIV seroprevalence, these guidelines advise offering screening to individuals:

- newly registering at a GP practice;
- undergoing routine venepuncture (for any reason);
- attending any face-to-face appointments;
- with defined clinical indicator conditions.

We sought to assess how well these guidelines were being adhered to in Manchester, UK, an area of extremely high HIV seroprevalence.

Methods

An anonymous, online questionnaire was distributed via email to primary care clinicians (PCCs) working within Manchester Care Commissioning Group (CCG) between 11th May and 25th October 2022.

PCC-specific and practice-wide data was collected regarding knowledge of and adherence to BHIVA 2020 HIV testing guidelines, as well as perceived barriers to HIV testing locally.

Results

93 PCC responses were received from 66 Manchester practices (80% response rate).

- 69% of PCCs were aware of their practice's extremely high HIV prevalence area status.
- Only 50% of PCCs were aware of the BHIVA HIV testing guidelines.

Practice-wide adherence to BHIVA (2020) guidance

- 12% (8/66) of practices routinely offered HIV testing to new registrants.
- 5% (3/66) of practices routinely offered HIV testing to those undergoing routine venepuncture.
- 0% (0/66) of practices offered HIV testing to all attending face-to-face appointments.

Indicator conditions

- 5% (5/93) of PCCs reported routinely offering HIV testing for all 13 clinical indicator conditions.
- The indicator condition that most PCCs would offer an HIV test for was 'Other sexually transmitted infection' - 84% (78/93). The indicator condition that fewest PCCs would offer an HIV test for was 'Bacterial pneumonia' - 14% (13/93). (Figure 1)

Figure 1: The percentage of PCCs that routinely offer HIV testing for each indicator condition

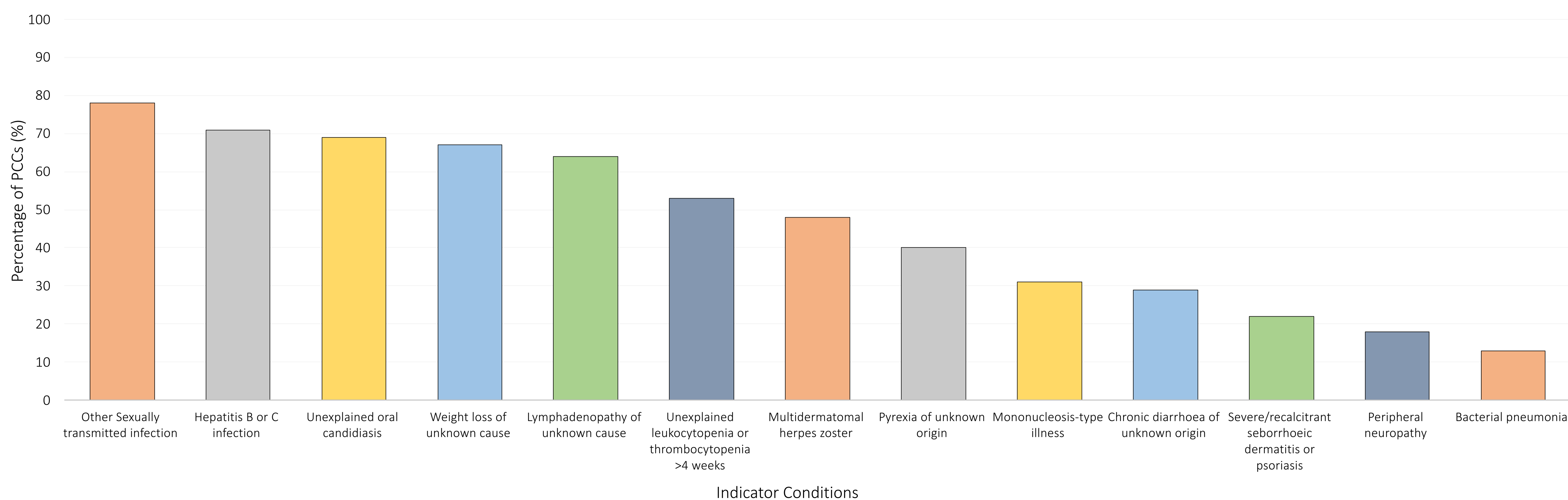
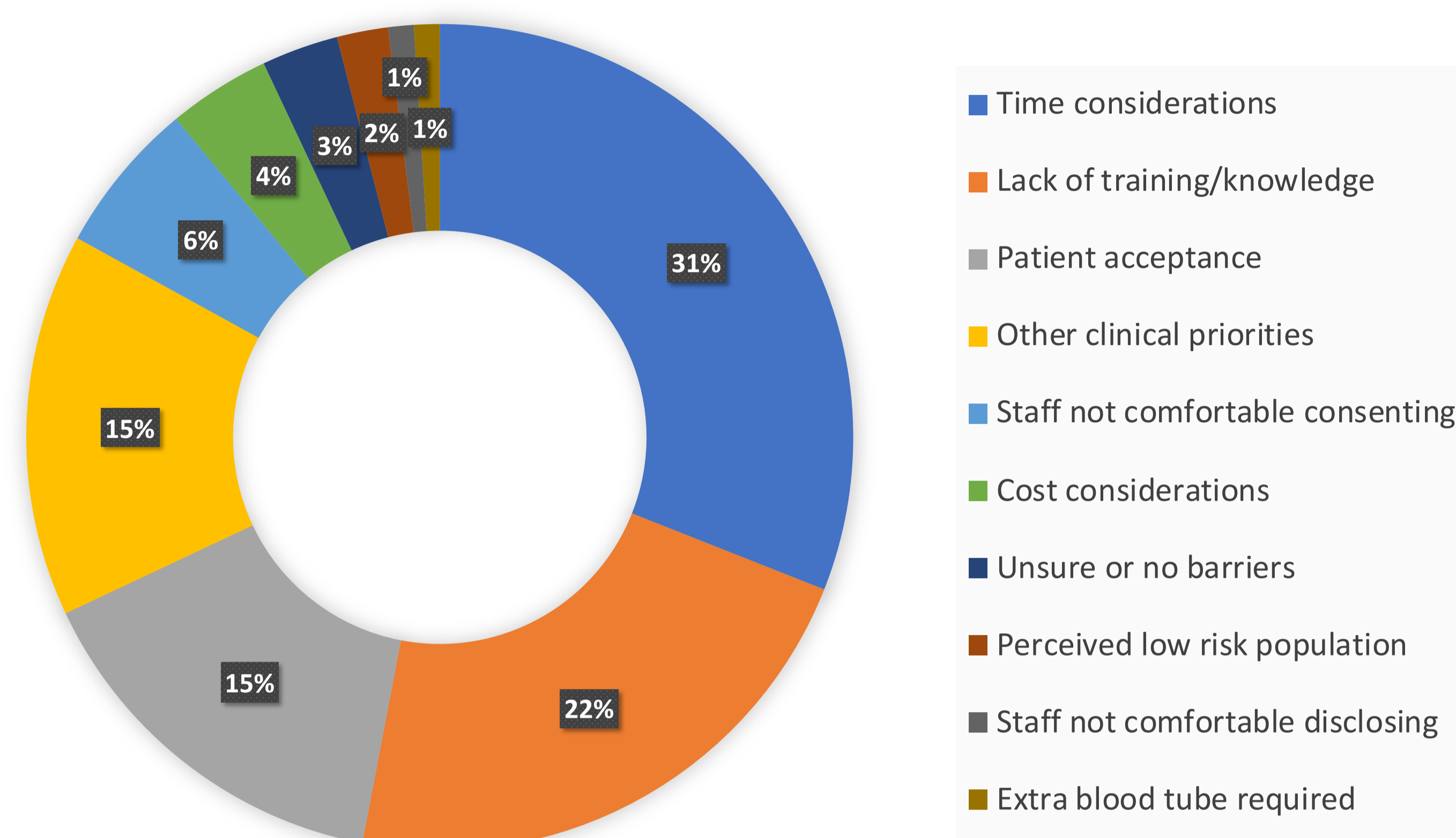


Figure 2: Perceived barriers to meeting BHIVA guidelines by Manchester CCG PCCs (n=93)



Perceived barriers to HIV testing

- Some expressed concern that new positive diagnoses may result in additional workload without appropriate links to local specialist HIV services. (Figure 2)

Perceived facilitators of HIV testing

- 90% of respondents agreed or strongly agreed that including HIV testing in the national Quality and Outcomes Framework (QOF) would increase testing in primary care. Free-text responses noted that QOF inclusion could provide additional funding.

Conclusions

This survey demonstrates that there is both poor awareness of, and adherence to BHIVA HIV testing guidelines amongst PCCs in Manchester. Multiple barriers limit the implementation of guidelines including:

- time constraints;
- financial constraints;
- the perception that lengthy pre-test counselling is mandatory.

Identified facilitators to aid PCCs adhere to BHIVA HIV testing guidelines include:

- the inclusion of HIV testing in the national QOF, improving potential funding;
- PCC education on pre-test requirements and HIV testing guidelines;
- improved care flow between HIV specialist services and primary care.

References

1. Palfreeman A, Sullivan A, Rayment M, et al. British HIV Association/British Association for Sexual Health and HIV/British Infection Association adult HIV testing guidelines 2020. HIV Med. 2020;21 Suppl 6:1-26. doi:10.1111/hiv.13015