

BHIVA Standards of care online consultation comments

7 October 2012

Standard 1: Diagnostic Testing for HIV

14 September 2012

Peter Channon sent the following message:

Only criticism of the standard are those registering with a GP in an area with less than 1 in 2000 positivity.

This overlooks the fact that people travel to high incidence areas both locally and internationally.

Additionally the reason why so many positives are discovered late, is through the use of generalisations, especially in low incidence areas.

The number of middle aged and middle class women that I know of personally, whom were diagnosed late because they didn't fit the stereotype.

GPs are often also afraid to broach the topic of sex and sexuality (I recently being told by a GP in his thirties that according to his Gaydar, there weren't any gay people in his area, sadly not an uncommon level of ignorance.

So let's make it easy, All new patients registering at a GP should be offered and encouraged to test.

Finally is there the need still for explicit consent for an HIV test over other comparable tests?

14 September 2012

James Copeland - The Rainbow Project sent the following message:

The Rainbow Project sees the diagnostic testing standard as high quality and is particularly keen to ensure that across the entirety of the UK, including Northern Ireland, that HIV tests are offered as part of a health screening on an opt out basis.

18 September 2012

John Evans-Jones sent the following message:

Why is there a separate "Scottish Standard" ?

Should the auditable outcomes also express a standard ?

Review of late diagnosis - could this be more specific ? e.g. serious untoward event investigation.

1 October 2012

Dr Usha Natarajan from Surrey HIV Network sent the following message:

Great piece of work, clear and achievable.

Need to identify training deficits in the different settings of HIV testing eg TOP services/ drug dependency programmes etc.

Also identify clear referral pathways for ones tested positive or who need further input from GUM services.

We (our clinic)are currently looking at the time lapse between testing and sharing the result with patient.

2 October 2012

Hilary Curtis from BHIVA clinical audit coordinator sent the following message:

The wording "admitted to secondary care" has a different meaning and wider scope than the guidelines on HIV testing which refer to "all general medical admissions". It would, for example, include all mental health admissions.

I am not against this but would like to be assured that the implications of this change have been considered.

3 October 2012

Dr Soe Aung from Faculty of Sexual and Reproductive Healthcare sent the following message:

In quality statements 4. All those who present to medical services with identifiable risk factors (Behavioural and geographical) should be offered an HIV test.

Contraceptives and Sexual Health (CASH) services are offering HIV test and also taking part in increasing uptake of HIV test in Black Africans.

Further explanation of behavioural and geographical risk factors in quality statement will provide better understanding to all health care professionals and help improve HIV test uptake.

4 October 2012

Steve Omarra from Office of Medical and Scientific Justice sent the following message:

What and where can I read the procedure for disclosing negative test results ?

7 October 2012

Dr Olufunso Olarinde from South Yorkshire HIV Network sent the following message:

Standard 1

We recommend that a routine offer of HIV diagnostic testing should be made by competent health care professionals to all attendees in all the following settings and clinical scenarios:

- Sexual health services
- TOP services
- Services for TB, Lymphoma, Hepatitis B & C

Comments:

Even though many members of the network feel this is achievable, a minority of members feel this statement needs to be better refined. Putting it in their own words these are the comments fed back from them:

- 'As it reads, everyone coming for a repeat Depo every 3 months would have to be offered an HIV test at every visit which would not be necessary'
- 'I am not sure that everyone who attends requesting contraceptive advice needs to be offered an HIV test'
- 'I am not even sure that I think everyone requesting contraceptive advice should be offered a test at their first visit'
- 'HIV testing should be offered to women attending for contraceptive advice who come from high prevalence countries, women who report partner change'
- 'All attendees diagnosed with an STI e.g. Chlamydia, should be offered an HIV test'

Just for info – RCOG still do not send a clear message about HIV testing in TOP clinics. They seem to use misleading extracts from NICE guidance to allow interpretation that offer of testing can be based on local prevalence/risk assessment/resource.

Should there be a direct audit standard for the main clinical indicator diseases of TB, lymphoma and hepatitis B and C? We know that universal offer of testing still does not occur for patients with these conditions.

7 October 2012

Philippa James from SDHIV Group of RCGP sent the following message:

We welcome the emphasis of the importance of primary care in HIV testing.

We do have some concerns about the logistics of offering HIV tests to all patients with symptoms consistent with HIV infection as we are also trying to promote self care for patients with 'flu type illnesses. GPs will need to be mindful about sexual history taking in these patients.

In respect to screening all new GP registrants in areas where prevalence exceeds 2 in 1000, it is noted that this does differ slightly from the HPA report "Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas" April 2012, where the recommendation is that HIV testing in General Practice should be "widely promoted" and further consideration given to the best model of expanding testing in primary care.

We have some concerns about how easy it is to audit HIV testing of new registrants. We would prefer an auditable standard which looked at offering testing of patients presenting with clinical indicator conditions as this would be applicable across all areas of prevalence.

7 October 2012

Jacqueline Stevenson from African Health Policy Network (Ffena) sent the following message:

We would like to see recognition in the Standard of the inequalities that exist in both undiagnosed and late diagnosed infection of HIV, disproportionately affecting Africans. As a result of this disproportionate impact, we would like to see a recommendation for increased availability of testing outside clinical settings – recognising the standard focuses on diagnostic testing, but that there are groups in society who do not seek out diagnostic services whose needs must also be met. Additionally, all measurement of late diagnosis must have ethnic disaggregation to ensure inequalities are being addressed.

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