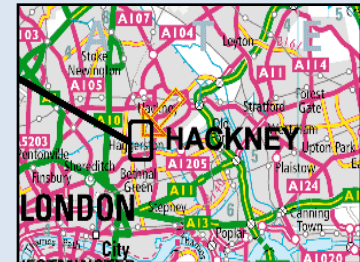


# Dr Werner Leber

## Queen Mary University of London

# Integrating HIV testing into General Practice

Can rapid HIV screening improve detection of early disease?



Dr Werner Leber

On behalf of the RHIVA 2 study team



Barts and The London  
School of Medicine and Dentistry

Homerton University Hospital  
NHS Foundation Trust



NHS  
City and Hackney



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# Rational

- BHIVA (2008) & NICE (2011) guidelines on HIV testing are a "good fit" for General Practice
  - Access to a large number of untested patients
  - Opt out services routinely offered in General Practice
  - Considerable scope for health care workers to undertake testing
- RHIVA 1 pilot study
  - Rapid HIV testing offered in the new patient health check is feasible and acceptable (Prost et al., 2009)

Feasibility and acceptability of offering rapid HIV tests to patients registering with primary care in London (UK): a pilot study. Prost et al., Sexually Transmitted Infections, 2009.



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# Research Questions

## Can rapid HIV testing at first presentation in General Practice

- Reduce the proportion of people diagnosed with HIV very late, defined as CD4 <200?
  - Increase the proportion of people with HIV diagnosed with a CD4 >350?
  - Increase identification of HIV?
- Successful TB screening trial (Griffiths et al., 2007)

Educational outreach to promote screening for tuberculosis in primary care: a cluster randomised controlled trial. Griffiths et al., Lancet, 2007

# Cluster randomised controlled Trial in General Practice (RHIVA 2)

## All participating Hackney surgeries:

Standard of care for HIV testing continues

Support throughout the study

## Intervention:

INSTI™ rapid HIV test at New Patient Health Check

Staff capacity building

Specialist referral of confirmed INSTI cases

## Control:

Information on BHIVA HIV testing guidelines



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# Minimisation criteria for Randomisation

- Practice list size
  - < 5000, 5000 – 7000, or > 7000
- Male HIV testing rate
  - <7 or  $\geq 7$
- Index of multiple deprivation score
  - <47 or  $\geq 47$



# Results to date – Surgery participation

19/04/2010 – 31/01/2012 (21 months)

- 40/45 Hackney GP surgeries taking part
  - 3 no response to repeated approach
  - 2 HIV not a priority/or too busy to participate
- 17/20 intervention surgeries are actively screening
  - 1 withdrawal - too busy
  - 1 withdrawal – high declined rate in an Orthodox Jewish catchment area
  - 1 closed new registration to adults
- 20 control surgeries.



# Results to date – Intervention arm

Computerised central EMIS (Egton Medical Information Systems)  
Web searches:

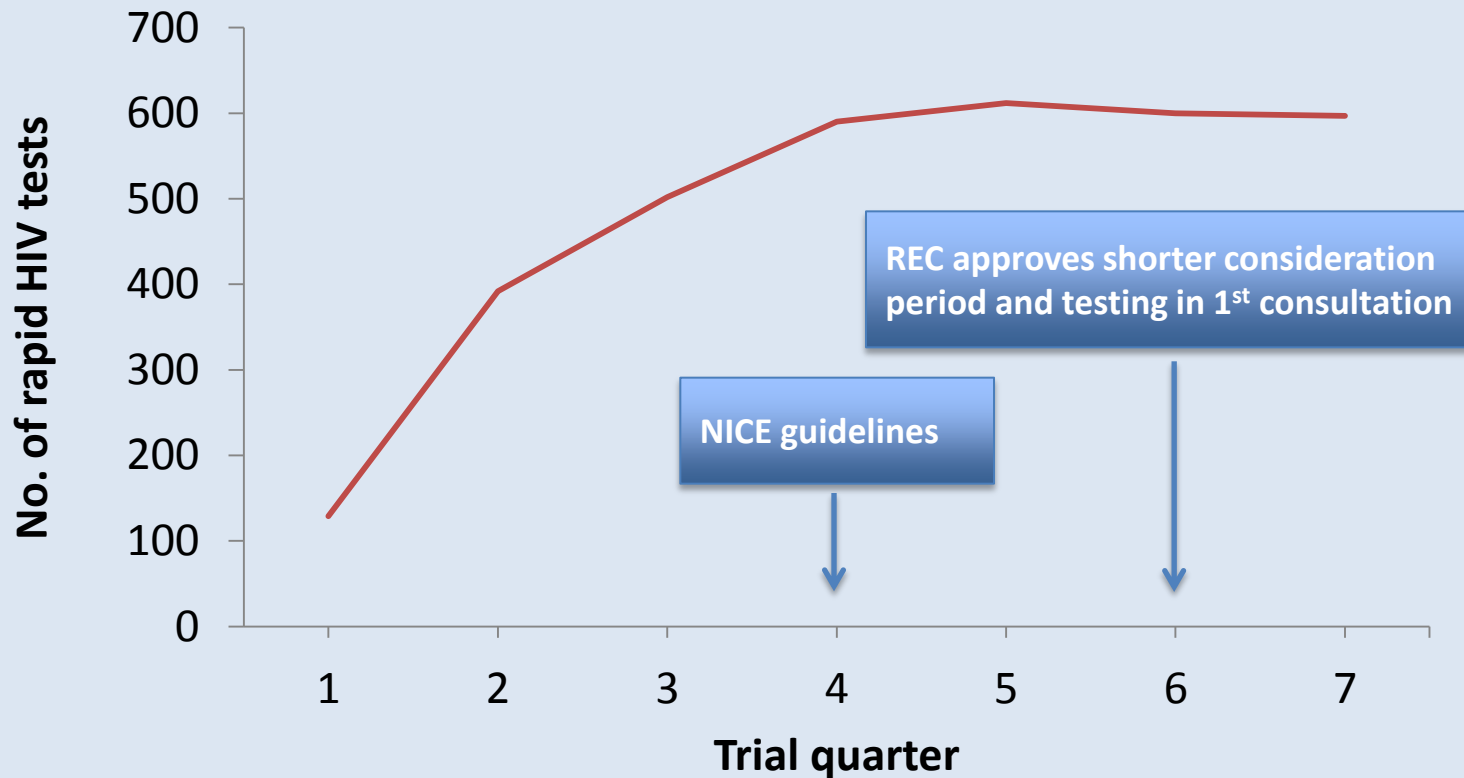
19/04/2010 – 31/03/2012

	N=
New registrants	32,794
Rapid HIV tests offered	8,027 (24%)
Rapid tests declined	4,266 (53%)
Rapid tests performed	3,761 (47%)
Reactive tests confirmed positive and entered secondary care	8/8 (100%)

**New patient health check** data currently not available.

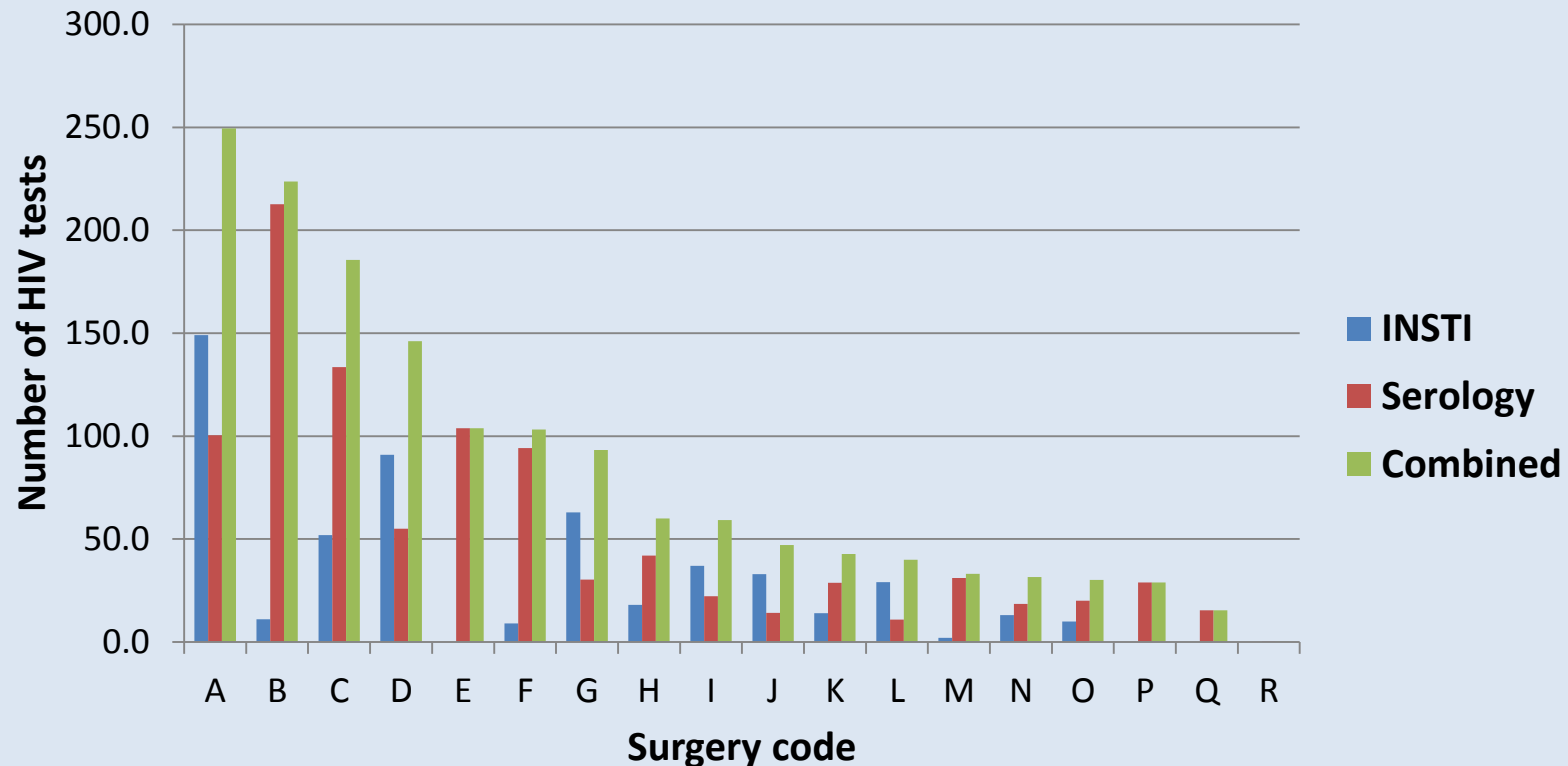


# Rates of rapid testing in EMIS intervention surgeries



# Serological and rapid HIV testing in EMIS Intervention surgeries

Oct - Dec 2011



# How safe is rapid HIV testing in General Practice?

- Quality assurance
  - Bimonthly assessment using external serum controls
- Monthly electronic data monitoring of rapid test results
  - 16/40 reported abnormal were clinically relevant:

Rapid test result	N=	Serology	N=	Interpretation
Reactive	8	Positive	8	True reactive
Reactive	2	Negative	2	False reactive
Indeterminate	6	Negative	5 (1 declined)	NA

Expected false reactive results: N=24

- INSTI specificity = 99.28%, prevalence of undiagnosed HIV = 2/1000.



# What has gone well...

- Successful cooperation and collaboration between primary care teams, public health, academic researchers and secondary care HIV teams
- Rapid HIV testing is safe when combined with GP education, quality assurance and data monitoring
- All patients diagnosed by rapid testing in General Practice have transferred to specialist services.



# Challenges ahead...

- Trial data remains statistically inconclusive - planned extension to autumn 2012
- The RHIVA team is collaborating on the specification and implementation of training for roll out of HIV testing in General Practice across Hackney
- Qualitative analysis and process evaluation to better understand service user & surgery needs and obstacles to testing.



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