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Increasing opportunities for HIV diagnosis in primary care

A borough wide evaluation of HIV testing and pre-diagnosis care in general practice

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HIV is overlooked in primary and secondary care

- **Secondary Care: BHIVA National Audit 2010**
 - Of 1,112 newly diagnosed patients in the audit, 52.2% were diagnosed with “late” HIV (CD4 <350 cells/mm³).
 - In 36.9% there was a missed clinical opportunity for earlier diagnosis.
- **Primary Care: Tower Hamlets 2012**
 - 63% of all patients presented to their GP with an indicator condition in 3 years prior to diagnosis.

Ellis S, Curtis H, Ong ELC. HIV diagnosis and missed opportunities. Results of the British HIV Association (BHIVA) National Audit 2010. *Clinical Medicine* 2012; Vol 12, 5:430-4

Dorward J, Chinnaraj A, Garrett N, Apea V, Leber B. Opportunities for earlier diagnosis of HIV in General Practice. *Sex Transm Infect*, 2012; Vol 10.1136.

Borough wide analysis of primary care electronic records in City and Hackney (prevalence of diagnosed HIV 8.8/1000).



QUESTIONS:

- ✓ Where was the HIV diagnosis made?
- ✓ What was the CD4 count at diagnosis?
- ✓ Any indicator conditions or missed opportunities?
- ✓ Frequency of attendance with indicator conditions



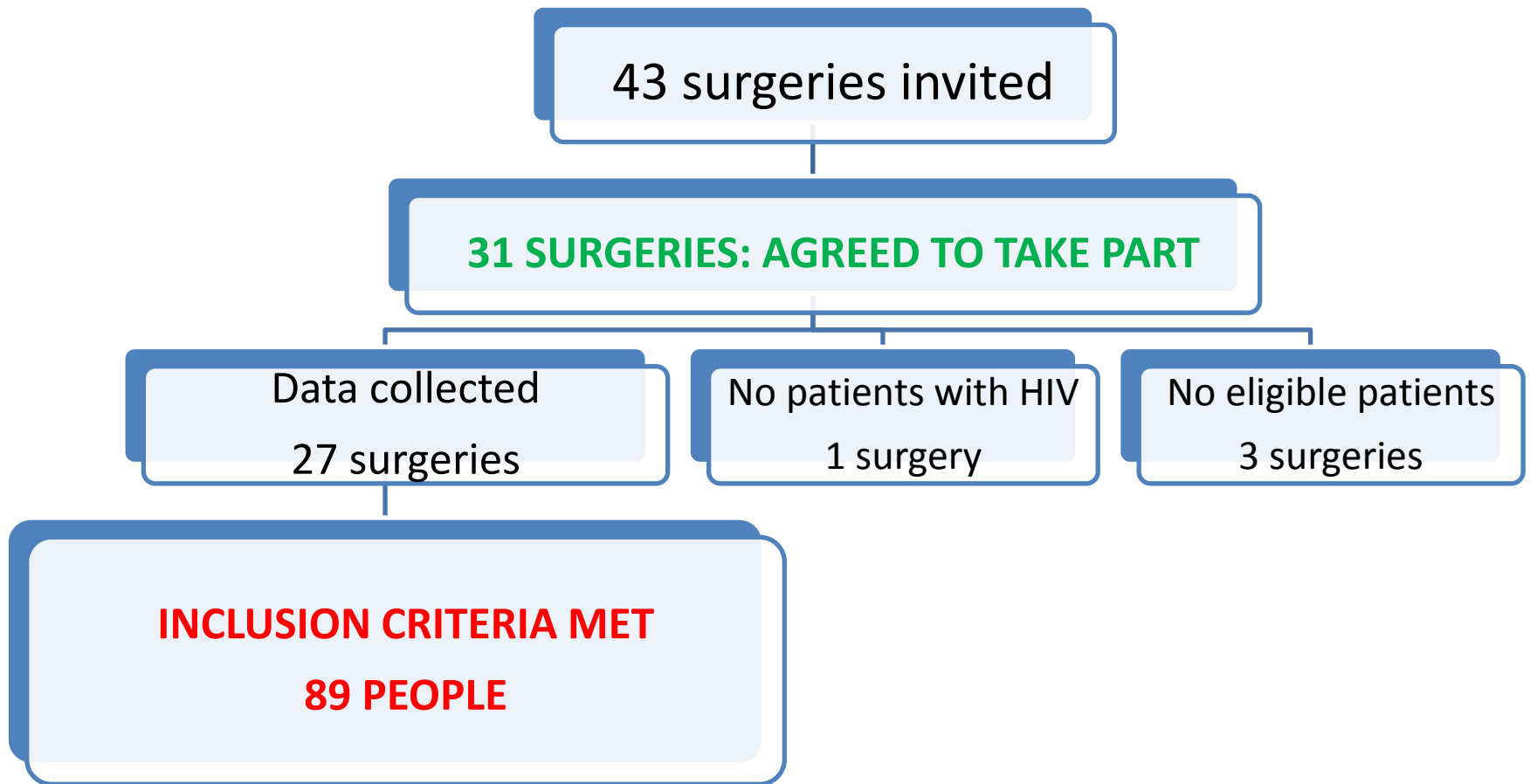
Act as a reflective exercise for GPs and a learning tool for the surgeries.

Methods

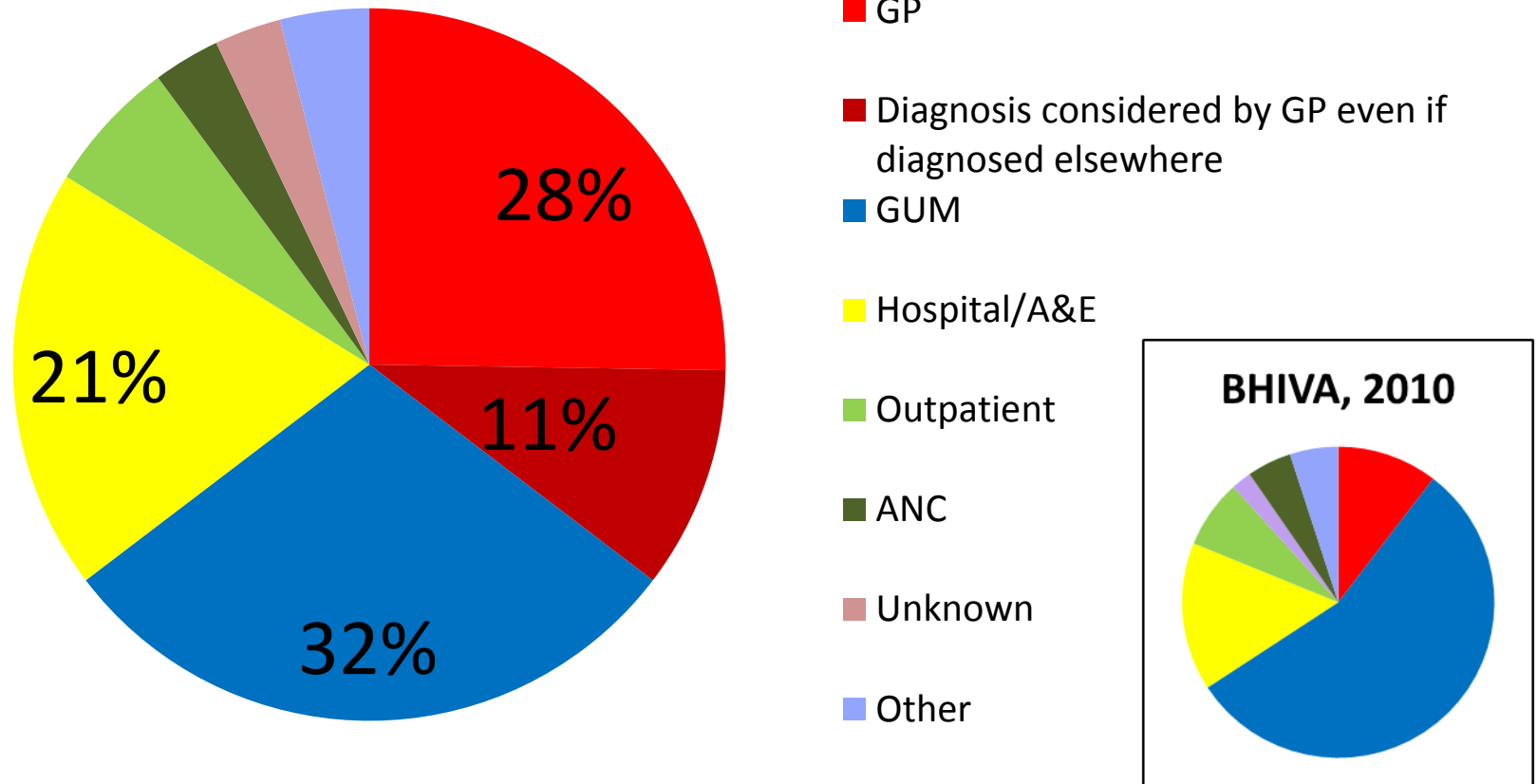
- Retrospective electronic records (RER) review in primary care
- 43 surgeries invited to take part (Oct 2012 → Mar 2013).
- Inclusion criteria:
 - **Patient with a diagnosis of HIV made after 01/10/2008**
 - **age \geq 15 years**
 - **2 years of clinical notes available prior to diagnosis**
- Up to 5 patient records were reviewed by the GP to document problem titles of GP face-to face consultations.
- Data on low platelets and low neutrophils were recorded.
- Each session (2-5 hours) financially incentivised.
- Immediate feedback was given after data collection.



Results: Surgery Recruitment



Results: Clinical setting of HIV diagnosis (n =89 patients)



Desai M, Field N, Crompton J, Ruf M. Information for action: a method to inform HIV shared care planning in primary care at the PCT level. *Sex Transm Infect* 2011;87:295.

Results: Missed opportunities

- **CONSULTATIONS (n=716)**

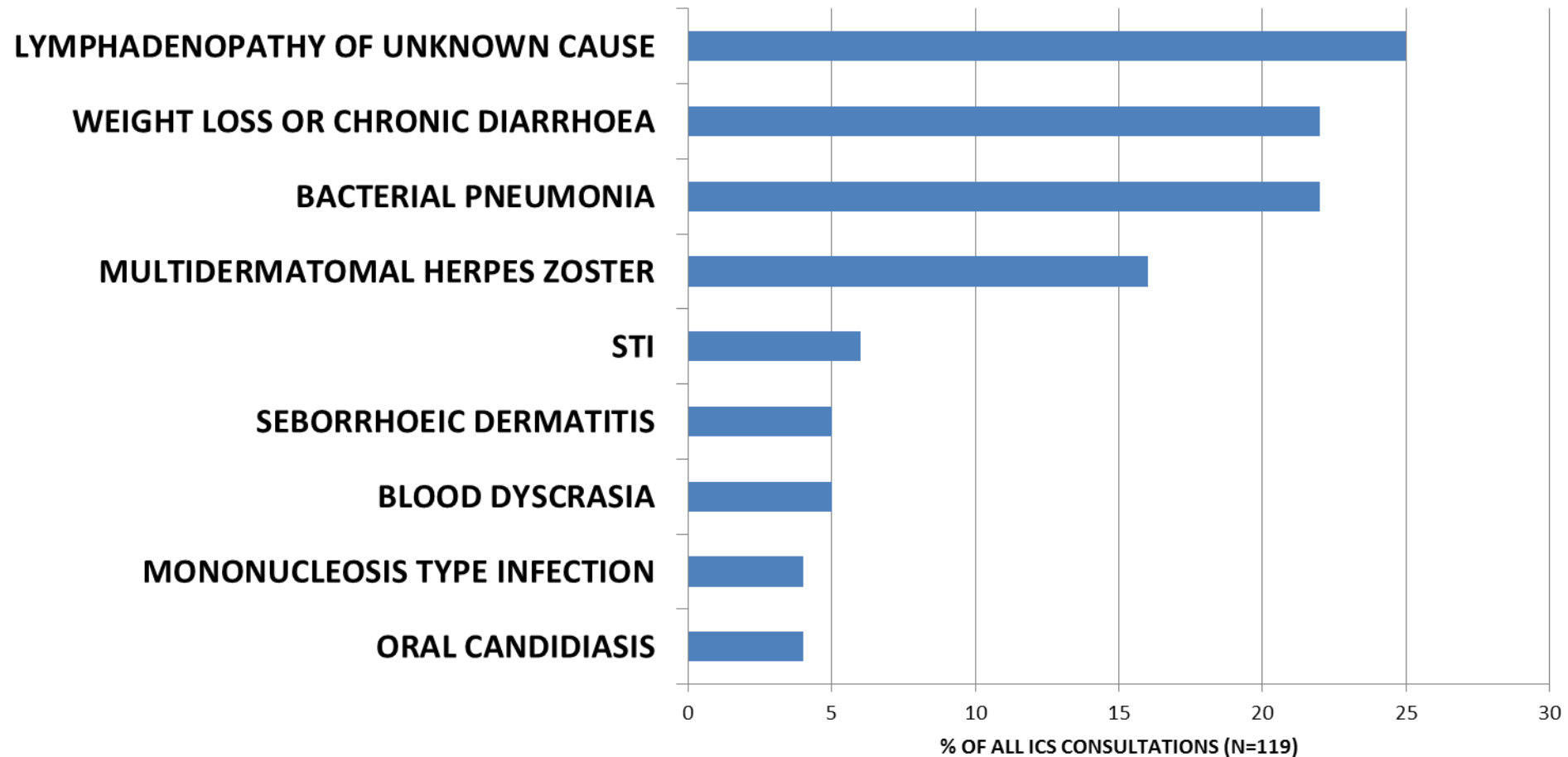
- 89 patients attended 716 face-to-face consultations with a GP over 2 years (range 0-29, median 7).
- 119 of these were for indicator conditions (119/716, 17%).

- **PATIENTS (n=89)**

- 13 indicator conditions were identified.
- These 13 indicator conditions (range 0-4) occurred in 55 patients.
- 55/89 (**62%**) had at least one indicator condition.



Results: Indicator conditions (IC) (n=119)



Results: Unexplained blood dyscrasias

- Added: Initially NOT actively looked for.
- 11/27 surgeries blood dyscrasias were consistently recorded for each patient.
- In these 11 surgeries 33 patients that met the inclusion criteria.
- 11/33 with either low platelets or low neutrophils in the 2 years prior to diagnosis (33%).



Discussion

- Unique – first borough wide HIV case notes analysis in primary care.
- Works as an education tool for local GPs and practice staff.
- It highlighted common indicator conditions and when an HIV test should be offered.
- It has seen diagnostic opportunities revealed with discussion of any cases which were sub-optimally managed.
- GPs are testing for HIV – **GREAT NEWS!**

What did GPs say?

- “Reviewing patient notes prior to diagnosis is a real eye-opener. I can’t believe how often he came (to the surgery)”.
- “With hindsight it’s easy to see that HIV testing should have been discussed with this patient”.
- “I didn’t know that CIN2 was an indicator condition. This list is very helpful”.



Outcomes

- **For GPs:**
 - ✓ Case notes review
 - ✓ List of the most commonly occurring indicator conditions
- **For HIV specialists:**
 - ✓ GPs are interested in missed opportunities.
 - ✓ GPs want to know how they can do better.
- **For commissioners:**
 - ✓ A reproducible survey tool that could be performed in other boroughs.
 - ✓ This approach can be used as a model of education in general practice.

Thank you.

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The logo of the British HIV Association (BHIVA) is a circular emblem with a complex, geometric pattern of lines and dots, resembling a stylized sun or a molecular structure. It is positioned behind the main text.

British HIV Association
BHIVA

A light blue map of the United Kingdom is visible in the background. A red circular marker is placed on the map, indicating the location of Manchester in the north-west of England.

**19th Annual Conference of the
British HIV Association (BHIVA)**

16–19 April 2013

#BHIVA2013

Manchester Central Convention Complex