Engaging general practice in HIV testing

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Overview

- What changes clinical behaviour in general?
- What changes GP HIV testing rates?
- What is appropriate for medium prevalence areas?
Old men of Scottish descent - rule!
Archie Cochrane

Thomas Gordon with Noel Burch

Donald Kirkpatrick
How to evaluate educational interventions: **Kirkpatrick’s Hierarchy**

- Participation: numbers and types of participant
- Reaction of participants
- Learning: knowledge, skills, attitudes, confidence, commitment
- Changes in practice i.e. clinical behaviour
- Outcomes for patients
- Return on expectations - what degree of change would indicate success? What is the cost benefit analysis?

*Evolved from Kirkpatrick 1967 through to eg Brown CA 2003 and current Kirkpatrick website*
How to evaluate educational interventions: Kirkpatrick’s Hierarchy*

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How to evaluate educational interventions: **Kirkpatrick’s Hierarchy**

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*Evolved from Kirkpatrick 1967 through to eg Brown CA 2003 and current Kirkpatrick website*
Changing clinical behaviours

Is there evidence that educational interventions change clinical behaviours?

Considering doctor &/or nurse complex clinical behaviours
Drawing on Cochrane evidence reviews and other sources
Is there evidence that these intervention change clinical behaviour?

- Written material? No
- Didactic teaching? No
- Interactive teaching? No
- Mixed didactic & interactive teaching? Hmmm it might but no guarantee
- Multifaceted interventions? Best bet but still no guarantee, need to target barriers to change
- Move from classrooms to clinical context? Helps [Coomarasamy & Khan 2004]
SHIP’s four approaches to HIV testing

Types of HIV testing in GP context

- **Patient request**
- **Screening**
- **Opportunistic testing of those at risk**
- **Diagnostic testing of those with symptoms**

Parallels for GPs with other chronic diseases – diabetes, cancer, hypertension, depression, COPD
HIV testing in general practice

IS a complex clinical behaviour – needs:

- Good clinical knowledge
- Effective communication skills
- Risk assessment and sexual history skills

The confidence & motivation to apply all these
Types of HIV testing in GP context

**Patient request**

- Screening

- Opportunistic testing of those at risk

- Diagnostic testing of those with symptoms

SHIP’s four approaches to HIV testing

The UK national guidelines for testing advocate the offer and recommendation to:

- Accpet HIV tests to all adults registering in general practice and general medical admissions patients in areas where diagnosed HIV prevalence is greater than 2 per 1,000 population.

Parallels for GPs with other chronic diseases – diabetes, cancer, hypertension, depression, COPD.
Some GPs indicate they think that patient request is the sum total of HIV testing:

‘I would test but I have never been asked’
‘They don’t want it done here anyway’
‘If I had the right posters or leaflets, maybe they would ask’

This illustrates UNCONSCIOUS INCOMPETENCE (UI)
Four stages of competence

Good education will help you shift:

- **Unconscious incompetence**
- **Conscious incompetence**
- **Conscious competence**
- **Unconscious competence**

**NB** – is not solely GPs who demonstrate unconscious incompetence!
Four stages of competence

If you *don’t know that you don’t know*, you are not going to:

- Realise the guidance is relevant to YOU
- Attend the optional course
What changes clinical behaviour?

**Written material?**  
No

**Didactic teaching?**  
No

**Interactive teaching?**  
No

**Mixed didactic & interactive teaching?**  
Hmmm it might but no guarantee

**Multifaceted interventions?**  
Best bet but still no guarantee, need to target barriers

**Move from classrooms to clinical context?**  
Helps [Coomarasamy & Khan 2004]
Examples of written material to increase HIV testing

- Chief Medical Officer’s letter 2007
- UK HIV testing guidelines 2008
- NICE guidelines increasing testing in Black Africans 2011
- NICE guidelines increasing testing in men who have sex with men 2011
Examples of written material to increase HIV testing

Written material is highly valuable –
• Sets standards
• Brings consensus

But it must be embodied in evidence-based educational interventions before clinical behaviour will change!
SHIP’s four approaches to HIV testing

Types of HIV testing in GP context

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SHIP’s four approaches to HIV testing

Screening

**In any area** – many groups, eg pregnant women, those with an STI, injecting drug users, women having abortions etc etc

**In high prevalence areas**

- All newly registering patients [UK 2008 Guidelines, piloted]
- All women having contraceptive, infertility or pre-conceptual care [2011 SHIP guidelines]
Conclusion on GP screening pilots:

Final report now available from HPA website

‘HIV testing by general practitioners should be widely promoted. However, the exact model of testing should be further investigated since not all primary care facilities conduct new patient health checks’
Another multifaceted intervention in general practice:
Prevalence of diagnosed HIV infection, UK: 2009

High prevalence = >2/1000
aged 15-56

Lambeth 13.28 1\textsuperscript{st}
Southwark 10.39 2\textsuperscript{nd}
Islington 9.07 3\textsuperscript{rd}
Brighton 7.57 9\textsuperscript{th}
Lewisham 7.03 10\textsuperscript{th}
Haringey 6.81 12\textsuperscript{th}

Central Scotland medium prevalence ie 1-2 / 1000
(similar to most of Birmingham)
SHIP’s four approaches to HIV testing

Types of HIV testing in GP context

- Patient request
- Screening
- Opportunistic testing of those at risk
- Diagnostic testing of those with symptoms

All of these are relevant in medium (1-2/1000) and high prevalence areas
SHIP’s four approaches to HIV testing

Fit perfectly with Scottish Government HIV action plan:

- Normalisation of HIV testing to reduce stigma
- Recognition of symptomatic HIV earlier in its course
- Increase uptake of HIV testing in MSM and those from high prevalence countries
Many groups eg
- pregnant women
- those with an STI
- injecting drug users
- women having abortions etc etc
Sexual health *Education and Resources* for general practice

New patient registration

Chronic Conditions

Travel health

STIs

Chlamydia screening

Contraception Services

Pre-conception Antenatal care

Cervical smears

HIV testing

Sexual health promotion & risk reduction

Integrated sexual health – ‘getting rid of the boxes’
Sexual health *Education and Resources* for general practice

New patient registration

Chronic Care

Travel

STIs

Chlamydia screening

Contraception services

Pre-conception antenatal care

Sexual health promotion & risk reduction

Integrated sexual health – ‘getting rid of the boxes’
Sexual health risk assessment opportunistically in many consultations

- Consultations with young person
- New patient registration
- Sexual health promotion
- Travel health
- Chlamydia Screening
- Pre-conception Ante-natal
- Contraception
- Drugs & Alcohol
- Cervical Screening
- Chronic disease management
SHIP – multifaceted educational intervention

Aims to teach and work with ALL staff in ALL practices
• Staff mix selected depending on topic
• Helps practices troubleshoot / may visit practices

Strong focus on GP clinical context
• Peer educators central
• Huge mix of educational strategies
• Integrates sexual health as a topic
• Integrates sexual health into primary care clinical routines

Targets removal of barriers across whole team

Provides resources (CDs, condoms, PT kits, pH paper, computer templates, clinical guidance, evidence based checklists etc etc)

www.ship.bham.nhs.uk
SHIP over a decade in Birmingham

Coverage of SHIP in Birmingham
90% in 2011  [234 practices out of a total of 259]

Costs
£950 per practice in 2010

Incentives
• Locum cover available in 2000/1 – not claimed, not required
• Free condoms & PT kits (less than 5% of budget)
• Resources

SHIP training in Birmingham is well respected - it is an incentive in itself
<table>
<thead>
<tr>
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<tbody>
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<td>Diagnosis &amp; management of STIs + sexual health risk assessment</td>
<td>GPs - one afternoon PNs – two afternoons</td>
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<td>Post - Foundation</td>
<td>HIV – opportunistic &amp; diagnostic testing</td>
<td>PNs &amp; GPs one afternoon</td>
</tr>
<tr>
<td></td>
<td>Getting it Right for u25s</td>
<td>GPs, PN, PMs, Receptionists, HCAs</td>
</tr>
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<td>Contraception Update</td>
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# Bham SHIP Training

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PNs – two afternoons                                                                 |
| Post - Foundation| HIV – opportunistic & diagnostic testing                               | PNs & GPs one afternoon                                                            |

**HIV Relevant sessions shown above**

**Numbers of clinicians trained in HIV session:**

110 in 2010 [over last 5 years average over 100 attend one of the HIV sessions per year]
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Caveats

No control group / First come first served

Intervention spread over time so hard to capture before-after effect

**Individuals** were trained but **whole practice** testing numbers counted

Variation in individual practice response to training

NEED TO KNOW MORE!
Haringey summary points

- SHIP training increased number of tests significantly

- Positivity rate (17-18/1000) is substantially higher than screening rate in similar prevalence area (7/1000):
  - clinicians are acting to select patients
    - ie applying clinical skills.

This equals change in complex clinical behaviour
Kirkpatrick’s Hierarchy* applied to Haringey SHIP

- Participation: numbers and types of participants
- Reaction of participants
- Learning: knowledge, skills, attitudes, confidence, commitment
- Changes in practice ie clinical behaviour  YES
- Outcomes for patients  YES

[Return on expectations - what degree of change would indicate success? What is the cost benefit analysis?]

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What are optimal HIV testing rates?

**Best performing practices** in high prevalence area achieve over 35 tests / 1000 patients per year.

Medium prevalence area might be 20-30?

Difficult for practices to calculate their own HIV testing rates! SHIP does the work for them and gives feedback.
SHIP-type approach is the ONLY evidence-based strategy for areas below the screening prevalence threshold.

Priorities become opportunistic & diagnostic HIV testing.

Positivity rates are higher than for screening, which reflects clinician selective skills (including risk assessment).

Point of care testing less relevant – need venous samples instead (NORMALISE: integrate with other relevant tests eg sickle screening, rubella immunity, HBV or syphilis - all as clinically appropriate).

In any case, this is an easier place to start with ‘reluctant’ practices (resistant to the idea of screening)?
Sexual health risk assessment is key.

Reductions in undiagnosed & late diagnosis of HIV

Sexual health risk assessment is key.
Medfash and SHIP Birmingham
Now collaborating to deliver SHIP in
- Lambeth, Southwark & Lewisham
- Islington
- Enfield
Useful resources

Medfash Booklet 2011

Relevant sessions on e-GP

**Introductory guide** (assess learning needs)

- Learning sexual health with e-GP e-GP 00 03

**e-GP Sexual Health Module = prefix** e-GP 11

- Sexual history taking & risk assessment e-GP 11 01 – 11 07
- HIV e-GP 11 20 – 11 21
Coming in the next year or two:

**Medfash HIV Testing Toolkit**
for general practice

An on-line resource to help individual practices increase their HIV-testing rate
Thank you!