Outreach Testing for MSM in an Integrated Sexual Health Service

Increasing outreach HIV testing in Leeds using a model of effective partnership work

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Background

The Situation in Leeds: Why an Integrated Sexual Health Service?

HIV Prevalence: 2.4 per 1000
Population of Leeds = 715,000 people
As at 2015, late diagnosis in Leeds is above the national average at 53%.
Some areas of Leeds have HIV prevalence as high as 12.8%.

Yorkshire MESMAC – HIV Prevention service for gay, bisexual and men who have sex with men (MSM) in Leeds.

Leeds Sexual Health was born of partnership between Leeds Teaching Hospitals Trust, Leeds Community Healthcare (both NHS) and third-sector services like Yorkshire MESMAC as an Integrated Sexual Health Service (ISHS).
Outreach Nurse
Timeline:
Testing Times+

Full screening includes:

Screening from throat, bum and urine for chlamydia & gonorrhoea via NAATs
Blood samples for HIV, syphilis and Hep B/C
Hep B vaccination

In August 2015, we had an outreach nurse seconded to Yorkshire MESMAC from Leeds Sexual Health.

By December 2015, we were able to augment our existing Testing Times instant HIV screening service with a full screen once per month - Testing Times+.

This was received favourably by our communities and partners – asymptomatic SUs would have less need to access in clinic, the local drug and alcohol service has got involved for outreach and GPs felt more comfortable referring to a complete service.

We are currently running two 2.5 hour Testing Times+ sessions meeting 10-15 MSM each session, with scope to extend to a third.
A concurrent study into the viability of self-taken swabs for chlamydia & gonorrhoea screening in MSM had been conducted by a research nurse at Leeds Sexual Health.

From November 2015, Yorkshire MESMAC staff sat in to learn how to prepare and direct 3-site swabs in the Testing Times+ sessions.

By January 2016, enough data had been returned in the study to evidence that self-taken swabs were effective - a standard operating procedure was developed to allow third-sector outreach staff to take 3-site swabs in high risk MSM alongside instant HIV testing.

In February 2016, Yorkshire MESMAC staff started outreach 3-site testing. Catherine was assigned as the primary outreach nurse to work with MSM and Yorkshire MESMAC.

1 year on:
High screening figures for MSM –
Jan – March 2016
178 HIV PoCTs, 70 three-site screens
Jan – March 2017
233 HIV PoCTs, 203 three-site screens

The increased testing offer has also resulted in more returning service users in outreach - 16% return for a screen in 6 months, up from 9%.
Yorkshire MESMAC had partnership with Leeds Sexual Health prior to outreach nurse secondment – a full screening clinic at Steam Complex, the larger of the 2 Leeds saunas, which had been running since September 2012.

This was highly successful, serving lots of high risk MSM who would not attend in clinic – 23% of MSM screening in the sauna returned an STI vs. 15% asymptomatic screen in clinic, including a 3% HIV infection rate.

However, this work unfortunately stopped when the sauna burnt down in October 2016.

Yorkshire MESMAC had a prior relationship with the smaller Base Sauna, offering monthly HIV testing since September 2013.

In July 2015, Base sauna came under new management – Yorkshire MESMAC were able to increase testing sessions to weekly.

In September 2015, management at Base sauna recommissioned a room for use for HIV testing.
In April 2016, LSH attended one monthly session at Base sauna to offer full screening.

In October 2016, Base received an influx of new customers following Steam’s closure.

We now currently run 3 Base sessions per month with LSH, each time screening 3-10 MSM, 22% of which have returned an STI. We are now familiar enough as a presence to do more advanced MI with SUs, including drugs and alcohol, sauna use and social integration.
Other Developments
In Clinic:
How has the partnership benefited MSM?

It is on the Leeds Sexual Health patient proforma to talk about Mesmac for all MSM as well as PEP & PrEP.

1-2-1s arranged for return Hep B visits (either in clinic or in outreach), enables referrals into drug and alcohol services and mental health services or for complex sexual health 1-2-1 work like risk taking and chemsex via motivational interviewing.

Testing Times+ sessions referred straight up to Men’s Night at clinic (for PEP or symptomatic screening).

Immediate followup and confirmatory blood taking for reactive HIV test results.

A high number of PrEP referrals from outreach directly referred to a consultant after MI with an outreach worker, who are often linked up to Mesmac if there are any problems.

Overall retention of MSM in clinic high, including follow up appointments and return screening.
Testing Times with TransLeeds
LSH and Yorkshire MESMAC ran a consultation with TransLeeds, a Trans social and support group about accessing the clinic. This revealed some requests of a testing service, such as provision of gender neutral facilities, not having to give real details, not being asked for binary or “box-tick” details, and SU’s choice of three-site tests where possible.

In September 2016, Yorkshire MESMAC developed a Testing Times session with TransLeeds running a group session alongside the testing drop-in once per month.

Between 2-5 Trans identifying people have attended each session, with some being referred into clinic following this. It has also helped Mesmac and TransLeeds reach out to Trans sex workers.

Syphilis Campaign
Following a local spike of Syphilis in MSM, the partnership enabled Yorkshire MESMAC to conduct instant syphilis tests accompanied by capillary blood sampling as part of a comparative research study into the viability of instant syphilis testing in the community.

Pop-up Events
Use of Yorkshire MESMAC risk assessments and policy has enabled LSH to attend flexibly alongside Yorkshire MESMAC offering pop-up screening at events such as Leeds Pride, BiCon and LGBT History Month events.
Service User Perspectives
In their words:
What has been successful?

“The partnership with Mesmac gave the clinic a face, which is better as I know I can always get through to someone there.”

“I tested positive for HIV at Mesmac and was taken up to the clinic by (a worker) the same day. I felt like I knew it was coming but it really helped to be looked after by everyone working together. (I came out of this) feeling healthy, happy, more helpful and more responsible.”

“Now that I can get a full screen at the drop ins there’s no way to improve them!”

“It (full screening) was much quicker than I thought it’d be, usually you’d expect a lot of questions but there you don’t get that, unless you want to then you can talk to one of the Mesmac guys.”

“It gives you something to do on the days where there’s nobody about (in the sauna) and they showed me it was worth doing.”

“I’m not interested in seeing the nurse outside of (the sauna) cos you never know who you’ll see, but this is a comfortable common sense service and I don’t feel judged.”

“(A worker from Mesmac) helped me to realise that I would get HIV unless something changed, so I decided to go on PrEP. They got me into the clinic smoothly and checked up on me, and at the clinic my checkups are really quick and easy. It’s such a little thing but you can feel how tightly they work together on it.”
In Summary
Partnership Work:
What are some of the key benefits of this approach?

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<tr>
<th>For Yorkshire MESMAC</th>
<th>For Leeds Sexual Health</th>
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<tr>
<td>More opportunities for MI with high risk MSM through clinic 1-2-1s and Hep B vaccination</td>
<td>Retained MSM in clinic</td>
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<td>Increased testing offer for MSM, increased willingness to participate in instant HIV testing</td>
<td>Access to sauna users and MSM in general through MESMAC clinics</td>
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<td>Input into research studies and campaigns beneficial for communities</td>
<td>Referrals for support around appropriate public health interventions in and out of clinic</td>
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<td>Single outreach worker direct link to clinic and good for communities</td>
<td>Providing a less formal way of screening popular with communities</td>
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