



HIV Prevention England (HPE) is the national HIV prevention programme for England. It has been designed to complement current HIV prevention services across the country. System leadership and sector development are key aspects of the programme. HPE seeks to engage with and support the health and social care sector, to help them provide innovative, evidence-based best practice HIV prevention services for their most at-risk populations.

A key priority of the HPE programme is to have a structured engagement strategy for general practitioners (GPs) and other primary care providers to help increase their participation in HIV prevention and testing. A key role of GPs in HIV prevention is to address late diagnosis and missed opportunities.

HPE provides significant opportunities to support GPs and primary care practitioners through **National HIV Testing Week** and by providing:

- patient resources
- information briefings for professionals
- sector development training events.

Background

GP-based HIV testing is appropriate given that:

- On average, members of the general public visit their GP at least three times a year¹. GPs are an initial point of access to care for routine testing. They diagnose and manage short and long-term conditions and serve as a gateway to specialist services.
- A significant proportion of HIV cases in England are diagnosed late (42%²) or remain undiagnosed (13%). Primary care is an ideal venue to initiate early testing due to regular contact with individuals.
- An estimated 75% of people diagnosed late would have visited their GP in the last 1-3 years³.
- The national guidelines strongly recommend increased GP testing and screening in areas of high and very high prevalence of diagnosed HIV. This includes: testing for newly registered patients; annual testing in high prevalence areas; and consideration to test at every opportunity in very high prevalence areas⁴.

GPs experience a range of challenges to their delivery of HIV prevention services.

Key challenges include:

- professional perceptions and perceived public attitudes towards HIV testing
- limited time
- high workloads and difficulty in recruiting new GPs and nurses
- funding shortfalls
- complex commissioning environment
- information and training needs.



Scope

Bearing in mind the multitude of established agencies and projects working to engage GPs in HIV prevention, our GP strategy will focus on:

- maximising value added
- avoiding duplication
- delivering a feasible range of actions within the remit of the overall programme.

A range of bodies and projects currently work to support GPs in providing enhanced sexual health and/or HIV services. These include but are not limited to:

- Royal College of GPs (RCGP)
- Faculty of Sexual and Reproductive Healthcare (FSRH)
- British HIV Association (BHIVA)
- British Association for Sexual Health and HIV (BASHH)
- HIV awareness in Primary Care ViiV project
- Sexual Health In Practice (SHIP) training
- OptTEST (Optimising testing and linkage to care for HIV across Europe)

The strategy will prioritise meaningful contributions to the current systems in place for GPs to increase HIV testing and prevention. Engagement will be inclusive of all HIV prevention methods: testing, condom use, pre-exposure prophylaxis (PrEP) and Treatment as Prevention (TasP).

Summer campaign 2018:
COMBINATION PREVENTION



Vision

To contribute to the current broad systems in place for GPs to increase HIV testing and prevention.

Aims

- To set out our approach to engaging GPs.
- To provide options for GPs to be involved in and supported by HPE.
- To evaluate and increase the level of GP engagement with HPE.

Approach

HPE will prioritise engagement with GP practices in very high and high prevalence areas and consider late diagnosis rates where appropriate. We will deliver our strategy by working with GPs and other primary care professionals, along with HIV specialists, commissioners of HIV prevention services and other stakeholders. Some of the main bodies we intend to work with include, but are not limited to:

- RCGP
- NHS England clinical commissioning groups (CCGs)
- Royal College of Nursing (RCN)
- Practice Management Network
- BASHH
- BHIVA
- FSRH
- British Medical Association (BMA)
- Public Health England (PHE)
- English HIV Sexual Health Commissioners Forum
- Health Education England (HEE)
- Community Education Provider Networks (CEPNs)
- GP Vocational Training Scheme (GPVTS)

Strategies

1. Support and advocate the mainstreaming of HIV testing in primary care in alignment with NICE guidelines, including testing:
 - as part of new patient registrations
 - where indicator conditions are present
 - for patients from high prevalence communities including men who have sex with men (MSM), black African and other specific black, Asian and minority (BAME) groups, trans women and intravenous drug users
 - as part of NHS health checks and screening for other conditions including glandular fever and latent TB.
2. Engage and support CCGs, sustainability and transformation partnerships (STPs) and Local Authority Public Health Teams to cascade key HPE news and updates to individual GP practices.
3. Send GP practices in priority areas information and up-to-date patient resources for the **It Starts With Me** campaign and **National HIV Testing Week**.
4. Engage with GP practices in priority areas to increase testing during **National HIV Testing Week** when they perform any other blood tests.
5. Engage with GPs via social media, email network channels and pre-existing education meetings.
6. Depending on resources and capacity, we will also explore opportunities presented by:
 - Protected Learning Time (PLT) sessions
 - GP VTS training afternoons
 - GP educational meetings via RCGP, including: AiT (associate in training – GP trainee); faculty educational meetings such as EASE (education and support evenings); local hospital teaching sessions, CEPN, which deliver education to primary care staff; production of a website toolkit on the RCGP website.
7. Engage with GPs at the RCGP Annual Conference. We aim to secure exhibition stands at the 2018/19 conferences and an educational session/workshop on HIV for the 2019 conference.
8. Engage with CCGs and collaborate with GPs to host one dedicated webinar for commissioners, to promote cost-effective HIV testing in GP practices.
9. In conjunction with national GP and HIV/Sexual Health bodies, promote digital tools that promote GP awareness of local HIV and sexual health needs. These would link to NICE guidelines, local community organisation's websites, and information on training events and professional/patient resources.
10. Identify and promote case studies of GP practices that demonstrate cost-effective non-commissioned initiatives and wider system changes in priority areas, which test the most people from risk groups each year.
11. Identify and promote existing case studies of wider system changes in priority areas: which have implemented new testing initiatives in primary care; and where high prevalence local areas have worked well with GPs to increase HIV prevention and testing in primary care settings.
12. Work with HPE local activation partners to foster strong local partnerships between community organisations and GP surgeries in their local areas.
13. Support HPE local activation partners to provide localised information on pathways from primary care to specialist HIV and sexual health services.

Evaluation

We will evaluate these engagement strategies on a regular basis to measure performance and assess areas for improvement.

Before applying any strategies, we will initially measure the level of engagement across all channels and compare this to subsequent engagement twice a year.

In order to measure the level of engagement we will measure the success of the strategy against the following activities:

- HPE information will be sent to 300 CCGs, STPs and Local Authority Public Health Teams to cascade.
- Twice a year we will send resources to 2,000 GP surgeries in very high and high prevalence areas.
- We will attract 50 GP professional attendees, including Practice Nurses and Health Care Assistants (as appropriate) with a new interest in HIV to HPE training and information events each year.

We will measure the level of satisfaction among GPs engaged with the elements of the programme and communications. We aim to achieve a minimum 3/5 weighted average rating in evaluation surveys.

Overall, we will also measure the level of additional tests or HIV prevention activities completed by GPs following engagement with HPE. We aim to increase the level of additional HIV prevention activity with engaged GPs by at least 25 per cent compared to our original evaluations.

Conclusion

Increasing GP engagement, satisfaction levels with HPE, HIV testing and prevention will require a nuanced, tiered approach that is targeted according to local needs, resources and the level of current engagement.

Get your free patient resources here:
<http://hpe.nflex.co.uk>

1 The King's Fund, 2016. Understanding pressures in general practice.

2 PHE, 2017. Towards elimination of HIV transmission, AIDS and HIV-related deaths in the UK: 2017 report.

3 Dorward J et al, 2012. Opportunities for earlier diagnosis of HIV in general practice. Sex Transm Infect. 2012;88:524

4 NICE, 2016. NICE guideline, HIV testing: increasing uptake among people who may have undiagnosed HIV.

NATIONAL HIV TESTING WEEK 2017

National HIV Testing Week pop-up shop in Hackney attended by HRH Prince Harry

Terrence Higgins Trust

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