

Opt-out HIV testing in Emergency Departments: learning from the experience of two London Trusts in very high HIV prevalence areas funded by the Elton John AIDS Foundation Zero HIV Social Impact Bond

Foreword by Ian Jackson, NHS England/Improvement, Director of Commissioning, Specialist Commissioning (London).

It has been a pleasure working with the Elton John AIDS Foundation as they conducted the Social Impact Bond work.

Emergency Department testing is thought now to be the single most effective intervention which England can make to find the majority of people living with HIV who are not yet diagnosed and to help people re-enter care should they have dropped out. The EJAF Social Impact Bond (SIB) helped in building the case leading to a significant funding commitment from NHS England over the next three financial years.

Importantly, the SIB showed there is a capability for innovative funding mechanisms within – what can be quite opaque – financial regulations, and these can be used to help inform onward business cases and to identify and normalise best practice.



In London, we are running a programme to roll out opt-out testing to every Emergency Department in the capital from April 2022; we are building on best practices from this programme alongside other hospitals which have piloted a similar methodology. This consistency of practice should enable London to remain one of the leading cities in the world in our pursuit to eradicate onward transmission of HIV and will provide significant learning nationally and internationally relevant not just to this programme but potentially to other point-of-care diagnostic pathways throughout the NHS.

Aims

The aim of this document is to share the learning from the implementation of HIV opt-out testing in two London Emergency Departments (EDs), as part of the Elton John AIDS Foundation Zero HIV Social Impact Bond (SIB) programme. This learning is intended to support NHS Trusts who are currently offering HIV opt-out testing in EDs, or who plan to do so. This document is aligned with the NHSEI funded programme to implement BBV opt-out screening (HIV, hepatitis B and hepatitis C) in all London EDs and EDs in other high prevalence areas and directly supports the NHSEI Pan-London guidance: **Blood-borne viruses opt-out testing in Emergency Departments in London: Good practice guidance.**

The SIB programme was informed by BHIVA/BASHH/BIA HIV testing guidelines (1), NICE Increasing HIV Testing Guidance (2016) (2) and previous ED HIV testing initiatives.



Key points for ED HIV testing implementation

- ED HIV testing makes the most of every patient contact and identifies people who may not otherwise be tested for HIV.
- ED HIV testing should be considered part of a routine blood set, normalising it as part of the patient pathway.
- It is crucial when implementing ED HIV testing that the HIV service have complete governance over the response to people who have reactive tests.
- Making HIV testing routine plays a key role in reducing both patient and staff anxiety and HIV stigma.
- Testing should be set up to suit individual Trusts and be streamlined as much as possible to minimise additional effort in busy Emergency Departments to improve uptake.
- HIV testing champions should be created to take an active role in regular updates and training in order to maintain momentum and support ED staff with HIV testing.
- Strengthening collaboration between ED and HIV teams improves ED testing uptake and improves engagement and retention in care after a positive result.

Top Tips from the ED and HIV clinic teams

1. Maintain close working relationships between leads in HIV, ED and Virology to improve testing rates.
2. Ensure outcomes are shared within all departments involved to maintain momentum.
3. Ensure all ED staff receive training on opt-out HIV testing at induction with a simple message e.g., “all patients 18 and over who need bloods, are tested for HIV unless they opt out.”
4. Ensure ongoing training and support for ED staff, which at University Hospital Lewisham includes a monthly newsletter with case studies, and at King’s College Hospital includes email updates with successful testing rates and success stories of diagnoses that saved lives.
5. Consider asking for EPR systems to automatically prompt and add orders for HIV testing.
6. Liaise with other hospitals who have implemented HIV testing and learn from their experience and the materials they have developed, e.g., patient posters.

Context

- The UK has exceeded the UNAIDS 95-95-95 targets for the first time, with 95% of people living with HIV being aware of their diagnosis, 99% of these taking treatment, and 97% of these having an undetectable viral load. Although this is a significant achievement, approximately 5,150 people living with HIV remain undiagnosed and therefore unable to access HIV care and are at risk of late diagnosis and potentially of transmitting HIV to others. (3)
- Opt-out HIV testing is already embedded in care in several settings in the UK, including sexual health and antenatal clinics. BHIVA/BASHH/BIA HIV testing guidance (2020) also recommends HIV testing for everyone undergoing blood tests in EDs where local prevalence exceeds 2 per 1,000, as per NICE guidance (2016), however this is not universally funded or implemented.
- Opt-out HIV testing has an important role in reducing HIV stigma by normalising testing, making it part of standard care (6). It ensures individuals do not feel singled out as needing a test, as it is routinely performed on every individual that attends, unless they chose to opt out. Normalising HIV testing eases professionals’ concerns that they may appear to inadvertently stereotype their patients and reduces potential anxiety or stigma that patients may feel undergoing testing as they accept that it is standard clinical practice.

Learning from the Zero HIV SIB

The Elton John AIDS Foundation set up the Zero HIV SIB programme to provide evidence of the effectiveness of HIV interventions and the potential NHS costs that could be avoided. The SIB was commissioned by LB Lambeth on behalf of Lambeth, Southwark and Lewisham councils, supported by funding by the National Lottery Community Fund, and operated between 2018 and 2021. Through the SIB programme 206 people were newly diagnosed and started HIV care, and 254 people were reengaged into HIV care having stopped treatment. These outcomes were achieved through Emergency Department (ED) HIV testing, hospital HIV clinic recall of those Lost To Follow Up (LFTU), primary care HIV testing and recall, and community organisations testing community members. The SIB generated evidence of what works well in a real life setting and how to implement these interventions. The SIB found that:

- Over 70% of patients attending the EDs who had bloods drawn also had an HIV test. Refusals were rare, showing the acceptability of ED HIV testing.
- Through ED HIV testing, 128 people living with HIV were newly diagnosed, and 56 people living with HIV were reengaged after becoming lost to follow up.
- Over 73% of people newly diagnosed and 76% of those reengaged through ED HIV testing had a CD4 count of less than 350 cells/ μ l, meaning that they were diagnosed late, at risk of AIDS-defining illnesses, and would potentially require expensive NHS treatment if left untreated.
- The average cost per person living with HIV, diagnosed through ED testing, ranged from £5,200 – £6,300, significantly lower than an estimated cost of over £200,000 for someone diagnosed at a later stage.
- ED HIV testing appears to be effective at addressing health inequalities by reaching black and minority ethnic groups who may be disproportionately affected by stigma, with Black African, Black Caribbean and Black Other community members accounting for 55% of all new HIV diagnoses identified by ED testing. This proportion is larger than that of the newly diagnosed population in London (31%) and in the UK on the whole (30%), as reported in Public Health England's 'Spotlight on London' (2018) (8) and UKHSA's 2021 data tables (9) respectively. (Table 1).
- ED HIV testing is also effective in identifying older people living with HIV, with people aged 50 and over accounting for 40% of all new diagnoses.

Table 1: Proportion of newly diagnosed patients of black ethnicity diagnosed via ED testing compared to London and UK data

Table 1: Health inequalities impact of ED HIV testing at Kings College Hospital and University Hospital Lewisham	Black African, Black Caribbean, Black Other community members as % of total new HIV diagnoses (<i>unknown ethnicity excluded</i>)
SIB ED HIV testing (2018-21)	55%
Public Health England 'London HIV Spotlight' (2018) (Black African, Black Caribbean data only)	22%
UK Health Security Agency (2021) England	30%

A patient's view of ED HIV testing

“ The project [ED HIV testing] was really helpful for me as it did make me aware I was HIV positive. Without it, I would never have known I was positive, as I wouldn't go and have the test done out of the blue. I was in a stable relationship and the thought of HIV didn't even cross my mind once. ” (Female, 40s)

Case studies of implementing ED HIV testing

HIV consultants who led the set up and implementation of ED HIV testing describe the process and time taken below. These case studies can be used as a reference by other Trusts, adapting as necessary.

Case study 1: Implementing Emergency Department HIV testing at King's College Hospital NHS Foundation Trust

1. Funding secured and plan agreed

Business case developed and agreed by EJAF including local HIV prevalence, current ED HIV testing rates, all costings/time/resources required.

2. Recruitment (3 months – marginal recruitment costs plus Band 5 nurse costs and allocation of consultant time).

- a. Internal recruitment of Band 5 nurse to run service.
- b. Allocation of a named HIV consultant to oversee service.
- c. Allocation of a named ED consultant to oversee running in ED.
 - i. ED champions identified within department.
- d. Allocation of named virologist to manage lab aspects.

3. Electronic patient record set up (4 weeks – undertaken within existing resource).

- e. Direct liaison with EPR team to develop an automatic alert when requesting bloods in ED, and to print off a sticker with any blood test.
- f. Development of symphony alerts (ED computer systems) for uncontactable patients.
- g. Set up of monthly audit to determine testing rates in ED (in combination with failsafe list (see below).

4. Virology (4 weeks – undertaken within existing resource).

- h. Set up linkage of HIV tests with virology via order codes.
- i. Allocate staff member to create and send out weekly failsafe list created via virology computer systems to Band 5 nurse. Nurse to review and contact non-negative results.

5. Standard Operating Procedure (SOP) development (undertaken within existing resource).

- j. Protocols including chase up of uncontactable positive/indeterminate tests, see appendix 1.
- k. Processes for uncontactable patients including flow diagrams for contact/recorded delivery letters/letter to GP/when to close case.
- l. Processes for informing patients and engaging into care.
- m. Letter templates – to patient, and GP if uncontactable.
- n. Final SOP agreed by local risk and governance group.
- o. Precedent in place for notional consent for opt-out testing so no additional ethical approvals/discussion needed.

6. Staff training (monthly sessions [~1 hour/session] for first 6 months – undertaken within existing resource).

- p. Training sessions delivered to ED staff.

7. Publicity to patients (2 weeks to develop leaflets/banners).

- q. Patient flyers developed to explain what happening, opt-out nature and how to get results/contact if positive.
- r. Careful to explain though we aim to test all, this is not guaranteed so patients should not presume they have been tested if missed.
- s. Flyers translated into multiple languages, run through corporate communications, and placed in several locations in ED.
- t. Posters developed for every booth and room in ED.
- u. Also publicised via the ED website.

8. Commence HIV testing (HIV tests cost between £4 and £7 a test).

9. Audit and review (no extra costs involved).

- v. Monthly testing rates.
- w. Monthly meetings set up between Band 5 Nurse and HIV consultant to discuss uncontactable cases.
- x. Survey monkey results used to address barriers to testing in ED allowing service improvement.

Larissa Mulka, Consultant in Sexual Health and HIV, Killian Quinn, Clinical Lead for Sexual Health, Liz Hamlyn, Consultant Physician, HIV Clinical Lead.

Case study 2: Implementing Emergency Department HIV testing at University Hospital Lewisham

1. Funding secured and plan agreed

Business case developed and agreed by EJAF including local HIV prevalence, current ED HIV testing rates, all costings/time/resources required.

2. Recruitment

Lead HIV and ED consultants were identified, and a Band 6 nurse was recruited into the role of Results Coordinator to work alongside them.

3. Electronic patient record set up

We worked alongside our IT department to develop an opt-out HIV test 'pop up' box. This was designed to 'pop up' and remind clinicians to inform patients about our routine HIV testing whenever they order other blood tests. The HIV test is only cancelled if the clinician clicks the 'opt out' tab.

4. Virology

We met with our colleagues in virology to ensure they had all that was needed to cope with the increase in testing. This included budgeting for, and the purchase of, new storage facilities in the lab to cope with the extra blood samples. These costs were considered in the budgeting for the cost of the HIV test. Results for HIV tests were agreed to be communicated using the existing process in place in the Trust. In addition, a failsafe report of all HIV test results was set up to be sent to the Results Coordinator for cross-checking and actioning on a weekly basis.

5. Standard Operating Procedure (SOP) development

UHL developed their SOP based on processes already in place in the HIV clinic and with the help of KCH who started their project before us.

6. Staff training

The HIV nurses and consultants ran several training sessions for clinical staff in ED prior to the project start date. The Nurse Results Coordinator also sat with staff in ED triage to help with training around how to talk about the testing with patients when they were ordering blood tests for them. Training continued after testing commenced and included presentations at staff handovers, away days, training mornings, grand rounds etc. Case studies are shared with ED staff and sent out on their staff comms to help promote testing.

7. Publicise to patients

Again, thanks to colleagues who had started testing before us, we were able to adapt posters and leaflets to communicate about the testing in ED to our patients at UHL. Posters were put up in as many cubicles as possible, in waiting areas, resus and triage rooms. Pop up banners were placed in receptions and waiting areas to ensure patients are well informed. Leaflets were available for staff to use and handout where needed.

8. Commence HIV testing (HIV tests cost between £4 and £7 a test).

9. Audit and review

Results are reviewed both weekly and monthly by the Nurse Results Coordinator and have been presented at departmental audit meetings and grand rounds to disseminate learning and promote testing in other areas. Challenging cases are discussed as needed with the wider HIV team.

Dr Melanie Rosenvinge, Consultant in GU Medicine, Lucy Wood, Clinical Nurse Specialist

Notional consent

Traditionally, opt-out testing has been carried out with verbal consent, allowing for a patient to consider, and agree to, or opt out of testing at the point of bloods being taken. Although this approach provides confidence that consent is voluntary, uptake has been shown to be poor (6). At King's College Hospital, as with other Trusts, the use of 'notional consent' has been used in place of verbal consent for opt-out testing. Here, information regarding ED HIV testing is clearly displayed via banners, posters and leaflets, translated into commonly spoken languages, which are prominently displayed in every area (Appendix 1). These provide information on how to opt out, and how results are received. With this approach, opportunity is given to opt out whilst reducing burden on healthcare staff, which likely improves HIV testing uptake and normalises the process. This reduces exceptionalism around HIV testing and reduces the risk of missed opportunities for identifying people with undiagnosed HIV (7).

Data collection and audit

Databases should be prospectively created to allow timely data collection. This should include data to calculate monthly testing rates as a proportion of people having blood tests taken. At KCH, number of people having a Full Blood Count (FBC) is used as a proxy for numbers having bloods. Weekly failsafe lists containing all tests results should be collated to determine numbers with indeterminate, negative and new, or known positive results. For those with a known positive result, it should be recorded if they are known to be engaged in care, and for those disengaged, what actions have been taken, and whether re-engagement has occurred as a result. Data should be reviewed regularly to provide feedback to the wider team, and to identify discrepancies prompting action as needed. For service evaluation purposes, basic demographic data and clinical data including mode of acquisition and baseline CD4 cell count for people newly diagnosed with HIV, or re-engaging with care via the service, should be collected.

References

- (1) [NICE Clinical Guidance HIV testing: N60 Increasing uptake among people who may have undiagnosed HIV](#)
- (2) [BHIVA/BASHH/BIA Adult HIV Testing Guidelines 2020](#)
- (3) [HIV testing, new HIV diagnoses, outcomes and quality of care for people accessing HIV services: 2021 report. UK Health Security Agency](#)
- (4) [HIV Commission Report and Recommendations 2020](#)
- (5) [Towards Zero - the HIV action plan for England 2022 to 2025](#)
- (6) Haidari G et al. Opt-out testing for HIV is flawed: it's time for change. Abstract P245, BHIVA/BASHH joint conference, 1-4 April 2014
- (7) Chadwick DR et al. Implied consent for HIV testing in the UK: time for a new approach? *The Lancet HIV*. 2022 Jan;9(1):e63-e66.
- (8) [Annual epidemiological spotlight on HIV in London 2017 data, Public Health England 2018](#)
- (9) [England National HIV surveillance data tables No. 1: 2021 UKHSA](#)

Appendix

1. Kings College Hospital and University Hospital Lewisham opt-out HIV testing poster and information leaflet



HIV

testing in the Emergency Department

If you are aged 18 years or over, and are having a blood test today, you will also be tested for HIV.

If you do not want to have an HIV test please let the person taking your blood know.

What is HIV?

HIV is a virus which weakens the body's defence against diseases.

Why am I being tested for HIV?

- HIV is treatable
- People diagnosed early with HIV can expect to live long and healthy lives
- People who take their HIV treatment correctly will not pass the virus onto others
- Anyone can have HIV but Lewisham has some of the highest rates of HIV in the UK
- People who don't know that they have HIV may get very sick and pass the virus onto others.

What happens to my results?

If your HIV test is positive or needs further testing, we will usually contact you within a week. We will not contact you if your HIV test is negative.

If you would like further information or haven't heard from us and want to know your result, please email our HIV team on **LH.AlexisClinic@nhs.net** or phone **020 3192 6752** between 2pm and 4pm on a Friday afternoon.

Why am I having an HIV test today?

We routinely test all patients for HIV who have blood taken as part of their care in the Emergency Department

What is HIV?

Human Immunodeficiency Virus (HIV) is a virus which weakens the body's immune system, its defence against diseases. Without treatment people with HIV are at greater risk of certain infections and cancers and can have a reduced life expectancy.

Why am I being offered an HIV test in the Emergency Department?

- Lambeth and Southwark have the highest levels of HIV in the UK.
- About 1 in 10 people living in London with HIV do not know they have the virus.
- There is no reason why people in the UK should get sick or die from HIV.
- One of the most common reasons why they do is because they do not know they have HIV.
- Anyone can have HIV.

Can HIV be treated?

- There is no cure for HIV but with the right treatment, people with the virus can have a normal life expectancy.
- The right treatment also prevents HIV from being passed to someone else, such as through sex.

What happens next?

- If you are having a blood test today, we will usually take an extra sample for an HIV test.
- If you do not want to have an HIV test, please let the person taking your blood know.
- If you have any questions, ask the doctor or nurse caring for you.

What if I already know I have HIV?

Please let the person taking your blood know, so we do not repeat your HIV test.

What happens to my results?

- If your HIV test comes back positive, the Results Team will contact you and explain what happens next.
- We usually contact you by phone within a week of your test. If we cannot get through we may send you a letter.
- Occasionally, if we cannot contact you, we may contact your GP.
- Please help us by making sure we have your most up-to-date contact details.

If you do not contact me, does that mean my HIV test was negative?

- If we do not contact you, it usually means your test was negative.
- Sometimes we are not able to test the blood we take from you due to a technical problem.
- If you want to know whether your blood was tested, or to confirm your test was negative, please call the Results Team, tel: **020 3299 3759**.

If you have any questions, call the Results Team on **020 3299 3759** or speak to one of your healthcare staff or your GP.

For more information about HIV, go to the Terence Higgins website: www.tht.org.uk

Contact us

If you have any questions or concerns about the routine testing of HIV at University Hospital Lewisham, please phone our team at the **Alexis Clinic on 020 3192 6752 between 2pm and 4pm on a Friday** or email: LH.AlexisClinic@nhs.net

Other places you can get an HIV test:

Waldron Health Centre
Amersham Vale, SE14 6LD
(Opposite New Cross Station)
Phone 020 3049 3500

The Primary Care Centre
Hawstead Road (1st Floor)
Catford, SE6 4JH
Phone 020 7138 1700

Downham Health and Leisure Centre
7-9 Moorside Road
Bromley BR1 5EP
Phone 020 3049 1825

Your GP

www.kisp.org.uk

Useful sources of information

Terrence Higgins Trust

Terrence Higgins Trust is the leading and largest HIV and sexual health charity in the UK, able to offer advice and support for those with HIV and their families.
0808 802 1221 | info@ttht.org.uk | www.ttht.org.uk

National Aids Map (NAM)

NAM provides useful information on HIV and AIDS.
020 7837 6988 | info@nam.org.uk
www.aidsmap.com

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health. www.nhs.uk

Patient Advice and Liaison Service (PALS)

The Trust's patient advice and liaison service offers confidential advice and support to help you with any concerns you may have about your care.

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or contact us using the details in the box below.

Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

If you would like this information in another language or another format such as braille, large print or an electronic or audio file, please contact the Patient Advice and Liaison Service (PALS) on **020 8333 3355** for University Hospital Lewisham or **020 8836 4592** for Queen Elizabeth Hospital or email LG.pals@nhs.net

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LG.Reprographics@nhs.net
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Lewisham and Greenwich
NHS Trust

Routine HIV testing at University Hospital Lewisham



What is HIV?

HIV is a virus which weakens the immune system (the body's defence against diseases like infections and cancer).

Why am I being tested for HIV?

HIV is treatable. People who are diagnosed early with HIV can expect to live long and healthy lives as long as they take daily medication. Usually people only die from HIV if they are already very ill before they are diagnosed with HIV. With early diagnosis most people do very well. People who take their HIV treatment correctly will not pass the virus on to others.

If you are an adult aged 18 years and over and are having a blood test today you will also be tested for HIV.

If you do not want to have an HIV test, please let the person taking your blood know.

If you do not contact me, does that mean my HIV test is negative?

If you do not hear from us, most of the time, this means your HIV test was negative.

Although we aim to test everyone's blood for HIV, occasionally this is not possible, for example if a technical problem happens in the laboratory.

If you would like confirmation that your test was negative, you can phone the Alexis team on a **Friday afternoon between 2pm and 4pm on 020 3192 6752** or email: LH.AlexisClinic@nhs.net

What happens if my HIV test is positive?

If your HIV test is positive or needs further testing, we will contact you directly, usually by phone, within a week of the test being done. If we have trouble getting hold of you, we may write a confidential letter to your address. We will ask you to come to the hospital to repeat the HIV test and confirm your diagnosis. You will be seen by a team of HIV specialists who have many years experience of treating and supporting people living with HIV.

Testing HIV positive is often a shock but it is much worse for your health to live with HIV that is not being treated. The drug therapy for HIV is extremely safe and effective and allows your body to repair the damage to your immune system.

Sometimes the result is 'equivocal' which means it is neither definitely positive nor negative. In this case we must also see you again to repeat the test.



What if I don't want to know my HIV status?

Many people do not realise they have been at risk of HIV infection, which is why it is so important for us to test everyone who comes to our Emergency Department. It is always much better to have the HIV test and check if you need life-saving treatment.

However, if you decide you don't want to know your HIV status, please speak to a member of staff who will make sure we cancel your HIV test.

If you are worried about getting a positive result or have further questions, you can arrange to see one of our nurses for a more in-depth discussion. To make an appointment please ring the Alexis team on a Friday between 2pm & 4pm on 020 3192 6752.

What if my contact details change?

It is important that we have your correct contact details in case we need to speak to you about your test. Please make sure we have recorded the correct contact details, and if they change in the week following your test, let the hospital know by contacting the Emergency Department reception so we can update your records.

Does having an HIV test affect my ability to get life insurance or a mortgage?

No – having a negative HIV test has no effect on getting life insurance or a mortgage. Even in the case of a positive result you should not have difficulty getting personal medical insurance, loans or mortgages. Insurance companies have understood for many years that HIV is a long-term health condition and that people do very well on treatment and can expect to live long and healthy lives.

2. Kings College Hospital Standard Operating Policy for uncontactable patients

Communicating HIV results to patients following opt-out testing at Emergency Department

Issue Date 22 March 2018

Revision Date - TBD

Prepared by Dr Killian Quinn – Consultant in Sexual Health and HIV Medicine

Purpose

- To describe the process for delivering results to patients following a reactive, non-reactive, indeterminate or insufficient result after opt-out HIV testing in the Emergency Department at King's College Hospital NHS Foundation Trust.
- To describe the recall of patients who have disengaged from care after repeat testing through the Emergency Department at King's College Hospital NHS Foundation Trust.

Scope

This SOP applies to the Sexual Health Intervention and Prevention (SHIP) team within the Department of Sexual Health and HIV

Location King's College Hospital NHS Foundation Trust

Background Information

There continues to be significant and avoidable morbidity and mortality relating to HIV infection in the UK despite the availability of combination antiretroviral therapy (cART). The local prevalence of HIV in Lambeth and Southwark is the highest of all boroughs in London with 14 and 11 per 1000 people living with HIV (PLWHIV) respectively and are considered areas of extremely high prevalence (defined as an area with a prevalence of >5 per 1000). By comparison the national prevalence of PLWHIV is 1.6 per 1000. In 2016, 42% of adults diagnosed with HIV were diagnosed 'late' i.e. had a CD4 count below 350 within 3 months of their diagnosis. People diagnosed late are likely to have been living with an undiagnosed HIV infection for at least three years and may have been at risk of passing on their infection to partners. Patients who present late have a 1 year mortality ten times higher than those diagnosed early.

Around 10% of PLWHIV in the UK are not engaged in care (defined as not being seen by a HIV physician for >12 months).

NICE guidelines

NICE guidelines (2016) recommend that in areas of high and extremely high prevalence, HIV testing is offered and recommended on admission to hospital, including emergency departments (ED), to everyone who has not previously been diagnosed with HIV and who is undergoing blood tests for another reason.

Universal opt-out HIV testing has been available at the ED at Denmark Hill since 8 August 2016. Current practice is in accordance with NICE guidelines i.e. an HIV test is performed if a patient is undergoing a blood test for another reason. Opt-out testing also provides an opportunity to re-identify patients who have disengaged from care. The testing rate is, on average, 60%.

BHIVA standard

People newly diagnosed with HIV, wherever they are tested, should be offered a full assessment, carried out by an appropriately trained practitioner with specialist expertise in HIV, at the earliest possible opportunity and no later than 2 weeks after receiving a positive HIV test result.

PLWHIV who have disengaged from care should also be offered a full assessment, carried out by a HIV physician, at the earliest possible opportunity and no later than 2 weeks.

Process of communicating results

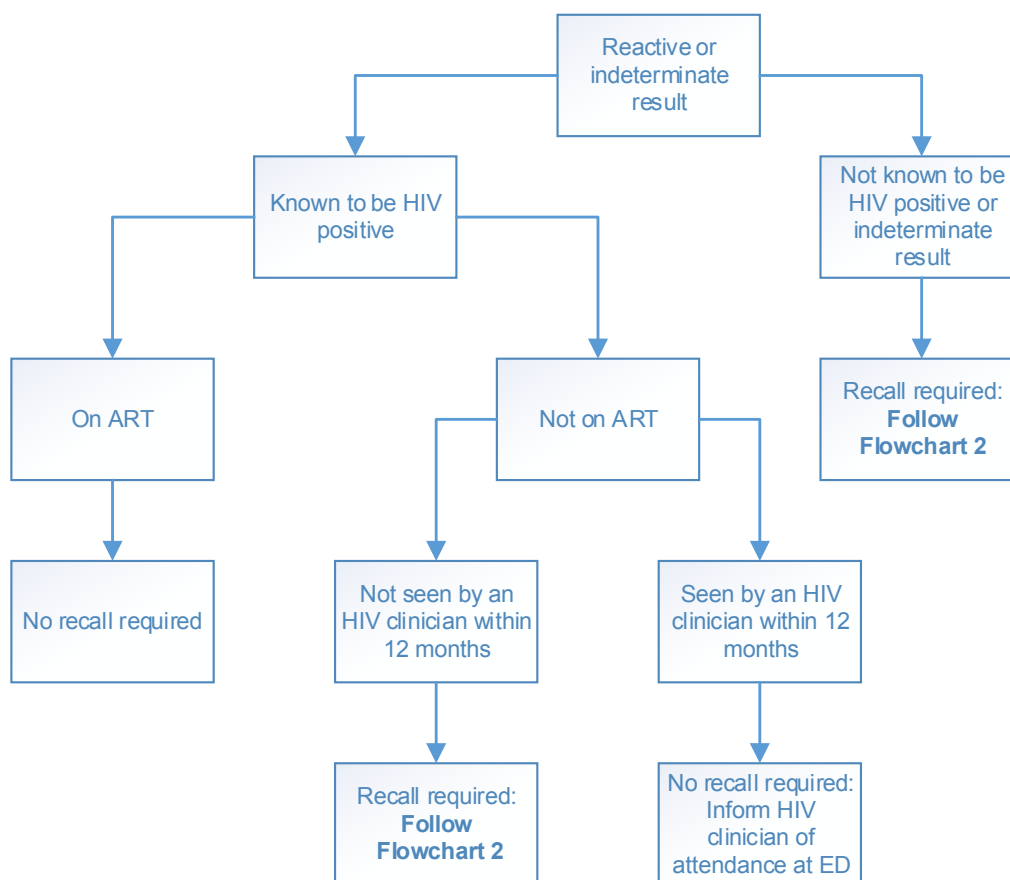
Reporting of results to the SHIP team and requesting clinicians by virology should follow the process described in the SOP "HIV Testing in Adults with Clinical Indicator Conditions" (version 3.0, 01 Feb 2018).

For all patients with a reactive (positive) or indeterminate results the same pathway of recall should be used as described in Flowchart 1.

Clarify whether the patient is a:

- New diagnosis
 - Known positive, not on antiretroviral therapy (ART) and not seen in care for >12 months
 - Known positive, on ART
 - Indeterminate result
-
- Check Sunrise EPR and the Local Care Record (LCR) to determine if those with a reactive result are already known to be HIV positive and if in care at KCH or GSTT. If no documentation is available on EPR or LCR, assume the patient is a new diagnosis.
 - For patients registered at other HIV centres, verify that the patient is either on ART or if not, has been seen for follow up within 6 months. If more than 6 months have elapsed, inform the patient's clinician of their ED attendance.
 - Patients with indeterminate results should be managed by the same pathway as patients with a new diagnosis.

Flowchart 1: Recall management patients with reactive or indeterminate HIV results through the Emergency Department



- Check Sunrise EPR and the Local Care Record to determine if in care at the time of a reactive result.
- Check telephone numbers on PiMS/Electronic Patient record/ Symphony or via GP

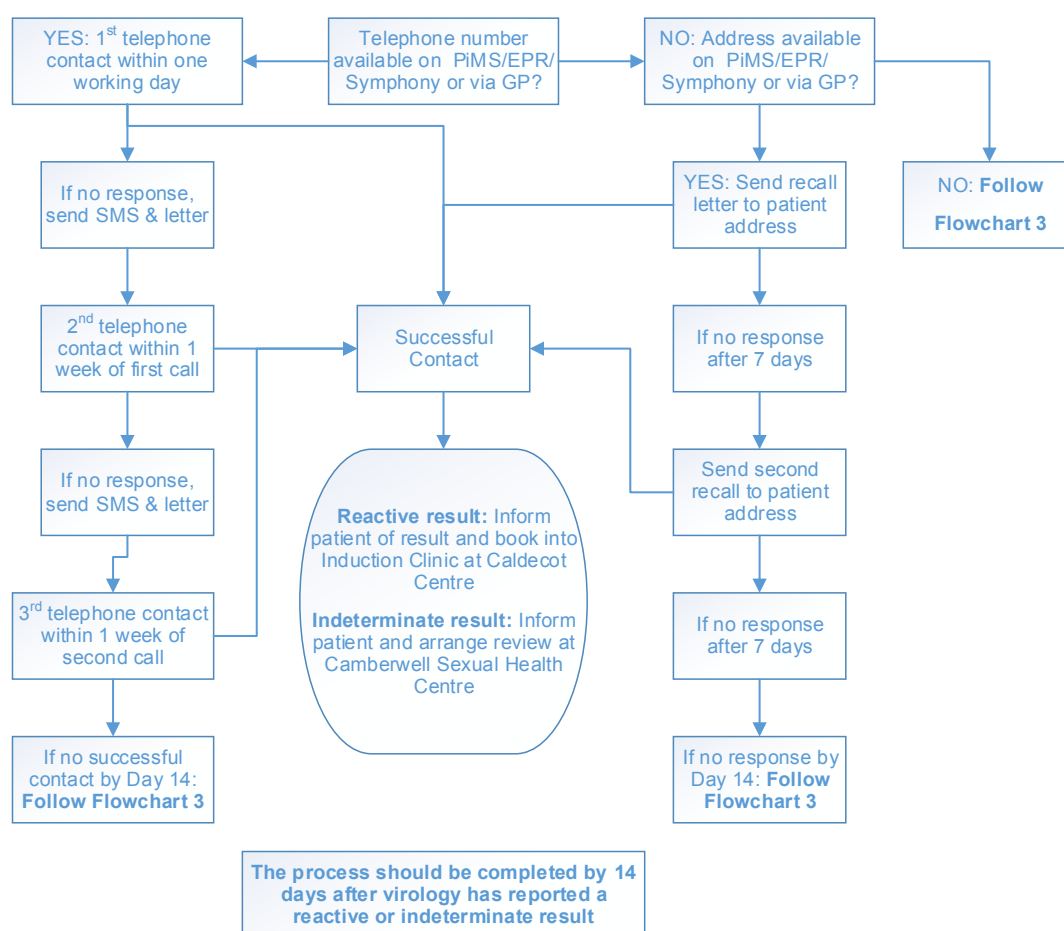
Contacting patients with new reactive or indeterminate results and patients who have disengaged from care

- The process for contacting patients who have a new reactive or indeterminate result or who have disengaged from care for >12 months is summarised in Flowchart 2.
- For inpatients who have a reactive or indeterminate result, this will normally be delivered to the patient by the medical or surgical team looking after the patient once reported by virology. A confirmatory or repeat test will be arranged as appropriate. The HIV team should also be informed.
- For patients who were discharged from ED and who have a reactive or indeterminate result, the patient will be contacted using the telephone number(s) registered on PiMS, Sunrise EPR and/or Symphony.
- If no telephone number is registered, the SHIP team will contact the patient's GP surgery for a telephone number. If no telephone numbers can be obtained, proceed directly to contacting the patient by letter if an address is available.
- The patient should be telephoned within one working day from the report being authorised by virology. A letter will be sent if no telephone contact details are available.
- Upon contacting the patient and confirming patient identity, the result can be given to the patient over the phone. The patient should be offered an appointment with a member of the SHIP team to discuss the result and arrange a confirmatory test if reactive (or repeat testing if indeterminate) at the soonest opportunity.
- All newly diagnosed patients and those who have disengaged from care for >12 months should be seen by an HIV physician at the earliest possible opportunity and no later than two weeks after receiving a positive HIV test result (or being re-identified as disengaged).
- For patients who are not contactable by telephone within one working day of the result being authorised, a text message and recall letter should be sent to the patient after day 1. The patient should be given up to one week to respond to the initial letter and if no response, the process is repeated. A final call should be attempted 14 days after the result has been authorised.
- For patients without an available telephone number, a recall letter should be sent within one working day of the result being authorised: one week should be allowed for the patient to respond. If patient does not respond to the initial letter, a second recall letter should be sent seven days later. If there is no response to either letter after 14 days, proceed to Flowchart 3.
- For all patients who have not been contactable within two weeks (by phone, SMS or letter), create an alert on Symphony and add the standard letter template to EPR for patient recall.

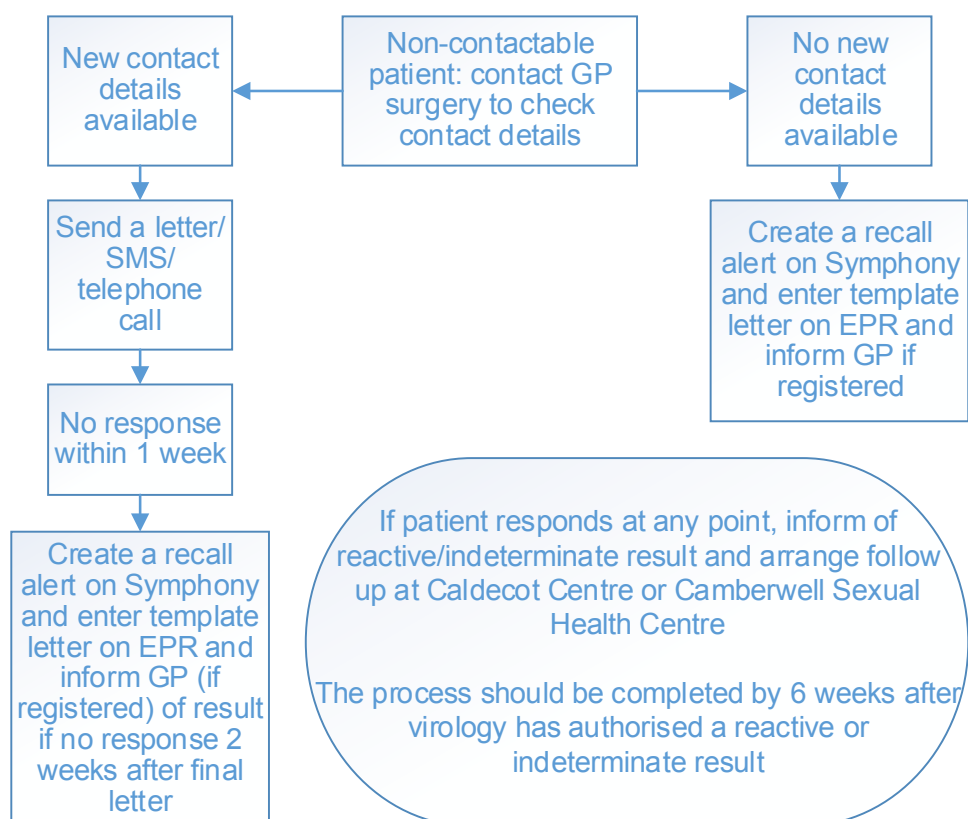
Non-contactable patients with reactive/indeterminate results or disengaged from care for >12 months

- The process for patients who have been non-contactable after two weeks is summarised in Flowchart 3.
- If after two weeks, the patient has not answered telephone calls or replied to SMS messages or recall first letters, contact the GP surgery to confirm contact details are correct.
- Where contact details are correct, create an alert on Symphony and inform the GP of the result.

Flowchart 2: Contacting patients new positive or indeterminate results and patients who have disengaged from care



Flowchart 3: Managing non-contactable patients with new reactive or indeterminate results and patients who have disengaged from care



Non-reactive results

A 'no news is good news' approach is used for patients with non-reactive results and patients do not need to be contacted. Information posters in the ED advise patients that if they wish to confirm their result was negative, they may contact the SHIP team directly on extension 33759.

Insufficient samples

For patients who have had an insufficient blood sample taken, a SMS or letter will be sent to the patient explaining that their test was not performed due to an insufficient specimen and offered to attend Camberwell Sexual Health Centre for a further test.

Contacting general practitioners

Patients who have not been contactable by six weeks should have their registered GP informed of their reactive or indeterminate results plus an alert created on Symphony.

For patients who have attended the ED with a potential HIV indicator condition or AIDS-defining illness and who are not contactable within six weeks, the GP should be informed before this time point in order to aid with patient contacting and for appropriate referral pathways to be instituted should the patient re-present.

For patients who are contacted and refuse to attend for HIV care, the patient should be advised that we normally inform their GP of their HIV result. If they disallow this, the patients should also be informed of the existence of the LCR and how to withdraw from this.

Opting out of the local care record

It is regarded as best clinical practice for a patient's primary care physician to know of a patient's HIV status and patients should be informed that it is clinic policy to inform GPs unless they decline. If a patient declines to have their result informed to their GP, they should be informed that the GP will have access to their results via the LCR. Patients who do not want their HIV results reported to their GP can opt out of the Local Care Record if they wish to do so. Patients need to contact 020 7188 8801 or email gst.tr-GSTPALS@nhs.net. The patient will need to provide a written request to the Information Governance Team at St. Thomas's Hospital quoting their NHS number, address and date of birth: Information Governance Office, St. Thomas's Hospital Westminster Bridge Road, SE1 7EH.

Patients who have been non-contactable and who are subsequently unhappy that their result has been relayed to the GP should contact the Patient Advice and Liaison team at King's College Hospital. They should also be informed of the LCR and mechanisms to opt out of the LCR should they wish.

Attendance to the induction clinic

For patients who have been successfully contacted and informed of their HIV reactive results but who do not attend the HIV induction clinic, the HIV nurses at Caldecot will continue to contact the patient.

References for SoP

- HIV in the UK, 2016 report. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602942/HIV_in_the_UK_report.pdf
HIV testing: increasing uptake among people who may have undiagnosed HIV, 2016. Available at:
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