

Emergency Department Opt Out Blood Borne Virus (BBV) Testing: Qualitative Implementation Optimisation of the Programme

Siobhán Allison, Dr Tom May, Professor Jeremy Horwood

NIHR Health Protection Research Unit (HPRU) in Behavioural
Science and Evaluation, University of Bristol

Introduction


- April 2022 - NHS England launched ED BBV opt-out testing in 37 areas with very high HIV prevalence
- Aim
 - Meet 2030 goal of ending new HIV & Hepatitis transmissions in England
 - Increase access to BBV testing, number of people diagnosed and in treatment & care
 - Normalise universal testing & reduce BBV stigma
- Recent expansion into additional EDs in 47 high HIV prevalence areas

Pathway

- Anyone 16 years + attending ED & having a routine blood test automatically tested for HIV, hepatitis B & C, unless they opt-out
- Posters & banners inform patients that BBV testing will take place
- Patients contacted by relevant teams if a reactive or indeterminate result
- Linkage/re-engagement with care



Aims

- **To optimise the delivery of ED opt-out BBV testing in very high HIV prevalence areas to increase test coverage and uptake**
 1. Describe the different strategies and approaches of sites to implementing BBV testing in EDs
 2. Identify issues and barriers to ED BBV testing implementation and uptake
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- **Develop recommendations to optimise future implementation of ED opt-out BBV testing in lower prevalence HIV areas**

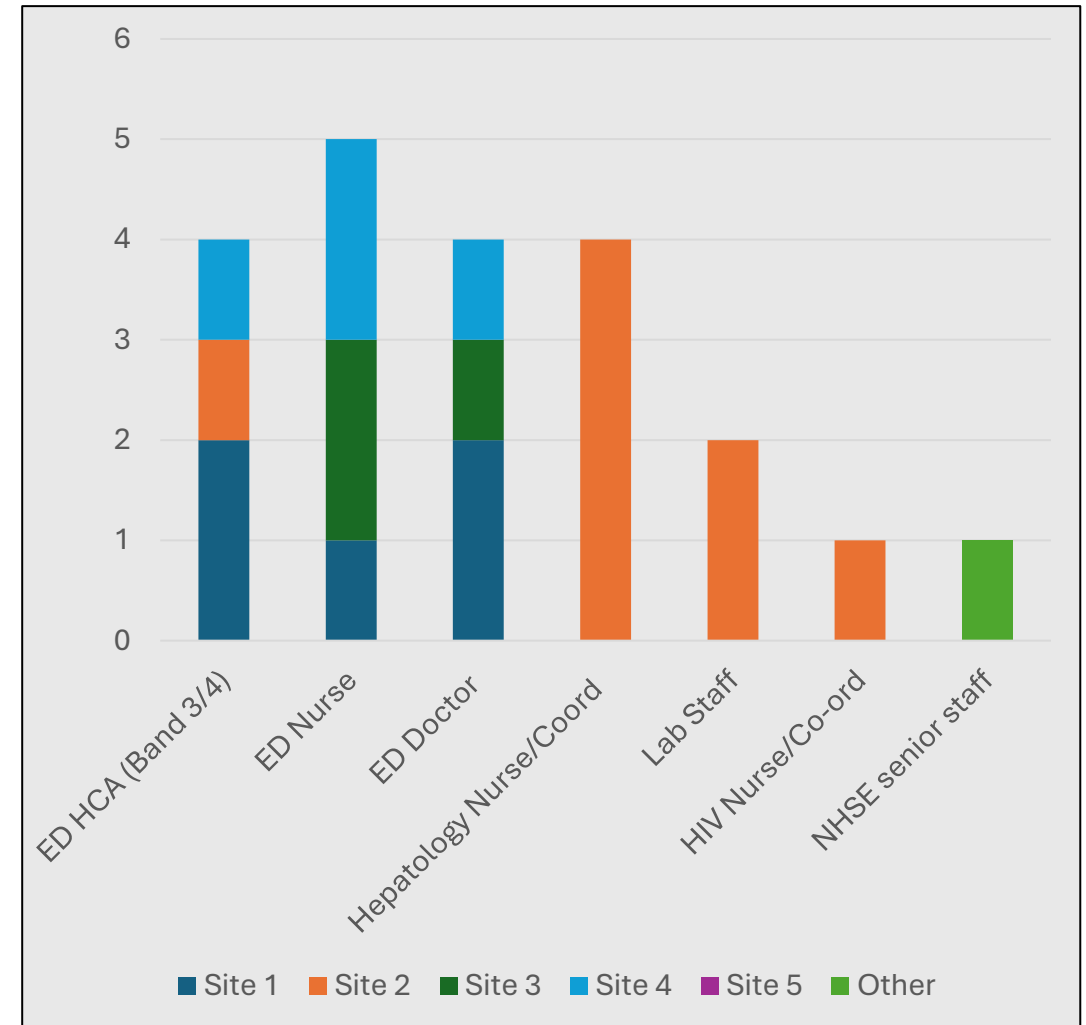
Methods

■ Setting

- 5 ED sites located in very high HIV prevalence areas

■ Data collection

- Interviews with 21 staff involved in the delivery of opt-out testing
- All interviews conducted remotely via telephone/teams
- April – August 2024
- Findings identified challenges and solutions to implementation and delivery



Staff Knowledge and Understanding

Challenge: Low ED staff knowledge and understanding of BBV opt-out testing

Solutions: Provide accessible training as part of induction for all ED staff, which includes:

- Information on BBVs
- Purpose of testing initiatives/elimination goals
- Information on follow-up care for reactive test results and community support organisations
- Involvement of a person living with a BBV

“It [training] would have given us a wider knowledge to be able to give our patients more information of what we're actually testing for”
(Health Care Assistant, Site 1)

“the training... have somebody who's living with the virus, do a talk and meet some of the staff because what they've gone through...I think the more information you have, the more understanding on the subject you have”
(Health Care Assistant, Site 4)

Embedding Routine Testing

Challenges:

- Some sites were yet to or unable to implement automated systems for ordering tests
- Forgetting the extra vial

“Put up all the posters, sent round lots of emails, made it predominant in nursing handover, and there’s me and another ER junior doctor kind of both involved in pushing it on everyone”
(ED Doctor, Site 1)

Solutions:

- In sites without automation, posters in assessment rooms and verbal reminders during daily huddles and handovers
- Using different colour/size of vial tops
- Allowing time, providing support and effective ways for staff to feedback

“With the two yellow you used to get confused before... I said, can we change, can we do something here? With the red [top] I think it’s more obvious”
(Health Care Assistant, Site 2)

Patient Knowledge of Opt-Out Testing

Challenge:

Some ED staff were unsure if patients were informed about opt-out testing for BBVs

Solutions:

Use standardised scripts or phrasing, reducing the need to repeatedly inform patients and/or obtain verbal consent

“It could be that they could have not seen the poster and they don't know they're being tested for HIV, so it could be that we should mention it when we say, ‘We're taking blood. We're also testing for HIV,’ and then we can answer any questions there and then if they have any”
(ED Doctor, Site 3)

ED Workload and Competing Priorities

Challenge: Busy ED environments, high patient volumes, and time pressures often made it difficult to test all eligible patients

"that blood test wouldn't take priority for us to take"
(Health Care Assistant, Site 1)

Solutions: Promote the importance of universal testing by:

- Sharing positive stories on successful linkage to care for people newly diagnosed and lost to follow up
- Providing feedback on results, helping to reinforce the value of the programme to staff

"if we can catch somebody early, then, you know, the value of preventative medicine... it's something actually I don't think A&E does enough of, is preventative medicine"
(ED Consultant, Site 4)

Top Tips for Success

Foster Staff Buy-In

Promote the importance of testing to all staff

Provide Staff Education and Training

Ensure training is available, continuous and easily accessible to all staff

Support ED Staff in Testing All Patients

Work with ED teams to establish procedures that remind staff to order and conduct testing

Efficient Patient Communication Processes

e.g. "We routinely offer this test to all our patients"

Specialist HIV/Hepatology Support for EDs

Promote strong collaboration between EDs and specialist services

Help to Normalise Universal BBV Testing

HIV/BBV testing is a normal part of patient care, just like any other standard test

Acknowledgements



UK Health
Security
Agency

SHIP
Sexual Health
Improvement Programme
Health Integration Team

Further Information:

<https://hprubse.nihr.ac.uk/research/responsive-research/emergency-department-opt-out-hiv-hepatitis-b-and-hepatitis-c-testing/>



Tom May: t.may@bristol.ac.uk

Siobhán Allison: siobhan.allison@bristol.ac.uk

Jeremy Horwood: j.horwood@bristol.ac.uk