HIV: routine blood tests

NICE indicator

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Indicator

The percentage of adults and young people at a GP surgery in an area of high or extremely high HIV prevalence who have not had an HIV test in the last 12 months, who are having a blood test and receive an HIV test at the same time.

Indicator type

General practice indicator for use outside the QOF. Development and testing highlighted that this indicator can help support local implementation of NICE guidance in the small number of local authorities (79 out of 325) with a high or extremely high prevalence of diagnosed HIV (Public Health England's Progress towards ending the HIV epidemic in the UK: 2018 report). This indicator is designed for these specific geographical locations and is not suitable for consideration for inclusion in the QOF.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

Introduction

In England 79 of 325 local authorities have a high diagnosed prevalence (>2 per 1,000 population) of these 19 have an extremely high prevalence, defined as 5 per 1,000 population (Public Health England's Progress towards ending the HIV epidemic in the UK: 2018 report).

Increasing the uptake of HIV testing is important to reduce late diagnosis. Early diagnosis improves treatment outcomes and reduces the risk of transmission. Late diagnosis is the most important predictor of morbidity and premature mortality among people with HIV infection. People diagnosed late are likely to have been living with an undiagnosed HIV infection for around 3 to 5 years and may have been at risk of passing HIV on to partners. One-year mortality among people diagnosed late in 2015 was 26.07 per 1,000, compared to 1.62 per 1,000 among people diagnosed promptly (Public Health England's HIV testing in England: 2017 report).

Reducing HIV incidence and undiagnosed infection in high-risk populations are key aims of Public Health England (Public Health England's HIV testing in England: 2016 report).

Rationale

Offering HIV testing routinely in GP surgeries in areas of high and extremely high prevalence will help to ensure that an HIV test is regarded as routine practice and help reduce stigma.

People with late undiagnosed HIV have a greater chance of clinical deterioration and opportunistic infections. Those who are detected much later also have a reduced response to HIV treatments, meaning that there are additional costs associated with treating opportunistic infections. Direct clinical costs for a person with a late HIV diagnosis are also twice as high in the first year, in comparison to someone who is diagnosed early. These

costs are largely attributable to higher inpatient costs of hospital admission, which is why testing early can have large economic benefits to both the person diagnosed and from a societal perspective. Interventions to expand testing beyond routine settings have been shown to be beneficial, feasible and also cost-effective to people being tested and to the staff involved. (NICE's guideline on HIV testing: increasing uptake among people who may have undiagnosed HIV: economic report)

Source guidance

HIV testing: increasing uptake among people who may have undiagnosed HIV. NICE guideline NG60 (2016), recommendation 1.1.9

Specification

Numerator: The number in the denominator who receive an HIV test at the same time.

Denominator: The number of adults and young people at a GP surgery in an area of high or extremely high HIV prevalence who have not had an HIV test in the last 12 months who are having a blood test.

Calculation: (Numerator/denominator) * 100.

Exclusions:

- Young people aged under 16.

- People with an existing diagnosis of HIV.

Minimum population: The indicator would be appropriate to assess performance of individual general practices in areas with high or extremely high prevalence of HIV.

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