

**NORTH EAST QUALITY OBSERVATORY SERVICE
(NATIONAL COLLABORATING CENTRE
FOR INDICATOR DEVELOPMENT)**

FOR

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

INDICATOR DEVELOPMENT PROGRAMME

Feedback report on piloted indicators

**Topic area: HIV testing in areas with high or extremely
high prevalence**

(Indicators to help support implementation of NICE guidance)

Pilot period: 13th December 2018 – 31st March 2019

IAC meeting date: 5th June 2019

Output: Recommendations for NICE indicator menu

Contents

| | |
|---|----|
| Summary of recommendations | 3 |
| Indicator 1 HIV testing in newly registered patients | 3 |
| Indicator 2 Annual HIV testing in patients having a blood test | 3 |
| Background | 5 |
| Practice recruitment | 5 |
| Assessment of feasibility, reliability and acceptability | 7 |
| Feasibility and reliability | 7 |
| Acceptability | 7 |
| Assessment of implementation | 9 |
| Assessment of piloting achievement | 9 |
| Practices' views on implementation issues and impact | 10 |
| Impact | 10 |
| Training requirements | 10 |
| Workload, resource utilisation and costs | 11 |
| Changes in practice organisation | 11 |
| Barriers to implementation | 11 |
| Assessment of exception reporting (or future Personalised Care Adjustment) | 11 |
| Assessment of overlap with and/or impact on existing schemes or local programmes | 12 |
| Other overall views on implementation of the indicators (including unintended consequences) | 12 |
| Suggested amendments to indicator wording | 12 |
| | |
| Appendix A: Practice recruitment | 13 |
| Appendix B: Indicator development | 15 |

Summary of recommendations

In NICE's request to NCCID to pilot the following indicators, it was noted that these indicators would not be suitable for a national framework, but could potentially be used to support local measurement schemes in areas with high and extremely high prevalence of HIV, in order to help support implementation of NICE guidance.

Indicator 1 HIV testing in newly registered patients

The percentage of adults and young people newly registered with a GP in an area of high or extremely high HIV prevalence who receive an HIV test within 3 months of registration.

Acceptability assessment

The indicator was generally supported for use in areas of high and extremely high HIV prevalence.

Implementation assessment

Minor problems identified during piloting which could be resolved via staff training and reviewing internal practice processes regarding the increased administrative workload.

Indicator 2 Annual HIV testing in patients having a blood test

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.

Acceptability assessment

The general view was that this would not improve the quality of care for patients but there was a strong minority view (one out of four practices providing feedback) which strongly supported the inclusion.

Implementation assessment

Minor problems identified during piloting which could be resolved via staff training and reviewing internal practice processes regarding the increased administrative workload.

Item 3a(ii)

Issues to be resolved prior to implementation for both indicators

| Issue | Detail | Mitigating activity |
|--|--|--|
| Increased workload (clinical and administrative) | Additional test results to review and follow up with patients | This issue was only highlighted by one of the four practices providing feedback. It is possible that this could be resolved through changes in internal practice processes and organisation. |
| Staff training | Practices felt that additional training for all staff groups in communication with patients (regarding offering the test) and in counselling would be beneficial | Training to address attitudes and beliefs around HIV testing, including the benefits of annual testing |

Background

As part of the NICE indicator development process, all clinical and health improvement indicators for general practice proposed for inclusion in the NICE Indicator Menu are piloted, using an agreed methodology, in a representative sample of GP practices across England. The aim of piloting is to test whether indicators work in practice, have any unintended consequences and are fit for purpose.

The indicators relating to HIV testing have been developed to help support local implementation of NICE guidance in a small number of local authorities (79/235) with a high (>2 per 1,000 population) or extremely high (>5 per 1,000 population) prevalence of diagnosed HIV ([PHE 2018](#)). In NICE's request to NCCID to pilot the following indicators, it was noted that these indicators would not be suitable for a national framework, but could potentially be used to support local measurement schemes in areas with high and extremely high prevalence of HIV, in order to help support implementation of NICE guidance.

A list of piloted indicators for this topic is shown in Appendix B.

Of the 26 practices participating in the pilot, 8 were identified as being within local authorities with high or extremely high HIV prevalence and these were invited to participate in the piloting of this topic.

Practice recruitment

| | |
|---|--------------------------|
| Number of eligible practices | 8 |
| Final number of practices in the pilot | 3 |
| Number of practices participating in feedback including one practice which was not in the pilot* (survey and/or interview) | 4 (5 respondents) |

**An additional practice in an area of high prevalence which did not pilot the indicators provided some feedback on the topic in the interviews/focus groups and their feedback is included in the findings*

Three practices confirmed that they had piloted the indicators relating to HIV in the feedback. Feedback was obtained via (a) online survey, which was completed by four respondents (two GPs, one practice manager and a practice senior manager, relating to three individual practices) and (b) the topic was also briefly discussed in the

Item 3a(ii)

telephone interviews by two practices with high prevalence, only one of which had piloted the indicators and responded to the survey.

Two practices provided reasons for not participating in the pilot. One practice had only two patients known to have HIV, despite being in a high prevalence area, and had decided not to participate. The other practice declined for a similar reason, stating that their practice prevalence was very low.

Assessment of feasibility, reliability and acceptability

Feasibility and reliability

It was possible to develop Business Rules to support this topic and the two indicators within it. Clinical system templates containing the relevant Read codes to record achievement relating to the indicators were created and offered to practices to use.

Acceptability

Of the four survey respondents, the two GPs stated that the HIV topic represents what is important to patients, families and carers, with the practice management staff remaining unsure. Only one GP agreed that the topic represents what it is important to clinical staff, with the remaining 3 respondents being unsure.

*“There is still lots of stigma attached to HIV testing and patients are not keen to get tested”.
(Practice senior manager, survey)*

“I don't think it is a priority to get all new patients tested, but I think it should be offered to all to normalise the process and make it a routine blood test rather than something to be ashamed of to be requesting”. (Practice senior manager, survey)

“Identifying undiagnosed patients is very important from both individuals and Public Health point of view”. (GP, survey)

In the online survey, the four respondents who had piloted the HIV topics provided information on whether their local area had existing schemes in place. One respondent stated that there was a scheme in their area, and the respondents from the other 3 practices piloting the HIV indicators reported that there were no schemes in place.

One practice which had piloted the indicators but with no local scheme suggested that the HIV topic indicators may have had a positive impact, a view also held by the practice with an existing HIV scheme in the local area (of extremely high HIV prevalence) but who had opted not to participate in piloting the HIV indicators.

“I think in terms of our population, so our population is very well educated and they have lots and lots of HIV tests. Locally we've got a very good sexual health service which is very near and also in London, we've got the postal (Sexual Health London), so you can test. If you're educated enough, if you're able to access health then you can do postal tests for all of these

Item 3a(ii)

things. In our population, a lot of them have no problems with accessing the test. So a lot of them have had lots and lots of tests.....I think our chance of picking up a positive test in a patient is extremely low, is what I'm trying to say". (GP, interview)

Indicator 1 HIV testing in newly registered patients

Of the four respondents in practices which piloted the HIV indicators, three suggested that HIV testing in newly registered patients would make the quality of care for patients better.

Indicator 2 Annual HIV testing in patients having a blood test

Only one GP thought that annual testing in patients who are having a blood test would make the quality of care better, with the other GP stating it would have no effect. The remaining respondents were unsure.

"I think it should be offered as part of New patient health check - don't see the need of checking it annually". (Practice senior manager, survey)

Item 3a(ii)

Assessment of implementation:

Assessment of piloting achievement

The baseline extraction covers a 12 month time period and the final extraction a 4 month time period. Data was extracted from all 8 practices in high or extremely high HIV prevalence areas.

Indicator 1 HIV testing in newly registered patients

| % of newly registered patients receiving an HIV test | Baseline | Final |
|---|-----------------|----------------|
| Practices | 8 | 8 |
| Practice population | 168,264 | 168,225 |
| Generated (new pts) | 9,559 | 4,952 |
| Excluded: existing HIV diagnosis | 3 | 2 |
| Exception: declined | 257 | 83 |
| Exception: new patient in last 3 months | 1,686 | 3,155 |
| Exceptions as percentage | 20.33% | 65.41% |
| Denominator | 7613 | 1712 |
| Numerator | 0 | 0 |
| Percentage | 0.00% | 0.00% |

Indicator 2 Annual HIV testing in patients having a blood test

The extraction rules failed for this indicator therefore there is no data to report.

Practices' views on implementation issues and impact

Impact

One practice provided feedback on the impact of these indicators during the interview/focus group (2 participants), which was supplemented at the end of the pilot by an email providing their final update.

"The one thing we did implement really quickly and has been really successful.... I want to tell you about it, was the HIV. We had a 31% uptake.... 31% of everybody who's had a blood test has taken on HIV screening". (GP, interview)

"We thought that would be probably the most difficult area as well". (Practice senior manager, interview)

"Yes and it wasn't (GP, interview). So we've got our own phlebotomy team and so we trained them and the patients were offered, when they come in for their blood tests, a leaflet I designed on the pros and cons of having an HIV test and the reason we want to do it. Then they were asked, "Have you read the leaflet? Do you want the test done?" 31% of patients said yes. So I've had a lot of HIV results come through, mostly negative. What I will do is see if we've managed to get any positive results from that because that's the most important thing really". (GP, interview)

By email provided at the end of the pilot: *"I'm pleased to inform you that we have seen an increase in uptake for an HIV test from 31% to 38% - a total of 1,096 HIV tests throughout the pilot period. In terms of results, fortunately no results have come back positive". (Practice senior manager, email). Note: 31% uptake for an HIV test was reported mid pilot by this practice, which increased to 38% (reported once the pilot had ended).*

Training requirements

All four respondents thought that additional training in some staff groups would be advisable, both in terms of counselling and communication with patients, if the topic of HIV was introduced nationally (in specific geographical areas with high or extremely high HIV prevalence).

"Useful for staff consenting patients to have training on HIV counselling so able to answer patient questions/ease fears". (GP, survey)

Item 3a(ii)

“We found that HCAs (HealthCare Assistants) did not feel confident or comfortable to offer HIV testing to patients - especially to those over 60”. (Practice senior manager, survey)

“Practice non GP clinical staff require more training in approaching HIV testing with patients as they felt very uncomfortable doing so”. (GP, survey)

In summary, the feedback suggested staff discomfort in offering HIV testing, along with attitudes about the appropriate age for testing and the importance of annual testing that would be important to address through training and other implementation support.

Workload, resource utilisation and costs

Workload implications (both administrative and clinical) were identified by one practice via the survey. Although more specific details were not provided by the practice with regard to this it is expected that it relates to the administrative burden in terms of reviewing the additional number of test results and patient follow up. The remaining respondents (3) stated that the clinical and administrative workload was acceptable.

Changes in practice organisation

As described above, one practice was able to reorganise its phlebotomy service in order to facilitate the implementation of indicator 2.

Barriers to implementation

Other than training and workload as described above, no additional barriers to implementation were identified.

Assessment of exception reporting (or future Personalised Care Adjustment)

Given the short time period available for the pilot, we are unable to comment upon likely levels of exception reporting.

Item 3a(ii)

Assessment of overlap with and/or impact on existing schemes or local programmes

It is possible that there are various schemes and services already in existence in local areas which overlap with the requirements of these indicators and/or could be assisted by the proposed indicators. These indicators would only be used in local schemes, therefore assessment of existing schemes in that local area would obviously be a prerequisite for their use.

Other overall views on implementation of the indicators (including unintended consequences)

Two respondents reported positive things that they didn't expect to experience during the pilot.

"31% uptake!" (GP, survey)

"Yes and no - it made us realise how much stigma is still associated with offering/requesting HIV test". (Practice senior manager, survey)

One respondent raised a negative experience, which was that staff were initially apprehensive about asking patients if they would like an HIV test done.

Suggested amendments to indicator wording

No amendments to indicator wording are suggested in response to the pilot.

Appendix A: Practice recruitment

A sample of 30 GP practices from across England was recruited by the NCCID to participate in the indicator pilot for 2018/19. Practices were to be representative of England in terms of the range of practice list sizes ([NHS Digital QOF 2016/17](#)) and level of deprivation ([Public Health England Index of Multiple Deprivation \[IMD\] 2015](#)). An additional aim was that there was practice coverage with regard to three of the four principal clinical system suppliers.

There were 4 of the 30 practices who subsequently withdrew from the pilot, one just prior to the commencement of the pilot, two practices mid-pilot and one close to the end. One of the remaining practices underwent a merger just prior to the start of the pilot which resulted in a change in the stratum for this practice due to the practice population more than doubling in size.

Final practice numbers in each stratum of practice list size and level of deprivation participating in the full pilot are shown in Table 1. When compared to the distribution of practices initially planned to target (in order to be fully representative of practices in England on these dimensions), there is over-recruitment in one stratum (large list size, least deprived) and under (no) recruitment in one stratum (small list size, least deprived); however, in this case, there is a practice categorised with medium list size and low deprivation where the list size (5,518 registered patients) is close to the lower end of the range. Broadly speaking, based on this and other background data available to characterise the pilot practices, they appear to be fairly representative of GP practices in England.

Of the 26 practices participating in the pilot, 8 were identified as being within local authorities with high or extremely high HIV prevalence (shown in Table 2) and these were invited to participate in the piloting of this topic. Three of these 8 practices ultimately participated in the pilot (also shown in Table 2).

Table 1: Participating pilot practice numbers by stratum (full pilot)

| List size | IMD score | | | Total |
|-----------|-----------|--------|------|-----------|
| | Least | Medium | Most | |
| Large | 8 | 2 | 4 | 14 |
| Medium | 3 | 4 | 2 | 9 |

Item 3a(ii)

| | | | | |
|--------------|-----------|----------|----------|-----------|
| Small | 0 | 2 | 1 | 3 |
| Total | 11 | 8 | 7 | 26 |

Table 2: Participating pilot practice numbers* by stratum (HIV topic pilot)

| List size | IMD score | | | Total |
|------------------|------------------|--------------|--------------|--------------|
| | Least | Medium | Most | |
| Large | 0 (4) | 1 (1) | 1 (2) | 2 (7) |
| Medium | 0 | 0 | 1 (1) | 1 (1) |
| Small | 0 | 0 | 0 | 0 |
| Total | 0 (4) | 1 (1) | 2 (3) | 3 (8) |

**Practices invited to participate in the HIV pilot in brackets*

Appendix B: Indicator development

The NICE Indicator Advisory Committee (IAC) in June 2017 agreed to proceed to piloting and consultation on indicators relating to HIV testing at GP registration and testing during routine blood tests in GP practices, limited to areas of high and extremely high prevalence.

It was noted that these indicators would not be suitable for a national framework, but could be used to support local measurement schemes in areas with high and extremely high prevalence of HIV, and would potentially help support implementation of NICE guidance.

Indicator wording as piloted

Indicator 1: The percentage of adults and young people newly registered with a GP in an area of high or extremely high HIV prevalence who receive an HIV test within 3 months of registration.

Indicator 2: 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.