

How to use this resource pack

HIV clinical leads and other 'HIV champions' can use this pack to make the case for increasing rates of HIV testing in non-HIV specialist medical settings, both to clinical colleagues and to managers and commissioners. For this purpose the evidence within the pack, including the slide sets, should be helpful. The templates can be used to facilitate the development and implementation of new hospital policies on HIV testing.

The pack is available for download from the Tackling HIV Testing section of the MedFASH website, www.medfash.org.uk, and all materials may be freely reproduced for the purpose of ensuring quality of care.

To implement the recommendations of the *UK national guidelines for HIV testing 2008* the following areas of activity should be considered.

Leadership

For the HIV testing guidelines to have a significant impact on HIV prevalence there is a need for leadership at numerous levels. For example:

- hospital trust HIV leads can engage with colleagues in the major medical and surgical specialties identified in the *UK national guidelines for HIV testing 2008* to make the case for routine HIV testing where clinically indicated
- hospital trust HIV leads in areas of high local HIV prevalence can request their medical director to implement the recommendation for routine HIV testing in all general medical admissions
- medical directors can adopt and implement the auditable standards of the HIV testing guidelines as part of the overall clinical audit policy of the hospital trust
- clinical governance and risk management leads can ensure staff are aware of the potential medico-legal consequences of missing an HIV infection that could have been detected if current guidelines had been followed
- regional directors of public health can prioritise HIV testing in their work with PCTs where HIV prevalence is high
- commissioners of services in which routine HIV testing is recommended can include HIV testing in service specifications for their local providers.

Barriers

It is important to understand what prevents HIV testing from being offered more widely. Consider the following:

- staff awareness - do non-HIV specialist clinical staff understand why HIV should be a priority?
- training issues - do staff feel confident in offering HIV testing and know who to contact for assistance with it?
- cost implications - is an HIV test included in the tariff for a set of patient investigations?
- confidentiality - does the trust publicise its procedures to ensure that patients have confidence in them?
- stigma - does the trust 'exceptionalise' HIV in such a way that makes patients reluctant to ask for a test, or accept the offer of one?

Policy

There is a need for a coordinated approach to HIV testing that requires robust policies to be in place. Support for staff in implementing the HIV testing guidelines will require:

- preparation of a local HIV testing protocol - the pack contains a template that hospital trusts can adapt to suit their needs
- clarifying care pathways and referral – there is a template in the pack for a simple checklist of local contacts for assistance in offering HIV testing and giving results

- auditing compliance with the policy using the auditable standards from the HIV testing guidelines and/or other locally developed indicators.

Staff

The pack contains practical tools for increasing the confidence of staff in offering HIV testing more routinely. There is a need for:

- information - ensuring that staff are aware of the HIV testing policy
- education - presentations at grand rounds and specialty educational meetings to highlight the need for HIV testing and correcting misperceptions about it
- consultation - giving staff a chance to discuss the issues raised by HIV testing and how best to implement it across the trust.

Partnership working

HIV leads alone cannot effect the changes needed to increase detection and diagnosis of HIV. There is a need for effective communication and agreed strategies across a number of key partners. Within the hospital trust these include:

- clinicians - those working in general and acute medicine, dermatology, respiratory medicine, gastroenterology, obstetrics and gynaecology and oral medicine are best placed to identify undiagnosed HIV infection
- microbiologists - laboratories need to accept HIV tests ordered by any clinician and to be aware that written patient consent is not required. It is also important to have the full range of assays available as recommended in the HIV testing guidelines.

Outside the trust, key players are:

- PCT public health leads - joint working with hospitals can help to establish audit indicators and targets
- PCT commissioners - including HIV testing in specifications for hospital services where patients with clinical indicators of HIV may present will incentivise and help to normalise it
- primary care providers - general practice and dentistry have a major role to play in identifying undiagnosed HIV infection
- third sector organisations – accessible information and support for patients worried about HIV testing, and in particular for those diagnosed positive, are essential if HIV-related stigma is to be reduced.

Care pathways and service networks need to be established to ensure efficiency, facilitate prompt, seamless and high quality care and avoid duplication of services.