

Report of: The Office of the Director of Public Health

Report to: Director of Public Health

Date: 15th October 2015

Subject: To implement a pilot project funded by the Elton John Aids Foundation, for HIV screening at GP practices in areas of Leeds with high HIV prevalence

Are specific electoral wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity or cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-in?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If 'yes', access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- 1 Leeds is considered a high prevalence city for HIV with 2.4/1000 of the population living with HIV.
- 2 In July 2015, Leeds City Council (Sexual Health Team – Public Health) were one of only 2 successful applicants nationally, in their bid for £150,000 to the Elton John Aids Foundation, which is overseen by Public Health England, to pilot an incentivised HIV Screening approach at new patient registration within primary care settings.
- 3 National guidance places primary care in the ideal position to support the drive for early diagnosis of HIV and to facilitate the successful long-term management of HIV. GPs and other primary care health professionals have a unique breadth and frequency of contact with patients. It has been found that many of those diagnosed with HIV will have come into contact with primary care services prior to their diagnosis (MEDFASH, 2011).
- 4 Public Health England (PHE) has mapped Leeds GP surgeries located in areas with high HIV prevalence (over 2/1000). This exercise identified 40 out of the 108 GP surgeries, which would be suitable to participate within the trial.

- 5 Each of the three CCG's have subsequently contributed a further £5,000 in support of the pilot.
6. A Blood Born Virus screening approach (BBV) will be incorporated into the pilot as there is a correlation between HIV and Hepatitis infections as they are often found within the same most at risk populations. All costs associated with this additional Hepatitis element will be obtained from the CCG's in addition to their £5,000 contribution.

Recommendations

7. The Director of Public Health approves the implementation of the HIV Screening in Primary Care Pilot in Leeds by:
 - Entering into the funding agreement with the Elton John Aids Foundation for £150,000.
 - Entering into agreements with GP practices in high HIV prevalent areas who will be incentivised to participate in the pilot with signup fee (£500 or £1,000) and higher screening rate (£7 per screen).

1. Purpose of this report

- 1.1 The purpose of this report is to seek approval to implement a pilot project to undertake HIV screening as part of new patient registration at 40 GP practices in areas of Leeds with high HIV prevalence. The pilot will be funded by a grant from the Elton John Aids Foundation. It will be launched on 20th November 2015 and will run for 12 months.

2. Background information

- 2.1 Public Health England have identified that there is currently a poor correlation between high prevalence GP practices and the numbers of HIV tests carried out. The pilot aims to strengthen this correlation by incentivising the GP surgery to screen for HIV at new patient registration which will reduce the variation in testing and start to embed HIV testing within this setting. This approach has worked successfully in Leeds within the National Chlamydia Screening Programme.
- 2.2 In July 2015, Leeds City Council was awarded £150,000 from the Elton John AIDS Foundation, overseen by Public Health England to pilot HIV screening at new patient registration in 40 GP practices in areas of high HIV prevalence. Leeds were the only city outside of London to be successful in their application
- 2.3 Each of the three CCG's in Leeds are also contributing a further £5,000 each in support of the pilot.
- 2.4 The pilot is supported by a multi-disciplinary steering group made up of key stakeholders including LTHT, LCH, Mesmac, Skyline and CCG representation. This steering group has an agreed Terms of Reference.
- 2.5 The aims of the pilot are to:
- offer HIV testing on an opt out basis, at new patient registration in 40 GP surgeries located in high HIV prevalence areas.
 - offer a HIV test to approximately 23,217 people aged 16-59 years (local uptake target will be set at 70%). The target for the pilot will be approximately 16,251 people will be tested for HIV.
 - develop and design a new coding and prompt / protocol in the GP IT system and test if this increases HIV testing in those presenting with clinical indicators to HIV.
- 2.6 Benefits of using a screening approach include:
- Normalising HIV testing amongst healthcare professionals
 - Normalising the offer of HIV testing amongst patients
 - New diagnoses of HIV (especially in people who may not normally consider testing)
 - Earlier diagnoses of HIV (based on the evidence that people diagnosed with late HIV have usually seen their GP within the 12 months before diagnosis)

- Improved identification and systematic prompting for HIV testing where patients are seeing their GP/practice nurse with clinical indicators illnesses to HIV.

- 2.7 Payment has been modelled on existing schemes within Leeds such as the NHS Health Check and the National Chlamydia Screening Programme.
- 2.8 Practices will be paid a signup fee (£500) split into two payments and will then be paid £7 for every HIV screen that they carry out at new patient registration. These costs will be covered by the grant.
- 2.9 Six practices with the highest HIV prevalence areas will also be invited to take part in an additional pilot, which aims to develop and improve systematic prompting systems via EMIS/Systmone, when a patient presents with a clinical indicator illness (based on BHIVA list). Practices involved in this work will receive an extra signup fee of £1000, split over two payments.
- 2.10 In accordance with the grant application, the laboratory testing element of the pilot will be done by the local acute trust (Leeds Teaching Hospital Trust). West CCG will manage the laboratory testing for this programme based on the predicted costs. LCC will reimburse the CCG for any additional HIV testing costs.

3. Main issues

- 3.1 40 GP practices have been selected based on their location within high prevalence areas within Leeds (over 2/1000 within population. This selection was been made based on data provided from Public Health England.
- 3.2 The predicted numbers for new patient registrations within practices are based on previous year's data and therefore the total number of people that are actually eligible for or accept screening may fluctuate in the pilot year.
- 3.3 Locality Managers within the CCG's support the pilot as do the local GP's who have been consulted with. A potential risk to the pilot could still be a low sign up rate from the 40 eligible practices.
- 3.4 The pilot will run for 12 months only. After this time and depending on the outcomes and success of the pilot, Public Health England are keen to use the pilot to identify ways in which HIV screening can be embedded into everyday primary care practice.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 National and local trends show the majority of people living with diagnosed and undiagnosed HIV will be in the Black African Community (BAC) or in men who have sex with men (MSM). These remain the groups the Council targets directly with HIV prevention and outreach HIV testing, but 1 in 4 people living with HIV remain undiagnosed.
- 4.1.2 Representatives from our commissioned HIV prevention services for BAC and MSM, Skyline & Mesmac are members of the project steering group.
- 4.1.3 The steering group provides guidance and challenge for the overall project aims and roll out.

4.1.4 The Public Health Directorate have commissioned BHA Leeds Skyline to produce a patient leaflet about the scheme which is accessible and easy to understand. The final design will be approved by a group of service users based at Skyline. This leaflet will be produced in several community languages.

4.2 Equality and diversity, cohesion and integration

4.2.1 All practices participating in the pilot are based within geographical areas with the highest prevalence of HIV. These areas typically have an increased numbers of migrated communities.

4.2.2 Although a focused approach will be taken in relation to the practices participating in the scheme, HIV screening will be available to all new patients (between 18- 65) regardless of gender or ethnicity or country of origin.

4.2.3 If this pilot proves to be a successful way of diagnosing an increased number of people living with undiagnosed HIV, the Public Health Directorate's aspiration in line with NICE good practice is to embed this screening approach as a 'normal' practice within primary care settings locally, regionally and nationally.

4.3 Council policies and the best council plan

4.3.1 The project is based on national recommendations made by Medical Foundation for AIDS & Sexual Health (MEDFASH) on HIV Testing in primary care settings

4.3.2 This pilot would also contribute to Public Health Guidance (PH 33, 34 & 43) produced by NICE around increasing the uptake of HIV and Hepatitis testing amongst most at risk populations.

4.4 Resources and value for money

4.4.1 As this pilot is being financed through external funding, it presents Leeds City Council with a unique opportunity to improve and embed public health practice within Primary Care without investment from the authority's core budget.

4.5 Legal implications, access to information and call-in

4.5.1 Due to the contract value it will not be subject to call-in and there are no grounds for keeping the contents of this report confidential within the Council's Access to Information Rules.

4.5.2 Data from Public Health England provide a clear rationale for the selection of practices within this pilot.

4.6 Risk management

4.6.1 The main risk associated with this project is uptake of screening from both an under and over performance perspective.

4.6.2 As the project will be run as a pilot based on predicted outcomes, Elton John Aids Foundation and Public Health England acknowledge a degree of uncertainty in relation to outcomes.

4.6.3 If the pilot under performs two options have been outlined.

Option 1: Extend the length of the pilot in order to increase numbers screened

Option 2: Return a percentage of the funding back to EJAF

4.6.4 Over performance is the most serious risk to the project as no contingency funding has been allocated. If extra costs are incurred then the Public Health Directorate would be responsible for either negotiating extra funding from EJAF or via the CCG's.

4.6.5 Through careful monthly monitoring, support from CCG Locality Managers and training for all practices involved the Council aims to avoid and/or manage any risk associated with over or under performance.

5. Conclusions

5.1 This pilot project provides Leeds City Council with an externally funded opportunity to trial a new model of working, which could greatly contribute to reducing the number of people who are living with undiagnosed HIV within the city. It is an opportunity to work with local, regional and national partners on a pilot, depending on the outcomes and success of the pilot, Public Health England are keen to use the pilot to identify ways in which HIV screening can be embedded into everyday primary care practice

6. Recommendations

6.1 The Director of Public Health approves the implementation of the HIV Screening in Primary Care Pilot in Leeds by:

- Entering into the funding agreement with the Elton John Aids Foundation for £150,000.
- Entering into agreements with GP practices in high HIV prevalent areas who will be incentivised to participate in the pilot with signup fee (£500 or £1000) and higher screening rate (£7 per screen).

7 Background documents¹

7.1 Hepatitis B and C: Ways to promote and offer testing to people at increased risk of infection. NICE Public Health Guidance 43 (NICE 2012).

7.2 Increasing the uptake of HIV testing among men who have sex with men. NICE Public Health Guidance 34 (NICE 2011)

7.3 Increasing the uptake of HIV testing among black Africans in England. NICE Public Health Guidance 33 (NICE 2011)

7.4 HIV in Primary Care. Medical Foundation for AIDS & Sexual Health (MedFASH) (2012) 2nd edition
