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THE SCOTTISH OFFICE

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National Health Service in Scotland
Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

ESTABLISHING SITES FOR HIV ANTIBODY TESTING

Summary

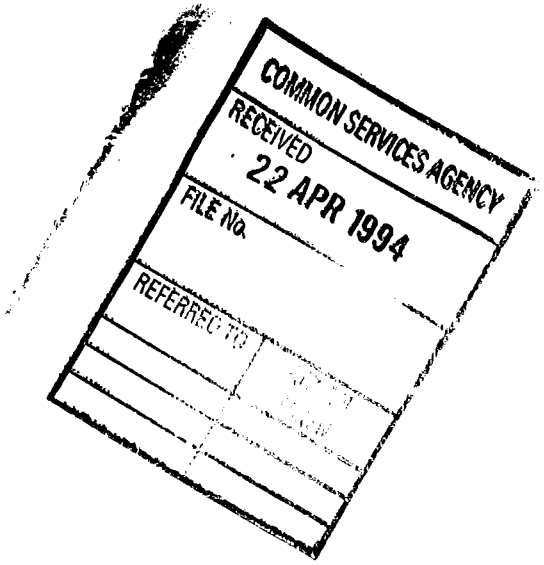
1. It is the Government's policy that advice, counselling and HIV testing should be available for any person who might have been at risk of HIV infection or wishes to have a test. Enclosed is guidance encouraging Health Boards and Trusts to consider establishing sites for HIV antibody testing.

Action

2. Boards and Trusts are invited to consider, within existing resources, the development of HIV testing facilities, using as a basis the attached guidance, describing the pilot schemes which have been operating in Edinburgh and Glasgow, in pursuance of recommendations in the report of the Ministerial AIDS Task Force.

Yours sincerely

D R STEEL
Director of Administration



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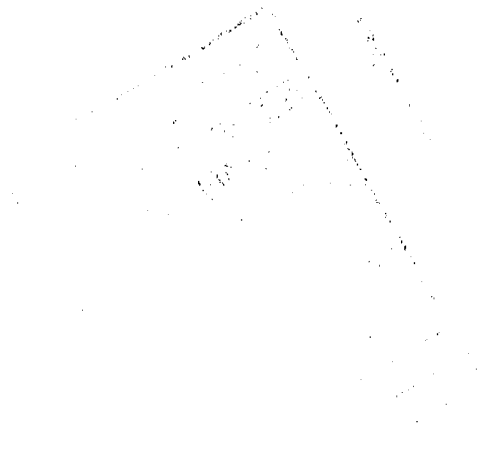
Background Note

1. Since 1985 it has been the Government's policy that advice, counselling and HIV testing should be available for any person who might have been at risk of HIV infection or wishes to have a test. Tests are most frequently carried out through general practitioners, at genito-urinary medicine clinics, and at hospital out-patient departments. In addition, of course, clinicians can request a test as part of their investigations of any patient, after obtaining consent.

2. A person who is unaware that he or she is HIV-infected may unintentionally infect sexual or injecting drug using partners. Conversely people who know that they are infected have the opportunity to adopt behaviours that minimise the risk of transmitting the virus to others. The AIDS Task Force concluded that the increased availability and accessibility of testing, which is both voluntary and attributable, accompanied by high quality pre-test and post-test counselling, should be encouraged; and in consequence pilot initiatives designed to enhance testing facilities and accelerate the results were launched in Edinburgh and Glasgow.

3. The pilot schemes in Glasgow and Edinburgh have demonstrated the potential of accelerated and enhanced testing facilities to increase the uptake, accessibility and acceptability of HIV testing. The schemes have also been shown to run successfully without significant cost or difficulty in management. The attached guidance for Health Boards and Trusts has therefore been produced so that managers may consider adopting policies for establishing appropriate schemes in their areas.



GUIDANCE ON ESTABLISHING SITES FOR HIV ANTIBODY TESTING

1. Anyone who wishes to have an HIV antibody test should be able to do so with the minimum of inconvenience. The Scottish Office Home and Health Department therefore encourages Health Boards and Trust managers and professionals to consider, as part of the future development of local HIV and/or sexual health strategies, how best facilities for HIV testing should be made available to ensure easy access and, where possible, an expeditious results service.

2. Free confidential counselling and testing are available on a voluntary basis in Scotland to anyone worried about being infected with HIV. Testing is provided mainly by General Practitioners, at Genito-Urinary Medicine (GUM) clinics, and at certain special testing clinics. Drug misusers may seek or be offered testing in drug dependency clinics, and some hospitals in higher prevalence areas offer voluntary tests to pregnant women. Any doctor may request an HIV test as part of a diagnostic work-up. There is evidence, however, that some people, including women, members of ethnic minority groups and younger gay men, may not wish to discuss their anxieties with, or request a test from, their family doctor or may not feel comfortable with the GUM clinic setting.

3. In its report 'Prevention - The Key' published in March 1992, the Ministerial AIDS Task Force concluded that the benefits of testing outweighed any potential disbenefits; and it accordingly recommended that the increased availability and accessibility of testing, which was both voluntary and attributable, accompanied by high quality pre- and post test counselling, should be encouraged. In particular the Task Force perceived the main advantages of testing to include: for those found to be HIV positive the prospect of drug therapy and counselling about lifestyle might lead to increased longevity and improved quality of life; a positive result could bring about a moderation of 'at risk' behaviour on the part of the person affected, thus potentially preventing the further spread of the disease; and the increased range of results on sero-positivity could usefully contribute to more accurate assessments of overall prevalence, which, in turn, would help target health education initiatives and inform the planning of health care provision.

4. To help increase responsiveness to testing, the Task Force considered that it would be useful to introduce two initiatives on an experimental basis. The first was the establishment of accelerated testing schemes designed to expedite the production of results and thus obviate the normal week-long delay between test and notification of result which was potentially off-putting to people who wished speedy clarification of their anxieties. The second entailed the introduction of enhanced testing facilities, for example, by extending opening hours and making efforts through sensitive publicity to attract local people. The report further proposed that if the pilot schemes were successful, the arrangements could provide a basis for adoption in other areas.

5. Outline reports on the pilot studies undertaken in Glasgow and in Edinburgh are provided at Annex A.

- In Glasgow, 3 projects have been trialled using accelerated testing, evening clinic, and peripheral clinics. It is clear that significant benefits are being gained from all three initiatives, with no major difficulties encountered in their establishment or

operation. The number of tests carried out by the Ruchill-based services has increased by 29% and the pilot schemes are dealing with 70% of these tests, with the accelerated clinic accounting for over 50%. The clientele of the evening clinic has included numbers of heterosexual couples attending jointly and the peripheral clinics have attracted a relatively high proportion of drug injectors.

- The accelerated testing clinic in Edinburgh, established with remarkably few logistic problems, has also proved successful and popular with clients. The increase in number of tests (9%) may reflect annual fluctuations, but it seems that demand for same-day facilities has been significant, despite the availability of results from the routine clinic at Edinburgh within 48 hours.

The initiatives have usefully extended the accessibility of HIV counselling and testing services in the areas concerned, without major cost implications and without generating significant management problems. In the accelerated testing schemes in both Glasgow and Edinburgh confirmatory testing following a positive test has been available within about 48 hours.

6. The pilot studies in Glasgow and Edinburgh have demonstrated the potential of accelerated and enhanced testing facilities to increase the uptake, accessibility and acceptability of HIV testing. The Department now accordingly recommends that Health Boards and Trust managers and professionals should consider the development of similar facilities in addressing the requirements for HIV testing in their areas. Clearly Boards and Trusts are free to adapt the pattern of the pilot projects to suit particular local needs.

7. A checklist of issues to consider is at Annex B. Particular emphasis is laid on the importance of providing facilities for pre- and post-test counselling in private. It will also be necessary to ensure that those with a history suggesting that they have been at risk of, or have, other sexually transmitted diseases can be quickly referred to the local GUM services. Close links to clinical and other support services are also required so that those found to be HIV positive receive immediate care, treatment and support.

8. As with the introduction of any new service, and indeed for existing services, it is important that these additional testing sites be carefully monitored and evaluated to assist in the further development of such services.

9. Additional test sites should be under the control of a registered medical practitioner. Although it is not necessary for the practitioner to be on site all the time, he or she must be readily available. It is important that, in setting up additional sites, the availability of a medical practitioner to see patients who have a positive result or who have other problems should be considered.

10. Any additional costs arising from the provision of testing facilities will fall to be met from within existing resources. However, as noted at Annex A, the pilot schemes have not entailed substantial additional expenditure.

ANNEX A

REPORTS ON PILOT SCHEMES IN GLASGOW AND EDINBURGH

Glasgow

Three new elements have been established within the Ruchill HIV Counselling Clinic.

1. Accelerated testing:-

1.1 Service began in June 1992. (The previous practice had been to give the result to the patient one week after blood sample taken.) Clients receive pre-test counselling and venepuncture on Tuesday or Wednesday morning. Provided the blood samples reach the laboratory by 12.30pm, results are available by lunchtime the following day. Result given face-to-face in all cases in the afternoon following the test.

1.2 2 counsellors are involved and 8-12 appointments are possible per clinic. 540 tests were undertaken in 1993.

1.3 Prospective clients are given the choice between routine clinic arrangements or accelerated service. The great majority have selected the accelerated service, even if it means waiting longer to be seen. Because of demand, a third morning clinic began in March 1993.

1.4 No major problems encountered in establishing or operating the service.

2. Evening (Enhanced) clinic:-

2.1 Service began in October 1991. It is provided on Wednesday evenings between 5pm-7pm.

2.2 2 counsellors (one medical) with clerical support are involved. Up to six new appointments in addition to returns from previous week are possible. 120 tests carried out in 1993.

2.3 Proved quickly successful, and suitable for a significant number of clients; a notable feature is the number of heterosexual couples attending jointly.

2.4 No problems encountered in establishing or operating this clinic.

3. Peripheral clinics:-

3.1 Service began in July 1991. By mid-1993, 40 health visitors participating, based in 14 health centres throughout the city.

3.2 Number of clients tested varied considerably from one health centre to another. 90 tests undertaken in 1993.

3.3 Nearly half clients tested in the peripheral clinics are drug injectors, compared with around 10% at accelerated and evening services.

Costs

Accelerated service established at virtually no additional cost by rearranging times at which counsellors see their clients. The peripheral service is seen as part of the health visitor's overall workload and therefore incurs no additional costs. The evening clinics incur staff costs (counsellor (medical), counsellor (other), clerical staff) of around £90 per session. The laboratory and portering costs of supporting the services would be additional considerations.

Summary

The number of tests carried out by Ruchill-based services rose from 836 in 1991 to 1,074 in 1993 (an increase of 29% above the 1991 level). The contribution of the new services to all tests carried out was 48% in 1992 and 70% in 1993. All three initiatives have usefully extended the accessibility of HIV counselling services. The accelerated and evening clinics have in particular proved very straightforward to establish and manage.

Edinburgh

1. Accelerated testing -

1.1 Service began in January 1993 within a GUM clinic and is provided every Wednesday. Pre-test counselling and venesection carried out between 8.30am-11am. Tests carried out and results collected by clinic staff at about 3pm. Results given to patients between 3.30pm-5.00pm. If results positive, further specimen tested and results available by pm Friday when patient is seen again.

1.2 573 patients tested in 1993, compared with 844 patients tested through routine services. The total of 1417 tests in 1993 compares with a total of 1305 tests in 1992 (an increase of 112 or 9%). There is an upward trend for HIV testing generally, but it is considered that providing a same day service on 3 or 4 days a week should augment the increase.

1.3 Prospective patients are given the choice of testing by means of the routine clinic or the accelerated scheme. Overwhelming initial demand for the same-day clinic facilities. However, majority of clients now seek routine testing, probably because the demand for the limited same-day service on offer means that they will need to wait 2-3 weeks for testing, whereas routine tests can be arranged quickly and results are available within 48 hours. Extension of the same day service, as suggested in 1.2, would undoubtedly increase its popularity.

1.4 Establishing and operating the accelerated service involved remarkably few logistic problems. Virtually no additional costs for arrangements within GUM clinic. Some additional costs and other implications for laboratory services.

Summary

1. The accelerated service has proved very popular indeed with patients.

2. Location of the testing site is important in terms both of the HIV testing laboratory and the patients' travelling arrangements.

3. Given current restriction to a single session per week, it has not been possible to advertise the accelerated testing scheme outwith existing clinic population and impossible therefore to judge the potential wider interest in testing generally. Important where same-day testing facilities are to be provided that sufficient resources are made available, not only to cope with the needs of the current clinic population but also the potential demand from the wider community.

ANNEX B

CHECKLIST FOR THE DEVELOPMENT OF ADDITIONAL TESTING FACILITIES FOR HIV

1. INFORMATION GATHERING

Sketch local picture:

number of tests carried out and number positive

gaps in testing provision - which at risk groups are hard to reach?

2. WHEN DRAWING UP A PROTOCOL YOU WILL NEED TO CONSIDER:-

where such testing should be offered;

how to publicise the service to those most likely to wish to use it;

staff needed on site to provide pre-test discussion and post-test counselling;

how and where will people be investigated for possible other STDs when this is appropriate;

who can be contacted in case of urgent need for medical help/additional counselling etc;

how will results be given: where, by whom, and how to handle an HIV positive result;

who will those identified as HIV positive be referred to;

the need for confidentiality and how this will be preserved;

the impact on the laboratory services;

several types of service may be developed:-

initial advice or information available by phone

named confidential testing

same day testing if practical

accessibility - timing of clinic hours

3. POSSIBLE ARRANGEMENTS FOR ADDITIONAL HIV TESTING FACILITIES

1. A clinic protocol should be available for all staff working in an open access same day testing clinic.

2. Privacy at the clinic should be ensured.

3. Trained counsellors to provide pre-test discussion and post-test counselling must be available.

4. In-service training and consultation to ensure up to date information and maintenance of standards on HIV/AIDS for all staff including counsellors.

5. Alternative facilities need to be available to provide in-depth counselling for clients who need more time than that available in the same day testing clinic setting to consider whether they want to have an HIV test.

6. A policy on confidentiality of records and for results must be drawn up.

7. Close liaison with the virology laboratory is essential; there should be an agreed protocol for the transport of specimens from the testing site to the laboratory. All results should be sent to the clinic in writing. Possible methods of transmission include facsimile transmission, or a printer within the clinic, linked to the virology computer so that individual results can be generated within the clinic. Results should not be given to a client on the basis of a telephone report. The virologist should, if possible, be available to discuss equivocal or unexpected results.

8. Medical back-up at a senior level must be available at all times for the testing clinic and to provide immediate medical follow up (including confirmatory testing) for those found to be infected.

9. Close liaison with the local genito-urinary medicine service is necessary to ensure that patients needing assessment can be referred with minimal delay.

10. Where a client wants a written report (for insurance, travel etc) it is essential that he or she understands a negative result shows only that there was no evidence of infection at the time the blood was taken.

11. A significant number of clients will be seen with psychological or physical problems that need more specialist care and support. Arrangements should be in place to refer these on appropriately.

4. **MONITORING AND EVALUATION ARE ESSENTIAL FOR ANY NEW SERVICE. IN PARTICULAR CONSIDER -**

uptake of services

demographic profile of those attending (as far as is possible)

number of positives and estimate of number of positives that would otherwise have gone undetected

consumer surveys to determine whether those tested were glad they attended for a test, whether it was positive or negative, and how they feel the service could be improved

- was the service friendly and efficient
- how could it be improved etc

staff appraisal