

Community Rapid HIV Testing Service (Pilot February – May 2008)
Evaluation Report



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Background and Objectives

The main aim of setting up the rapid HIV testing service was to help reduce the number of undiagnosed HIV infections and late diagnoses amongst men who have sex with men (MSM). The service aimed to be as comfortable as possible for the service user and to be held in community settings as an alternative to accessing a sexual health clinic.

West London Gay Men's Project (WLGMP) undertook a training programme facilitated by the West London Centre for Sexual Health (WLCSH) at Charing Cross Hospital. Training was given for pre and post test discussions, including sexual history taking, correct testing procedures, results giving and follow up. Clinical governance was agreed with the Clinic via their Clinical Governance Board and included Quality Assurance measures and ongoing training. Once WLGMP staff were fully trained the service was rolled out as a pilot in two community settings. The uptake at the end of the pilot was evaluated.

Quality assurance tests for the Insti HIV testing kits took place in April 2008 and are scheduled again for June 2008 in liaison with Imperial College Laboratory service. This frequency is appropriate in relation to the number of tests being administered in a two-month period.

Hammersmith and Fulham PCT funded the Pilot service as part of their improved access programme, to work towards a reduction in undiagnosed HIV infection and late diagnoses in the borough.

How the intervention works

The service consisted of two sessions per week at two different locations in Hammersmith - on a Wednesday evening from 6pm – 9pm at The Naz Project and on a Sunday afternoon from 4pm – 7pm at The River House. Sessions ran for a three-hour period and clients did not need an appointment to attend, but must have arrived half an hour before the end of a session to guarantee a test. The service ran out of office hours in order to be more convenient for the service user than a sexual health clinic. The timings of the testing service were informed by consultation done by the WLGMP, which indicated strongly that MSM are predominantly in full time employment and therefore require out of hours services to increase their access to testing.

Upon arrival clients were provided with a leaflet explaining the testing procedure, result possibilities and accuracy rates. They were then asked to fill out a registration form providing the testing staff with personal information and reasons for testing. Once completed the client was taken through a confidential pre test discussion which evaluated the possible risk(s) of them being exposed to HIV. This follows the Sexual History taking format used by staff at WLCSH with some amendments for our target group. Consent is

obtained to carry out the test and once the test has been administered and results given immediately, a post test discussion was carried out. This involved some sexual health promotion and HIV prevention discussion opportunities with those testing negative, and with referral options explained for those testing positive. The WLGMP free condom and lube distribution scheme '24s' were offered to all men attending the rapid HIV testing service.

If a positive result was obtained, the client was fast tracked for a confirmatory blood test at the West London Centre for Sexual Health, or whichever sexual health clinic was most convenient for the client. WLGMP followed up the client with a phone call(s) to make sure he is being supported and sufficiently informed about his options.

Analysis of service use

The following summary and analysis of clients attending the service runs from the period 30th January 2008 (first pilot session) to 1st June 2008 (last pilot session).

Clients attending service

Week beginning	The Naz Project	The River House	Weekly Total
28-Jan	6	no session	6
04-Feb	3	1	4
11-Feb	0	2	2
18-Feb	2	no session	2
25-Feb	3	0	3
03-Mar	3	4	7
10-Mar	4	2	6
17-Mar	2	no session	2
24-Mar	0	0	0
31-Mar	5	5	10
07-Apr	3	4	7
14-Apr	2	5	7
21-Apr	0	1	1
28-Apr	1	2	3
05-May	2	4	6
12-May	5	6	11
19-May	3	1	4
26-May	3	2	5
Grand Totals	47	39	86

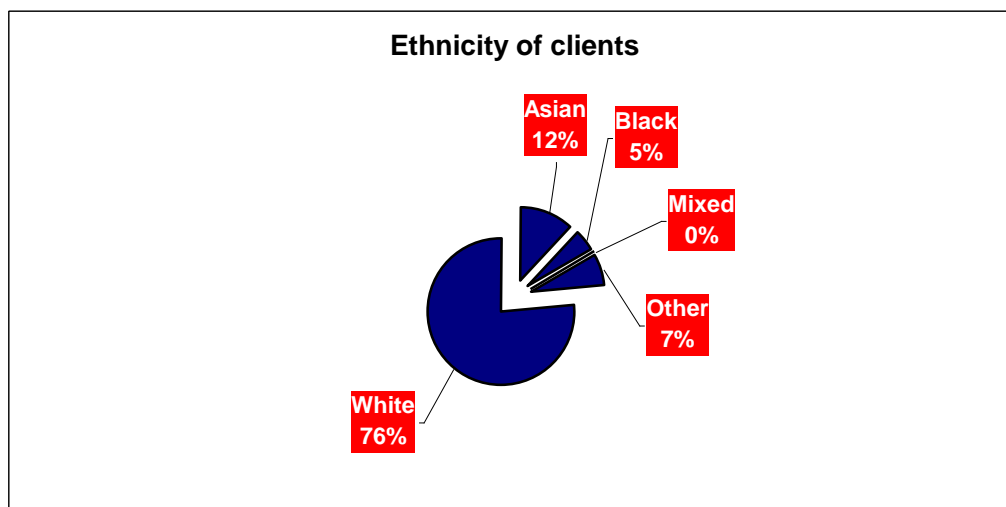
Breakdown of results

	The Naz Project	The River House
Number of sessions	18	15
Number of clients seen	47	39
Average number of clients attending per session	2.6	2.6
Number of clients receiving a Positive test result	0	2
Number of clients receiving a Negative test result	46	37
Number of clients receiving an Invalid test result	0	0
Number of clients who did not take the test	1	0

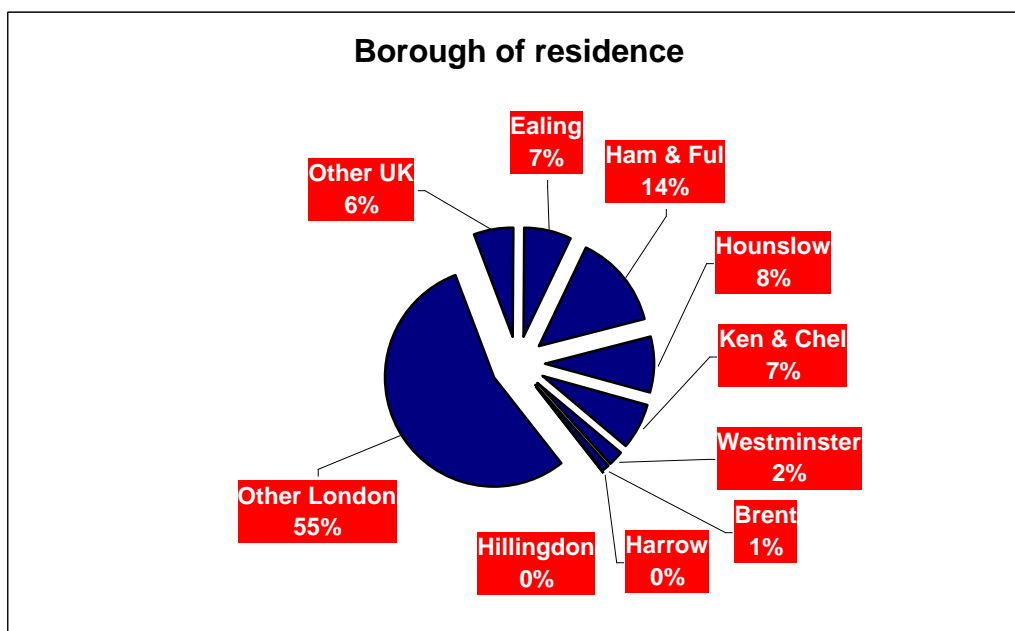
The total number of sessions for the period of January to May 2008 was 33. The total number of clients seen for that period was 86.

The number of clients receiving a Positive result was 2.4% of those tested. Compared to local sexual health clinics this is a success in helping to reduce the number of undiagnosed incidents of HIV, as the number of positive results given in the clinics is around 3%.

User demographics



The ethnicity of clients was over three quarters White and therefore within WLGMP ethnicity service user targets. The service was also within target for seeing Black and Asian and the service was over target for 'Other' ethnicities. The service was under target for 'Mixed' ethnicities as no clients attended from this group. Service user targets (see Appendix A) are based on local census data and the Sigma Gay Men's Sex Survey data.



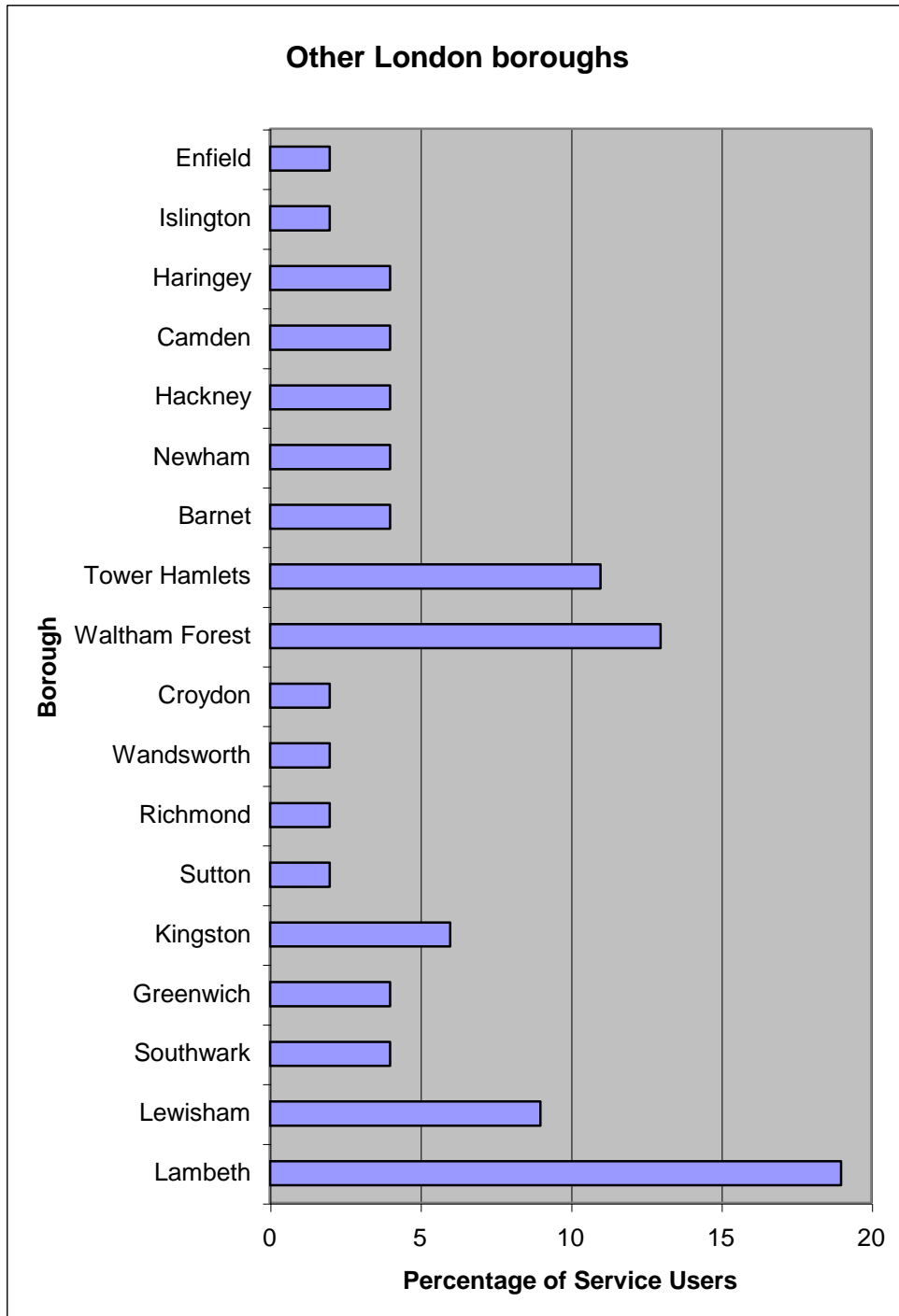
Out of all the clients attending the service over one third were residents of Hammersmith & Fulham, Ealing & Hounslow.

Hammersmith and Fulham residents were the single largest group of clients testing.

There were no patterns of particular ethnicities attending from particular boroughs.

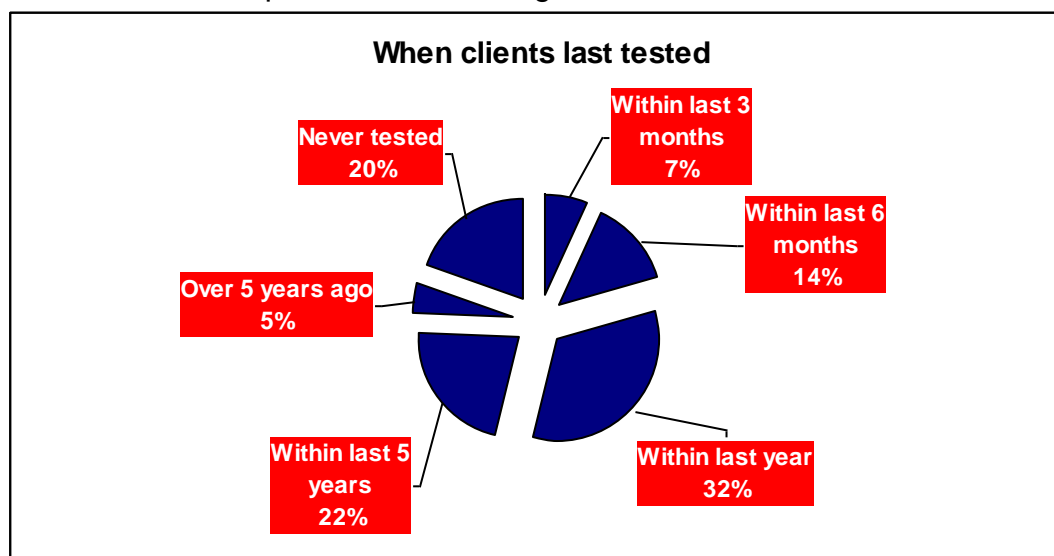
Due to the service being promoted pan-London and the nature of the service being non-discriminatory in terms of access, all clients attending were able to test regardless of borough of residence. Just over half of those attending were residents from other London boroughs.

The breakdown of the Other London boroughs is as follows:



The four boroughs accounting for over half of Other London borough clients were Lambeth, Waltham Forest, Tower Hamlets and Lewisham with the remainder being fairly evenly distributed between 14 London boroughs.

The breakdown of previous HIV testing behaviour is as follows:



Just over half the clients had been tested for HIV within the last year (53%). However nearly a quarter had not been tested for over a year or later (22%) and nearly a fifth of clients had never been tested (20%). A quarter of all clients attending the service had not tested for over 5 years or never tested, which illustrates the importance of the service.

40% of Asian clients, 33.3% of 'Other' clients and 16.7% of White clients had never previously been tested for HIV. This is very significant and reveals that work is needed to encourage more MSM to test for HIV, particularly those from Minority Ethnic groups.

Analysis of client service evaluation forms

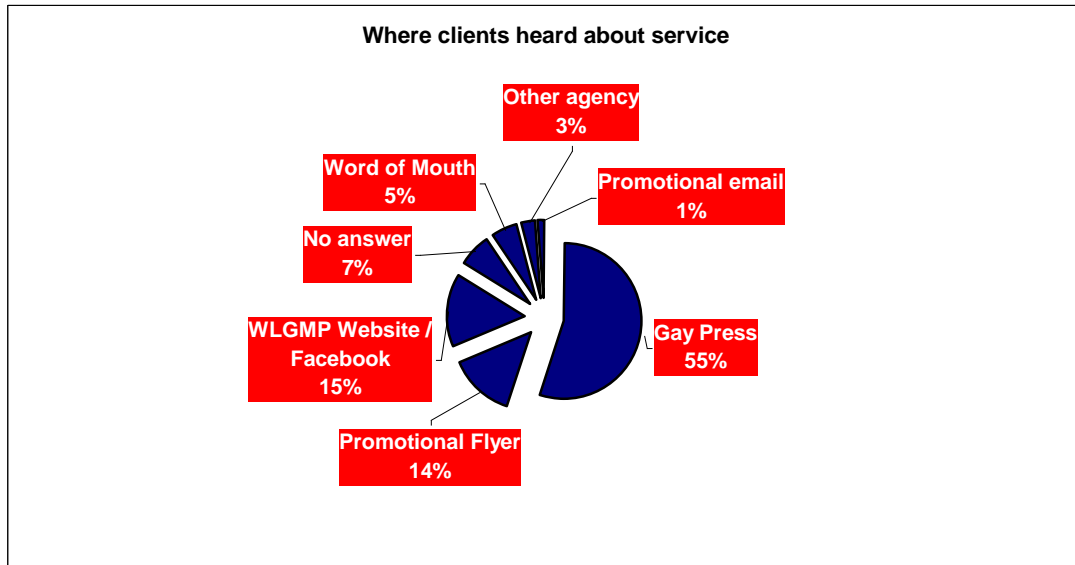
74 patients chose to complete an evaluation form out of the 86 who attended the service.

71 rated their overall satisfaction with the service as 'Very Good'.

3 rated their overall satisfaction with the service as 'Good'.

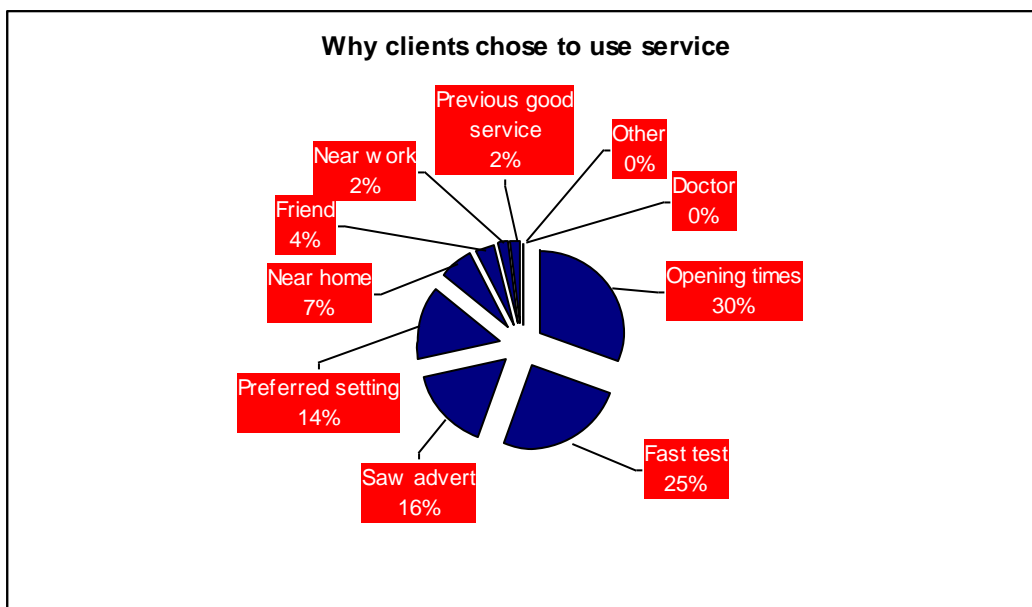
All 74 answered that they would use the service again.

The evaluation form asked where clients had heard about the service and the results are as follows:



The most successful way of reaching clients was via the gay press with over half the clients hearing about the service through Boyz and QX magazines (55%). Recognition through the gay press was equally split between the QX and Boyz magazine and some clients had seen an advert for the service in both magazines. The second and third most successful routes with just under a third quarter of the clients hearing about the service, was via a promotional flyer and through the WLGMP website / Facebook profile respectively.

The evaluation form asked why clients had chosen to use the service. Clients were able to tick more than one reason and the results are as follows:



The most popular reason for clients using the service was due to convenient opening times, with just under a third of clients stating this reason (30%). This was closely followed by a quarter of clients attending due to the fast test service (25%). Seeing an advert (16%) and preferring a non-clinical setting (14%) proved popular reasons for attending also.

Two clients cited previous good service as a reason for attending the service. This is an excellent achievement considering the relatively short time the testing service has been running.

Sample comments from the evaluation forms include:

“A very practical, sympathetic and helpful service.”

“Thank you for having the service on a Sunday – the service is professional on all levels.”

“Very quick, friendly and efficient service. I will recommend it to others.”

“This is a great service and the whole experience was easy and stress-free as it could be.”

“Hard to find the room it was being held in. Some signs were misleading.” (Clinic sited at The Naz Project)

“Liked the testing centre being private and also the personal service received that you don’t get at clinics.”

“Very impressed with the friendly and extremely efficient service. Also very helpful in giving advice and helpline numbers – I just felt very supported, thank you very much!”

Discussions and recommendations

The following are discussions and recommendations proposed to improve the rapid HIV testing service, increase access for local MSM and help reduce the number of undiagnosed HIV infections and late diagnoses amongst MSM.

- 1) The service originally ran for a three-hour period however clients were accessing the service in the first two hours only. Therefore it was not cost effective to keep the service open for the last hour.

Recommendation:

- **To run the service as a two hour session rather than three** (This modification to the service model was implemented during the pilot phase and is working successfully).

- 2) The service was within target for most ethnicity groups, however no clients of a 'Mixed' ethnicity attended the service. Asian and Black clients were also at the lower end of the target scale. Most clients found out about the service via the gay press so it would seem appropriate to advertise the service in the gay press that targets these ethnic groups.

Recommendation:

- **To advertise in targeted gay press such as Men of Colour magazine and monitor the response in service attendance**
- 3) Whilst residents from our funding borough of Hammersmith & Fulham attended the service more than any other borough residents, there were still considerable numbers of clients from other London boroughs attending. Attending a testing service near to a client's home or work featured very low in the set of reasons given for attending the service. With this in mind and the knowledge that gay men in London are transient and access services pan-London regardless of residency, it may be appropriate to report the findings of this report to other London boroughs.

Recommendations:

- **To send the report to other London boroughs, particularly those with residents accessing the service in large numbers such as Lambeth, Waltham Forest, Tower Hamlets and Lewisham**
 - **To explore opportunities of expanding the service with funding from these boroughs through Payment by Results funding**
 - **It is further recommended that access figures by borough or PCT are reviewed for Sexual Health Clinics to benchmark their services against the WLGMP service**
- 4) Nearly a quarter of those accessing the service had never previously had an HIV test. Of those clients nearly a quarter were Asian. Further publicity of the service should help attract more MSM to test and attract men who have never tested before. The evaluation showed that all clients accessing the service would use the service again, which means that those who had never previously tested are now more likely to receive regular tests, highlighting the success and validity of the service.

Recommendations:

- **To continue to promote and expand the service to encourage more MSM who have rarely or never tested for HIV to test**
 - **To work with organisations who support MSM from Asian communities, such as the Naz Project, to encourage more Asian MSM who have never tested for HIV to test**
- 5) The most successful route in promoting the service has been via the gay press. Although this is the most successful route it is also the most expensive way to promote the service. Other mediums such as WLGMP website and Facebook page, promotional flyers are also proving successful. As the service continues and expands, its good

reputation should continue to grow through word of mouth, which already accounts for 5% of where clients had heard about the service.

Recommendations:

- **To find cheaper gay press alternatives to the weekly Boyz and QX magazines, such as the monthly Bent magazine and monitor the response in service attendance**
- **To increase the service profile on other organisations' websites**
- **To continue distributing promotional flyers, sending emails and event notifications through the 24s database, WLGMP website and Facebook page to promote the service**

6) The most popular reasons for clients attending the service was the convenient opening times, the fast testing and that they had seen an advert promoting the service. Through our advertising we sufficiently promote the fast test element of the service and the convenient out of office opening times.

Recommendations:

- **To continue to run services during out of office hours and at weekends and to ensure any new services also run at these times**
- **To continue to use the Insti testing kits which provide an instant HIV result**

7) The Naz Project has seen the same average number of clients accessing the service per session as those accessing the River House (2.6). However feedback from clients has been that the location of the Naz Project is hard to find. Signs were put up outside but some clients still struggled to find the venue. This may have prevented potential clients from accessing the service. Feedback from WLGMP staff included concerns that testing clients in an office environment with computers on desks was not ideal.

Recommendation:

- **To find an alternative setting to the Naz Project to house the testing service**

Conclusions

The pilot has been a success for a number of reasons. 86 clients have accessed the service with 2.4% receiving a reactive result. These clients were followed up by WLGMP and both received HIV Positive confirmatory tests at their Sexual Health Clinics. One of the HIV Positive clients was a late presenter (had contracted HIV many years ago) and whose health was deteriorating. He said that it was seeing an advert for the testing service that had given him the courage to attend and have an HIV test after years of worrying. He is now being well looked after by his hospital and feels much happier that his HIV status has been confirmed.

The other HIV Positive client had contracted HIV relatively recently, which will allow him to be monitored and his condition managed more effectively had he not been diagnosed HIV Positive. Both these examples highlight the necessity and success of the service.

WLGMP offers a flexible and responsive service and it is for these reasons that many of the clients accessed the service in the first place. There have already been two examples of clients attending the service more than once because of previous good service. Clients attending included those that had never used other sexual health services or had never tested for HIV before and who may not have done so without such a service. The service has given WLGMP the opportunity to discuss other sexual health promotion issues and is an alternative access route to testing for MSM. WLGMP has forged good working partnerships with West London Centre for Sexual Health, The River House and The Naz Project London and has ensured that the service is operating in line with the BASH/BHIVA guidelines of good practice.

There is definite potential for the development of the service as explained in the recommendations and the capacity to provide MSM with a greater choice of how and when they want test, in order to help reduce the numbers of undiagnosed HIV infections and late diagnoses.

Appendix

A. WLGMP Ethnicity Service User Targets

WLGMP Ethnicity targets in relation to the total number of service users

White	71.2% - 84.9%
Black	1.5% - 8%
Asian	6.7% - 19.8%
Mixed	3.2% - 3.6%
Other	3.5% - 4.5%