

## **Supplementary Information of SHIP Training Intervention**

### **(from Pillay et al Unlocking the Potential...)**

In many aspects of health, GPs and practice nurses adopt special areas of interest (substance misuse, diabetes, joint problems). Patients, identified by practitioners to have these needs, can be referred on to the relevant GP or nurse (with an interest) within the practice.

However, undiagnosed HIV (and ongoing risk of unwanted pregnancy) may be invisible unmet needs. Any clinician within the practice might have missed opportunities to provide an HIV test (or contraceptive advice). Thus, ultimately, the training of each and every clinical member of the general practice team is a goal for SHIP in any area in which it is commissioned.

SHIP teaches a comprehensive clinical approach that has been developed to meet the needs of general practice. The programme aims to improve the quality of sexual health care provided in all general practices in an area, and has a strong focus on risk assessment, communication and sexual history-taking. It encompasses sexually transmissible infections, sexual health promotion and contraception as well as HIV.

SHIP normalises HIV testing by advocating the use of venous blood samples in the context of other tests that may be relevant, such as glucose, rubella, hepatitis or haemoglobinopathy testing. Therefore use of point of care tests is not taught. The use of local peer-educators enables course participants to hear about how barriers can be addressed and overcome in a way that has direct relevance to their own clinical context.

### **Commissioning of SHIP in Haringey**

Birmingham SHIP was commissioned by Haringey Primary Care Trust (PCT) as part of their overall Sexual Health Strategy. A PCT is the local administrative body for the commissioning

of the majority of health services for the local population, on behalf of the National Health Service. The 51 general medical practices within the PCT are clustered into four geographical groups termed collaboratives. Haringey PCT is in north London and has a population of around 270 000 registered for health care and it has the 12<sup>th</sup> highest prevalence of HIV nationally (6.8 /1000 adults aged 15-59 in 2009)(1). The initial commission was to deliver training to GPs and PNs and then subsequently to support Haringey GPs and PNs to deliver SHIP training. This provided an opportunity to evaluate the impact of SHIP training, with the initial hypothesis that SHIP training may increase HIV testing rates in Haringey. Recruitment began from December 2009 with emails to all practices in the borough and confirmatory letters were sent out in the month before each training round. Incentives to attend training included access to free condoms and pregnancy testing kits and locum costs. No incentives were offered to conduct HIV tests.

SHIP was also commissioned to provide its basic contraception training for Haringey practice nurses. Attendance at these sessions was not included for the purpose of the analysis of HIV testing rates.

### **Characteristics of SHIP training**

#### 1. Locality based:

- An aim to work with all practices in an area
- Use of local trained peers (GPs and PNs) to develop and lead teaching and also act as local champions
- Provision of information on local sexual health need
- Provision of information on advice, services and referral routes in the locality

- Selected use of others (e.g. local specialists and service users) for components of teaching

## 2. Teaching that:

- Provides a clear model for improving clinical care in general practice
- Recreates the 'authentic feel' of the primary care clinical context
- Makes sexual health relevant to clinicians who do not have a special interest in the topic  
eg by introducing skills to help reveal invisible unmet sexual health need
- Stretches clinicians who do have a special interest in the topic
- Provides specific communication tools and strategies for risk assessment and sexual history-taking
- Systematically tackles every barrier to HIV testing (too numerous to list), using a variety of strategies including role play and other interactive teaching as well as didactic teaching
- Aims to remove stigma

## 3. Resources that:

- Are diverse and tailor-made for differing needs of PNs and GPs
- Support change in clinical practice
- Reinforce learning

### **Relevance of SHIP's four types of HIV testing**

#### **Box 1 SHIP four types of HIV test in general practice context**

- 1 **Patient request**
- 2 **Opportunistic** tests for those found to be at risk through history taking
- 3 **Diagnostic** tests for those with relevant symptoms
- 4 **Screening** tests for specific groups (such as those seeking an abortion or, in high prevalence areas, having contraceptive care)

The four types of HIV testing resonate with primary care practitioners, who can see the parallels with other chronic conditions such as diabetes and chronic obstructive pulmonary disease. The different types of HIV testing have different implications for the early diagnosis of HIV. Patients might request tests at any stage of their infection, although a perception of recent risk of infection might be a trigger. Opportunistic HIV testing and screening might both, in theory, support early diagnosis, because patients may be asymptomatic. Diagnostic testing provides the opportunity for the 'diagnostic jackpot' – diagnosis of Primary HIV infection - which may present in general practice as a flu-like illness. This is the earliest stage at which HIV infection can be diagnosed by any strategy. However, in all other circumstances, diagnosis on the basis of symptoms is, virtually by definition, late diagnosis. However, shortening time to diagnosis of symptomatic HIV might at least lead to diagnosis being late, rather than very late.

The four types of HIV test illustrate that testing by GPs and practice nurses is a complex clinical behaviour: to provide tests, GPs and PNs need good clinical knowledge, effective communication skills and also risk assessment and sexual history-taking skills. They need the confidence and motivation to apply all of these. In addition, their service must be seen as an appropriate place to request an HIV test. However, there currently exist multiple perceived and actual barriers to all forms of HIV testing in general practice, and it is recognised that unless these are addressed, testing rates will not improve (2,3). SHIP training has been developed, in part, to address each and every one of the barriers.

See <http://www.ship.bham.nhs.uk/> for more information on SHIP.

## Intervention in Haringey

Round 1	
4/3/2010 ❶	Key Issues in Sexual health for GPs ❶
11/3/2010	STI update for Practice Nurses ❷
18/3/2010	Sexual health Risk Assessment for Practice Nurses ❸
25/3/2010	HIV Update for GPs & Practice Nurse ❹
Round 2	
27/5/2010	Key Issues in Sexual Health for GPs ❶
10/6/2010	STI Update for Practice Nurses ❷
17/6/2010	Sexual Health Risk Assessment for Practice Nurses ❸
24/6/2010	HIV Update for GPs & Practice Nurses ❹
Round 3	
13/1/2011	Key Issues in Sexual Health for GPs ❶
20/1/2011	STI Update for Practice Nurses ❷
27/1/2011	Sexual Health Risk Assessment for Practice Nurses ❸
3/2/2011	HIV Update for GPs & Practice Nurses ❹
Round 4	
9/6/2011	Key Issues in Sexual Health for GPs ❶
16/6/2011	STI Update for Practice Nurses ❷
23/6/2011	Sexual Health Risk Assessment for Practice Nurses ❸
30/6/2011	HIV Update for GPs & Practice Nurses ❹
Round 5	
8/9/2011	Key Issues in Sexual Health for GPs ❶
15/9/2011	STI Update for Practice Nurses ❷
6/10/2011	Sexual Health Risk Assessment for Practice Nurses ❸
13/10/2011	HIV Update for GPs & Practice Nurses ❹

Table 1: SHIP 'HIV related' training in Haringey

Each round consisted of a GP session ❶, two practice nurse sessions ❷ + ❸ and an HIV session attended by both ❹. A clinician completed training if they attended all relevant sessions i.e.

① & ② for GPs, or ② + ③ + ④ for practice nurses. Skills relevant to HIV testing were taught in all sessions.

SHIP for Haringey also provided an additional course 'Basic Contraception for practice nurses' – an update focused on clinical safety and open to all practice nurses.

### **References**

1. Health Protection Agency. Time to test for HIV - expanding HIV testing in healthcare and community services in England: Health Protection Agency September 2011.
2. Richards JE, Pattman RS Does the sexually transmitted infections foundation course deliver and change practice? Feedback from delegates 2002-2006 Int J STD & AIDS 2008;19:810-813
3. Sawleshwarkar S, Harrison C, Britt H, Mindel A. Determinants of HIV testing Sex Transm Infect 2011;87:426-432