



Laura Cousins

Job Title: Salaried GP
Abortion Care Doctor for NUPAS
Locality: Oldham
Project Title: Opportunistic HIV testing in Primary Care



Project Aim

I introduced opt-out HIV testing for all patients aged 15-65 having any blood test at my GP practice. Our HIV prevalence rate seemed low compared to GM, but I found that this was because of poor attendance at GUM clinics, where the data was being collected, rather than fewer of our patients having HIV. I wanted to roll out routine HIV testing somewhere that my patients would regularly attend, to improve testing coverage, in line with the UK goal of no new HIV cases by 2030.

What did I do?

I created an 'HIV pub quiz' event to gather information about what staff's knowledge and beliefs were around HIV. I then used this data to write a teaching and Q+A session, to ensure everyone felt comfortable with opt out testing, and able to answer patients' questions. I alerted all our patients of the change using accurx and put up information around the practice explaining the change. I regularly audited our testing data to try to locate barriers to testing and address these as they arose.

What did I learn

Thinking beyond the clinic room, to a more system-wide approach – something that isn't taught at medical school! This fellowship has helped me identify wider issues to tackle at my practice, including patient access, vaccination/smear uptake, etc. I am still working on some of the barriers to opt-out testing, such as the need for staff to manually request each HIV test. But finding out that these barriers exist - and having the time and space to think about how to tackle them - has been hugely important for me.

Has this changed how you work?

Definitely! As a GP, I am skilled at one-on-one problem solving but hadn't learned any public health for over 10 years, as it isn't part of our training. Being on the healthcare frontline and having knowledge about public health principles is hugely important. As well as my usual clinical work, I now audit all my own appointments and practice and use this data to directly implement change. Learning principles such as opportunity cost has been important too, as I had noticed issues with access to appointments but was unsure how to tackle them, and now I feel I have the tools to be able to do this.

What happens next?

Since I started my project, we have seen significant change. More patients are being tested for HIV, some are even requesting tests, and staff are confident in explaining the process. Our testing coverage has almost quadrupled from 4 to 15%, but there is still a way to go to cover everyone! As well as continuing with this project, I want to expand opt-out testing at other practices using my teaching programme. Stemming from this I am now also helping run a large access project at my practice, to identify issues with bookings, DNAs, and unnecessary appointments, and minimise our opportunity cost. I hope to continue to be a small disruptive cog in the primary care machine for a long time!

To read more about Laura's journey, scan the QR code below

