“Looking at how computer-based tools can be used in GP surgeries to identify people at a higher risk of blood-borne virus infections”

Findings from: Identifying the most effective General Practice based tools for identifying those at risk of blood-borne viruses

What was the study about?

Several computer-based tools are used in primary care to help GPs find people who may be at a higher risk of blood-borne virus infections such as hepatitis C. One example is the Camden and Islington Viral Hepatitis Identification Tool, which was introduced to 60 GPs across London in 2014. It works by scanning electronic medical records to look for particular words or phrases which could indicate that someone is at a higher risk of blood-borne virus infections. People highlighted to be at a higher risk can then be offered testing and further care/treatment if appropriate. We want to look at how effective and acceptable computer-based tools are. We are also exploring what makes it harder for people to be referred for further care and treatment once diagnosed, and how these challenges can be overcome.

Why is this important?

Many people with blood-borne viruses are unaware of their infection. It is important that we find ways to identify these people so that they can be diagnosed, referred for further care and treated. Looking at how the Camden and Islington Viral Hepatitis Identification Tool works will help us understand how to improve computer-based tools to find people infected with blood-borne viruses who may be unaware of their infection. This will reduce the spread of blood-borne viruses and reduce harm from undiagnosed and untreated infections.

What did we do?

We looked at how well a computer-based tool called the Camden and Islington Viral Hepatitis Identification Tool worked at finding people at a higher risk of blood-borne viruses. To do this we looked at how many people were offered a test for blood-borne viruses, how many of those tested positive, and how many people were then referred to the appropriate healthcare services both before and after the tool was being used. We also looked at the most common words/phrases (known as flags) the tool used to find people at a higher risk.

Key findings

• Use of the tool was linked with a 78.5% increase in tests for blood-borne viruses in primary care, leading to 55.8% more people being diagnosed. Hepatitis B saw the largest increase, meaning that twice as many people were diagnosed after the tool was being used compared to before the tool was being used.

• Only 23.2% of people who tested positive for hepatitis B and 14.9% of people who tested positive for hepatitis C were referred to appropriate healthcare services for further care.

• The most common flag used to find people at a higher risk of infection was a history of sexually transmitted infections (STIs). People who either previously or currently used drugs and people who had contact with someone with hepatitis C were more likely to be offered a test compared to those with a history of STIs.

• Less males chose to be tested after being offered a test for HIV and/or hepatitis B compared to females. People were more likely to be tested for hepatitis B and hepatitis C as they got older.

What do these findings mean?

These findings have shown that the computer-based tool was useful and helped to identify people with blood-borne viruses that might not have been aware of their infection and therefore might not have been diagnosed otherwise. However, we need to make sure that people diagnosed with blood-borne virus infections are then referred to the appropriate healthcare services so that they can receive treatment. This will help reduce the spread of blood-borne viruses and reduce harm from undiagnosed and untreated infections.