Department of Health funded sites
Lighthouse West London
Peckham Pulse Health & Leisure
THT South (Brighton)

evaluation of the Department of Health funded fasTest HIV testing in the community pilot

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Executive summary and conclusions

During the evaluation period 128 fasTest clinic sessions were delivered across the four pilot sites. These 128 sessions amounted to 344 hours of opening and 772 clinical staff hours of service delivered. During the course of the 128 fasTest sessions 1120 HIV tests were undertaken. The average (mean) number of tests per session was 8.75. Overall, on average 1 HIV test was delivered for every 41 minutes of clinical staff time.

During the evaluation period 34 people received positive test results from fasTest. Three of these were ineligible for the service since they had previously tested positive for HIV. Prior positives occurred in all sites and for a wide variety of reasons. Of the remaining 31 new positive tests, one proved false on full serology. Of the 30 valid new positive tests (2.9% prevalence) 27 were confirmed on serology and 3 were not, giving a confirmed HIV prevalence of 2.7% among all testers. HIV prevalence varied by gender, sexuality and ethnicity. Gay and Bisexual men had a higher overall HIV prevalence (3.8%) than heterosexuals (2.3%).

Interventions to diagnose HIV are already in operation and this new intervention should be compared to these. In two of the host GUM clinics the same 4 page semi-structured questionnaire was used with people presenting for HIV testing in the main out-patients clinics. In the Claude Nichol Centre in Brighton 191 questionnaires were completed by men HIV testing in standard GUM services. In the John Hunter Clinic in West London 70 questionnaires were completed by men and women presenting for a rapid HIV test in lunchtime sessions. Separate reports will be available comparing these recruits with those from Terrence Higgins Trust (THT) sites. These data will help us establish the extent to which fasTest users differ from those using GUM services.

Feasibility: It is feasible to establish and administer fasTest HIV testing interventions in community settings (ie. outside GUM out-patients). In the pilot they were established as satellite GUM services with clinical services and governance provided by an host GUM service. They can be challenging partnerships to establish and maintain, especially where the service requires one collaboration to provide fasTest and another to receive positive referrals. All sites require clear leadership both from THT staff and the local GUM partner.

Affordability: We estimate in the entire fasTest pilot each HIV test cost approximately £135 with a range over time and across sites of £85-£175. The cost per test varied by the volume of users attending the site and, over time as the volume of users increased, the cost per test fell. There was a trend towards increasing efficiency through the lifetime of the pilot. More data is needed from THT and other HIV testing services to allow comparative analysis with the cost of traditional HIV testing interventions in GUM, primary care and ante-natal services.

Access: The users of the fasTest interventions were a function of their promotion; need to establish HIV status in the local population; and pre-existing service provision in the locality of the site (ie. the availability and accessibility of comparable HIV testing services). It is feasible to attract both Gay and Bisexual men and Black African migrants into fasTest services, though promotion to African and other Black and minority ethnic populations needs careful consideration. The addition of fasTest interventions certainly expands HIV testing capacity in a locality and improves patient choice, so long as they do not replace pre-existing HIV testing services.

Acceptability: A third (33.6%) of all testers had never previously tested for HIV, among which more than a fifth (22.0%) said they had never tested for HIV before because they had not known where to get tested. More than half (54.0%) of all fasTest users reported that their main reason for choosing fasTest over other options for HIV testing was *because the test result is available at the same visit.* This response was significantly more common among those that had tested before (57.6%) compared to those that had not (47.4%). Another third (32.0%) of all respondents stated that *it is more convenient to come here.* This answer was assumed to refer to both the 'after hours' nature of the service and the absence of any need for an appointment. It could also include the physical setting of the intervention (ie. not in a hospital or primary care) though this was rarely mentioned.

Analysis of interviews with people testing HIV positive in fasTest suggest that overall satisfaction with the fasTest service was very high, as was satisfaction with referral pathways into standard HIV care.

Need: During the entire pilot the four pilot sites recruited 1721 people who wanted to know their HIV status. During the evaluation period, 937 people tested for HIV in three fasTest pilot sites and completed our evaluation questionnaire. Among these, 30 received a new HIV positive diagnosis at an overall HIV prevalence of 2.9%. A very similar prevalence was observed in the monitoring data of the entire pilot period. HIV prevalence varied by gender, sexuality and ethnicity. Gay and Bisexual men had a higher overall HIV prevalence (3.8%) than heterosexuals (2.3%).

There is limited evidence to address the question of whether fasTest diagnoses people any earlier in their HIV disease history but initial comparisons with GUM samples suggests it does not.

Effectiveness: During the evaluation period, 937 people tested for HIV in fasTest pilot sites and completed our questionnaire. Among these 28 received a new HIV positive diagnosis at an overall HIV prevalence of 3.0%. Of these 28 positives, 26 received a confirmatory HIV diagnosis on serology. For 21 of these positives we have information on where they received subsequent HIV monitoring and care. Seventeen entered care in the host clinic associated with the fasTest site and 4 others were known to have subsequently attended for HIV care elsewhere. While the others may have entered care no information was available on where they did so.

Efficiency: None of the clinics ran at full capacity for the entire pilot period but managing (over)demand was problematic at times in all sites. Overall, on average 1 HIV test was delivered for 41 minutes of clinical staff time with a range from 54 minutes of clinical staff time per test in Birmingham; 43 minutes in Lighthouse West; 39 minutes in Brighton and 36 minutes in Peckham.

Promotion of the service affected uptake but more expensive methods of promotion (press and online advertising, dedicated outreach) do not appear to have a disproportionate impact on uptake.

1. Introduction

This report outlines our evaluation of the community rapid HIV testing pilot interventions funded by the Department of Health and delivered by Terrence Higgins Trust (THT) with collaborators in four genito-urinary medicine (GUM) clinics. Given that several similar interventions exist we always use the fasTest brand name developed by THT to refer to the intervention.

This report is intended to outline all the findings of our exploratory evaluation. We have not invested substantially in describing the context of the intervention or the academic literature that underpins some of the assumptions made.

The following report describes the data collected using three methods. Chapter 2 describes our collaborative monitoring of service provision and follow-up through standard HIV care services. Chapter 3 describes all the findings from our 4 page questionnaire self-completed by 937 fasTest users in the Department of Health sites. Chapter 4 describes our difficulties with the intended follow-up telephone interviews with those tested POSITIVE in fasTest.

The intervention delivered was exploratory and continued to develop throughout the pilot period.

Terrence Higgins Trust currently describe their aims in delivering this intervention as:

- Reduce levels of undiagnosed HIV
- Provide greater access and choice for individuals
- Provide results at point of testing
- Establish a fast-tracking procedure into treatment & care for those testing positive

Where the fasTest service does not replace pre-existing GUM provision it was also assumed to increase HIV testing capacity in a specific locality.

Our initial aims for this evaluation (taken from our bid) were:

- Describing the entire population who tested at each site, including demographic profiles, sexual history and sexual health needs.
- Identifying how the population who tested at each site might vary from attendees of other clinical sexual health services. The key aim will be to assess whether (and why) target groups are more likely to access services based in community settings compared to other settings.
- Evaluating the acceptability of the interventions to Gay and African communities (from surveys and interviews).
- Evaluating the effectiveness of the interventions in screening an at-risk population including their capacity to identify new cases of HIV.

2. FasTest monitoring data

2.1 Organisation of fasTest sites and the evaluation

Four pilot fasTest sites were established with Department of Health funding. Each was intended to run for 12 months including 6 months of evaluation. The table below summarises the site of the clinic; the clinical collaborators; day and time of the clinic; the date it started and the dates the evaluation started and closed.

fasTest Venue	LONDON Lighthouse West	BRIGHTON THT South	LONDON Peckham Pulse	BIRMINGHAM AB plus
Clinic providing satellite	John Hunter Clinic @ Chelsea & Westminster	Claude Nichol Centre	Reproductive & Sexual Health @ Kings	Whittall Street Clinic GUM
Clinic Providing HIV care	John Hunter Clinic @ Chelsea & Westminster	Lawson Unit / Claude Nichol Centre	Caldecot Centre @ Kings	Whittall Street Clinic GUM
Clinic day and time	Monday 17:00–20:00	Monday 18:30-20:30	Thursday 17:00–20:00	Tuesdays 14:00–17:00
Priority TARGET groups	over-serve African people	ONLY-serve Gay men	over-serve African people	over-serve African people & Gay men
Pilot STARTED	13-Sept-04	38263	38266	38334
Clinic status on 31-03-06	ongoing	ongoing	ongoing	ongoing
Evaluation STARTED	7-March-05	38305	38497	20-Sept-05
Evaluation CLOSED	38700	38704	38700	38698

The closure dates for the evaluation period (in December 2005) mark the point from which all ongoing fasTest sites shifted to funding other than that provided from the initial pilot. Given rules governing Research Ethics Committees all evaluation activity had to stop at this point. All fasTest sites ran for at least a year in the pilot phase. It should be noted that in Birmingham the evaluation element started substantially later than in all the other sites.

2.2 FasTest service delivered and numbers of attenders and tests

The table below summarises the number of sessions and hours of service delivered in each site in the evaluation period; the total numbers of attenders and numbers of tests.

SERVICE DELIVERY DURING EVALUATION PERIOD	LONDON Lighthouse West	BRIGHTON THT South	LONDON Peckham Pulse	BIRMINGHAM AB plus	Total
SESSIONS delivered	38	52	25	13	128
SESSIONS not delivered	4	6	5	0	15
TOTAL hours of service	114	104	87	39	344
CLINICAL staff hours delivered	342	208	141	81	772
TOTAL Number of attenders	511	327	237	100	1175
TOTAL Number of tests	479	316	235	90	1120
AVERAGE number of tests per session	12.6	6.1	9.4	6.9	8.75
AVERAGE number of tests per clinical staff hour	1.4	1.52	1.67	1.11	1.45

During the evaluation period 128 fasTest clinic sessions were delivered, ranging from 52 in Brighton to 13 in Birmingham. These 128 sessions amounted to 344 hours of opening and 772 clinical staff hours of service delivered. Between sites, clinic opening hours varied as did the volume of staff present (Lighthouse West delivered the most hours of service and clinical staff hours but not the most sessions).

During the course of the 128 fasTest sessions at least 1175 people attended the service and 1120 HIV tests were undertaken. Not every attendance was from a different person, with some people returning for second tests within the pilot period. This was especially common when a person attended after a specific risk for which they were still in the window period - they were usually tested and asked to return when they fell outside the window period. In Brighton enhanced monitoring over the entire 52 weeks suggests that 316 tests were delivered to 291 different men: 269 men tested once; 19 tested twice; and 3 men tested 3 times.

The average (mean) number of tests per session was 8.75, with a range from 6.1 in Brighton to 12.6 in Lighthouse West. Some of this variation was a consequence of the length of clinic opening (Brighton was open for 2 hours but all others were open for 3 hours per week) and volume of staff in attendance (Brighton always had 2 staff in attendance compared to 3 in Lighthouse West, with weekly variation in Birmingham and Peckham). None of the clinics ran at full capacity for the entire pilot period but managing (over)demand was problematic at periods in all sites. Overall, on average 1 HIV test was delivered for every 41 minutes of clinical staff time with a range from 54 minutes of clinical staff time per test in Birmingham; 43 minutes in Lighthouse West; 39 minutes in Brighton and 36 minutes in Peckham.

2.3 Evaluation response rates

The table below outlines the response rates in our self-completion survey. The overall gross response rate was 86.6% including Birmingham where it was only 32.2%. There were multiple problems with the evaluation in the Birmingham site and only 13 weeks of data collection were feasible once the Local Research Ethics and R&D governance registration were completed. In these 13 weeks, 100 people attended the service and 90 tested for HIV. From these 90 people only 29 forms were received by Sigma Research though another 15-20 were lost on site. Among these 29 forms less than half included a personal identifier and a date, making them impossible to match to test outcomes. For these reasons all Birmingham data is excluded from the following chapters.

EVALUATION RESPONSE RATES	LONDON Lighthouse West	BRIGHTON THT South	LONDON Peckham Pulse	BIRMINGHAM AB plus	Total
TOTAL No. of tests	479	316	235	90	1120
No. of evaluation forms	448	295	198	29	970
gross RESPONSE RATE	93.5%	93.4%	84.3%	32.2%	86.6%
Evaluation forms in analysis	446	294	197	0	937
net RESPONSE RATE	93.1%	93.4%	83.8%	Excluded	**91.0%**

In what follows 937 questionnaires are included in the analysis. The 33 questionnaires that are excluded include all 29 from Birmingham and 4 from people who were adjudged ineligible for the intervention because they had previously received a positive HIV test result. After exclusions (including all Birmingham data) the overall response rate rises to 91.0% with a range from 83.8% in Peckham to 93.4% in Brighton.

2.4 Testing positive for HIV in fasTest

Section 3.4.1 outlines HIV prevalence among the 28 fasTest users that had a new HIV diagnosis and completed the evaluation questionnaire. The following table outlines all positive tests recorded in the evaluation period and is taken from the monitoring data.

POSITIVES DURING EVALUATION PERIOD	Brighton THT South	London Lighthouse West	London Peckham Pulse	Total exc. B'ham	B'ham AB+	Total inc. B'ham
Total of HIV TESTS	316	479	235	1030	90	1120
Total of POSITIVES	10	17	7	34	3	37
FALSE positives	0	0	1	1	0	1
PRIOR positives (ineligible)	1	0	2	3	?0	?3
Total of VALID positives	9	17	4	30	?3	?33
NOT CONFIRMED positives	0	1	2	3	?0	?3
CONFIRMED on serology	9	16	2	27	?3	?30
FOLLOW-UP serology data	9	12	0	21	0	21
HIV prevalence (confirmed)	**2.8% (2.8%)**	**3.5% (3.3%)**	**1.7% (0.9%)**	**2.9% (2.6%)**	**3.3%**	**2.9% (2.7%)**

The Birmingham monitoring data is incomplete. We were informed of 3 positive tests in the 90 undertaken during the evaluation period but no other data was received - all items with a question mark in the final column are assumptions. If we exclude Birmingham then there were 1030 HIV tests conducted and 34 positive diagnoses.

Among these 34 positive test results there were 3 prior positives that were ineligible for the service (1 in Brighton and 2 in Peckham). None of these 3 prior positives declared their HIV infection before using fasTest (though one recorded it on her evaluation form). Two other prior positives presented to Lighthouse West but were diverted to the John Hunter Clinic when they acknowledged a prior positive test before getting a fasTest. Prior positives occurred in all sites and for a wide variety of reasons. With such a low-threshold, open-access service it is essential to plan for their attendance.

Of these 31 new positive tests, one (in Peckham) proved false on full serology. Of the 30 valid positive tests (2.9% prevalence) 27 were confirmed on serology and 3 were not (1 in Lighthouse West and 2 in Peckham). That leaves an confirmed prevalence of 2.7% with variation from 0.9% in Peckham, 2.8% in Brighton, and 3.3% in Lighthouse West.

2.5 HIV serology and care after testing positive in fasTest

The table below summarises the follow-up serology results of positives first diagnosed with HIV in fasTest and where they sought subsequent HIV monitoring and treatments.

Follow-on serology and entry to HIV care by fasTest site		**Brighton THT South**	**London Lighthouse West**	**London Peckham Pulse**	**TOTAL**
Total of VALID positives		9	17	4	30
Entering HIV care	@ host clinic	9	8	0	17
	known elsewhere	0	4	0	4
	NOT known	0	5	4	9
Total of FOLLOW-UP full serology data		9	12	0	21
Initial CD4	mean	330	306	none known	316
	stand. dev	160	166		160
	median	311	333		324
	range	38913	13-574		7-574
CD4 %	mean	19	22		21
	stand. dev.	11	12		11
	median	19	21		20
	range	1-35	2-37		1-37
initial viral load	mean	265306	55429		145377
	stand. dev	400793	52473		277660
	median	31100	44268		40362
	range	1980-1,000,000	50-173,869		50-1,000,000

As reducing the length of time between HIV infection and diagnosis was one of the original reasons for the development of these new community interventions, a key indicator of success (relative to existing diagnosis interventions) was intended to be differences in disease progression among people diagnosed with HIV in fasTest compared to standard GUM. With follow-up data from only 21 (of 30) people newly diagnosed with HIV in the 3 Department of Health fasTest sites, it is difficult to address comparative questions of disease progression.

As screening interventions are only as useful as the treatment interventions which follow them, the referral pathways between the two are described above. For 21 of the 30 valid positives we have information on where they received subsequent HIV monitoring and care. Seventeen of these entered care in the host clinic associated with the fasTest site where they were diagnosed.

3. FasTest users survey

3.1 Demographic characteristics of users

3.1.1 Gender

Three quarters (74.8%, n=701) of all respondents using fasTest in the three Department of Health funded pilot sites were males. This included all those using THT South in Brighton (n=294); almost three quarters of those using Lighthouse West London (72.9%, n=325), but less than half (41.6%, n=82) of those using Peckham Pulse. A quarter (25.2%, n=236) of all testers were females: none of those using Brighton; just over a quarter (27.1%, n=121) of those using Lighthouse West and more than half (58.4%, n=115) of those using fasTest in Peckham.

Gender by fasTest site (n=937, missing 0)	**% All Testers** n=937	**% THT South Brighton** n=294	**% Lighthouse West** n=446	**% Peckham Pulse** n=197
Male	74.8	100	72.9	41.6
Female	25.2	0	27.1	58.4

3.1.2 Sexual activity and identity

All respondents were asked *What term do you usually use to describe yourself sexually?* and offered four responses: *Heterosexual or straight; Gay or Lesbian; Bisexual* and *other*. Very few (<1%) ticked *other*. Among the *other* identities those that specified *queer* were recoded as Gay and those that stated *normal* were recoded as heterosexual. However, the majority of the *others* did not specify a term and were recoded as missing.

Sexual identity by fasTest site (n=885, missing 52)	**% All Testers** n=885	**% THT South Brighton** n=277	**% Lighthouse West** n=431	**% Peckham Pulse** n=177
Heterosexual (straight)	46.7	3.6	58.2	85.9
Gay or Lesbian	46.1	88.1	34.3	9
Bisexual	7.2	8.3	7.4	5.1

In addition, all respondents were asked *In the last year, have you had sexual relations with...* and offered the responses *Both men and women; Women only; Men only;* and *No one (neither men nor women).*

Gender of sexual partners in the last year by fasTest site (n=890, missing 47)	**% All Testers** n=885	**% THT South Brighton** n=273	**% Lighthouse West** n=432	**% Peckham Pulse** n=185
Men only	68.7	89.7	58.3	61.6
Women only	24	3.7	33.8	31.4
Both men and women	5.6	5.9	6.3	3.8
No one	1.7	0.7	1.6	3.2

Using these two variables in addition to gender we can allocate 98.2% (n=920) of all fasTest users to one of four groups: heterosexual females (23.3%, n=215); heterosexual males (23.8%, n=220); Gay or Bisexual or homosexually active males (51.1%, n=469); Lesbian, Bisexual or homosexually active females (1.7%, n=16). Where respondents did not indicate a sexual identity (n=52, 5.5% of all) but did indicate the gender of their sexual partners (n=34, 3.6% of all) they were allocated to a group according to sexual activity in the last year.

Sexual identity and gender of partners in the last year by fasTest site (n=919, missing 18)	**% All Testers** n=919	**% THT South Brighton** n=288	**% Lighthouse West** n=440	**% Peckham Pulse** n=191
MALE: Gay, Bisexual or HAM	51.1	96.5	39.8	8.9
MALE: Heterosexual	23.8	3.5	33.4	32.5
FEMALE: Lesbian or Bisexual	1.7	0	1.4	5.2
FEMALE: Heterosexual	23.3	0	25.5	53.4

As the table above demonstrates sexual identity and gender of partners varied by fasTest site. In Brighton the service was intended to *only serve* Gay and Bisexual men. All service users were male and the vast majority (96.5%) were Gay, Bisexual or otherwise homosexually active. In Peckham the vast majority (85.9%) of users were heterosexual and the majority of these were female.

3.1.3 Ethnicity

The THT South site was targeted at Gay or Bisexual men with no aspiration to over-serve any specific ethnic group. Both Lighthouse West and Peckham sought to over-serve Black African people.

All testers were asked *What is your ethnic group?* and required to indicate one of the 16 options from the 2001 UK Census. *Other* answers were allocated to categories according to Office of National Statistics instructions. The following table shows the number of testers from each ethnic group by fasTest site.

The overall proportion that were White British was 43.6% (n=408), though this varied from 13.2% at Peckham, through 35.0% at Lighthouse West to 77.1% in Brighton. The proportion that were from ethnicities other than white (4.2% in Brighton; 32.8% in Lighthouse West; 70.0% in Peckham Pulse) also varied substantially by site. Excepting Brighton, this proportion was substantially larger than the 2001 UK Census estimate of 7.9% of people resident in the UK not being White, suggesting some success in ethnic-specific targeting in Lighthouse West and Peckham Pulse.

Lighthouse West and Peckham sites were intended to *over-serve* Black Africans irrespective of sexual activity or identity. Compared to Lighthouse West, Peckham was especially successful at over serving Black African (39.6% v 12.8%) and Black Caribbean (14.2% v 2.5%) people. These differences were a function of the promotion of the service (see section 3.4.6). It is worth noting however, that Lighthouse West London had been offering an identical service for more than a year prior to the pilot (called *Know for Sure*) and while that site received no dedicated promotion to Gay or Bisexual men, personal recommendations from friends remained an important way of first hearing about fasTest.

Ethnic group by fasTest site (n=936, missing 1)		**% All Testers** n=936	**% THT South Brighton** n=293	**% Lighthouse West** n=446	**% Peckham Pulse** n=191
White	*British*	43.6	77.1	35	13.2
	Irish	2.5	3.1	3.1	0
	Other White	22.3	15.7	29.1	16.8
Black / Black British	*Caribbean*	4.4	0.7	2.5	14.2
	African	14.4	0	12.8	39.6
Asian / Asian British	*Indian*	3.5	1	4.9	4.1
	Other Asian	1.8	0.3	3.1	1
Dual / mixed	*White & Black Caribbean*	1.1	1	1.1	1
	White & Black African	2	0.3	2.5	3.6
	White & Asian	1	0	1.6	1
	Other Mixed	1.7	0.3	1.8	3.6
All other ethnicities		1.7	0.3	2.5	2

The ethnicity of testers also varied by gender and sexual identity. The female testers were considerably more likely to be Black African or Black Caribbean. This was partly a function of using fasTest sites in London since Brighton was a men-only service. Less than a fifth (18.2%) of all female testers were White British and a quarter (26.3%) were Black African (with another 10.2% Black Caribbean). While half (52.1%) of male testers were White British, this included two thirds (62.6%) of Gay or Bisexual men but less than a third (29.2%) of heterosexual males. Conversely, 10.4% of all male testers were Black African, including 2.1% of Gay or Bisexual men and a quarter (27.4%) of heterosexual men.

Ethnicity by gender and sexuality (n=936, missing 1)	**All Testers** n=936	**All Males** n=700	**All Females** n=236	**Gay or Bi Males** n=470	**Hetero Males** n=219	**Gay or Bi Females** n=16	**Hetero Females** n=214
White British	43.6	52.1	18.2	62.6	29.7	18.8	18.7
White other	24.8	24.3	26.3	26.2	21.5	31.3	25.7
Black African	14.4	10.4	26.3	2.1	27.4	18.8	25.7
Black Caribbean	4.4	2.4	10.2	1.5	4.6	6.3	10.7
All others	12.8	10.7	19.1	7.7	16.9	25	19.2

3.1.4 Country and continent of birth

All testers were also asked their country of birth. Country of birth was missing for 25 testers (2.7%). Overall, just over half (55.9%) indicated they were born in the UK, of which 90.4% were born in England. Apart from those born in the UK, the majority were born in Africa (15.8%, n=146, listing 25 different countries) or a European country other than the UK (14.1%, n=131, listing 24 countries). The following table shows the UK and continents of birth, by fasTest site.

Country / continent of birth by fasTest site (n=926, missing 11)	**% All Testers** n=926	**% THT South Brighton** n=294	**% Lighthouse West** n=440	**% Peckham Pulse** n=192
United Kingdom	55.9	80.3	49.3	33.9
Africa	15.8	3.1	15.2	36.5
Other European	14.1	11.2	15.7	15.1
Asia	4.3	0.7	7.3	3.1
South America	4	2.4	4.5	5.2
North & Central America (inc. Caribbean)	3.2	0.7	3.9	5.7
Australasia	2.6	1.7	4.1	0.5

Apart from the UK, 77 other countries of birth were listed by fasTest users across the three sites. Among these, only 15 countries accounted for more than 1% of all respondents each. In order these were: Nigeria (n=30, 3.3%); South Africa (n=28, 3.1%); Uganda (20, 2.2%); Spain (20, 2.2%); France (18, 2.0%); Australia (18, 2.0%); Brazil (18, 2.0%); Republic of Ireland (16, 1.8%); Italy (15, 1.6%); USA (15, 1.6%); Zimbabwe (14, 1.5%); Poland (13, 1.4%); Jamaica (12, 1.3%); India (12, 1.3%); and Kenya (9, 1.0%).

The country of birth of testers varied by gender and sexual identity in a similar pattern to ethnicity. The proportion of testers born in the UK was substantially higher among Gay and Bisexual men (70.2% overall), especially among those recruited in Brighton (80.2%). Overall, 5.7% of Gay or Bisexual men using the service were African-born and 14.0% were from other European countries. Among all heterosexuals a quarter of men (26.6%) and women (24.6%) were African-born. Among heterosexual males using the Peckham Pulse site almost half (46.7%) were African born, compared to a third (30.7%) of heterosexual females.

Continent of birth by gender and sexuality (n=926, missing 11)	**All Testers** n=926	**All Males** n=696	**All Females** n=230	**Gay or Bi Males** n=470	**Hetero Males** n=214	**Gay or Bi Females** n=15	**Hetero Females** n=211
United Kingdom	55.9	62.2	37	70.2	44.9	33.3	37.4
Africa	15.8	12.6	25.2	5.7	26.6	33.3	24.6
Other European	14.1	12.6	18.7	14	10.3	6.7	19.4
Asia	4.3	4.7	3	3.2	7.9	0	13.3
South America	4	3.6	5.2	3.2	4.7	20	4.3
North & Central America	3.2	1.7	7.8	1.5	2.3	0	8.5
Australasia	2.6	2.4	3	2.1	3.3	6.7	2.4

3.1.5 Years resident in the UK

All testers were asked how long they had lived in the UK. This question was not answered by 58 testers (6.2% of the sample). Overall, just over half (51.2%) of all testers indicated they had always lived in the UK. While testers at THT South in Brighton were more likely to have always lived in the UK (75.5%), a quarter of them had not always done so. In Lighthouse West less than half (44.0%) of testers had always lived in the UK and this fell to less than a third (30.6%) of those using Peckham Pulse. The following table shows the length of residence in the UK by fasTest site.

Years resident in the UK by fasTest site (n=879, missing 58)	**% All Testers** n=879	**% THT South Brighton** n=274	**% Lighthouse West** n=432	**% Peckham Pulse** n=173
Visiting the UK	1.1	1.1	1.4	0.6
Less than 1 year	7.1	4.7	9	5.8
Between 1 & 5 years	18	8	22	23.7
Between 5 & 10 years	9.1	2.9	8.1	21.4
More than 10 years	13.5	7.7	15.5	17.9
always lived in the UK	51.2	75.5	44	30.6

Years resident in the UK varied by gender and sexual identity in a similar pattern to ethnicity and country of birth. The proportion of testers who had always lived in the UK was substantially higher among Gay and Bisexual men (65.4% overall), especially among those recruited in Brighton (76.0%). However, 5.9% of Gay or Bisexual men using the services were visiting the UK or had lived here less than a year, and a further 13.9% had lived in the UK between 1 and 5 years.

Among all heterosexuals just under a third of men (30.5%) and more than a third of women (35.9%) had lived in the UK less than five years and around 10% (9.7% of men and 10.5% of women) had lived in the UK less than a year. Having lived in the UK less than a year was more common among testers at Lighthouse West compared to Peckham Pulse (14.5% of heterosexual females compared to 5.5%; and 10.6% of heterosexual

males compared to 5.4%).

Continent of birth by gender and sexuality (n=879, missing 58)	**All Testers** n=879	**All Males** n=663	**All Females** n=216	**Gay or Bi Males** n=454	**Hetero Males** n=207	**Gay or Bi Females** n=15	**Hetero Females** n=201
Visiting the UK	1.1	1.2	0.9	1.3	1	0	1
Less than 1 year	7.1	5.9	10.6	4.6	8.7	26.7	9.5
1 - 5 years	18	16	24.1	13.9	20.8	6.7	25.4
5 - 10 years	9.1	7.2	14.8	4.4	13.5	26.7	13.9
10 years +	13.5	12.7	16.2	10.4	16.9	13.3	16.4
Always	51.2	57	33.3	65.4	39.1	26.7	33.8

3.1.6 Area of residence

Respondents were asked *Which Local Authority do you live in? (who sends your household the Council Tax bill?)* and were asked to supply their postcode or town or city they lived in if they did not know their Local Authority or the country they lived in if they were visiting the UK. 4.7% (n=44) failed to supply any residence data. Respondents lived in all areas of the United Kingdom and 1.1% (n=10) were visiting the UK from abroad.

Area of residence by fasTest site (n=893, missing 44)	**% All Testers** n=893	**% THT South Brighton** n=286	**% Lighthouse West** n=423	**% Peckham Pulse** n=184
% Resident in local PCT	44.9	82.9	14.2	56.5
% Resident in local SHA	69.6	95.8	43.9	87.5

In THT South in Brighton (N=286, missing 8), 95.8% of testers lived in the local Strategic Health Authority (Surrey & Sussex) including 82.9% who lived in Brighton & Hove City, the Primary Care Trust (PCT) where the service was based. The majority of other Brighton testers lived in adjacent PCTs (7.1% in West Sussex; 3.5% in East Sussex).

Testers at Peckham Pulse (n=184, missing 13) came from a wider geographic area though 87.5% lived in the host SHA (South East London) including 56.5% resident in Southwark (the host PCT). Again the majority of the remainder came from surrounding PCTs: 13.0% from Lewisham; 12.5% from Lambeth; and 5.4% from Greenwich, Bromley or Bexley.

Testers at Lighthouse West (n=423, missing 23) came from substantially further afield. Less than half (43.9%) lived in the local SHA (North West London) including only 14.2% from the Local Authority / PCT where the service was based (Royal Borough of Kensington & Chelsea) and 8.7% from Hammersmith & Fulham. Another 43.6% lived elsewhere in London including 15.0% from South East London; 13.8% from North Central London; 7.9% from South West London; and 7.9% North East London. One-in-seven (13.4%) of testers at Lighthouse West lived outside London.

While the London sites (especially Lighthouse West) served a population dispersed over a much larger geographic area than in Brighton the residence of fasTest users did not vary by gender and sexuality. While men seemed more likely to be resident in the local PCT

(48.1% of males compared to 35.3% of females) this is a function of site differences concerning Brighton. Among heterosexuals, males (31.2%) and females (35.8%) do not differ in their likelihood of living in the PCT where the service was based.

Area of residence by gender and sexuality (n=893, missing 44)	**All Testers** n=893	**All Males** n=672	**All Females** n=221	**Gay or Bi Males** n=454	**Hetero Males** n=202	**Gay or Bi Females** n=15	**Hetero Females** n=201
% Resident in PCT	**44.9**	**48.1**	**35.3**	**55**	**31.2**	**33.3**	**35.8**
% Resident in SHA	**69.6**	**69.6**	**69.7**	**74.7**	**56.9**	**60**	**69.7**

While Gay and Bisexual men (55.0% overall) seem more likely to be local to their fasTest site compared to heterosexuals, this was a function of Brighton / London differences. In Brighton, 83.0% of Gay or Bisexual men lived in the local PCT, compared to 11.7% of Gay or Bisexual men using Lighthouse West.

3.1.7 Age

The mean age of the entire sample was 31.4 years (median 30). Overall, almost half (47.3%) of all testers were under 30 years of age and more than a fifth (22.1%) were under 25 years of age.

Age by fasTest site (n=935, missing 2)	**% All Testers** n=935	**% THT South Brighton** n=294	**% Lighthouse West** n=445	**% Peckham Pulse** n=196
Mean age	31.4	33.1	31	29.7
standard deviation	8.7	9.3	8.3	8
Median age	30	32	30	28
Range	15-78	18-73	16-78	15-56
Age GROUPS				
15 - 19 years old	4.8	5.1	4.3	5.6
20 - 24 years old	17.3	15	17.3	20.9
25 - 29 years old	25.2	18.7	28.1	28.6
30 - 34 years old	19.9	18.4	20.2	21.4
35 - 39 years old	15.1	18.4	15.5	9.2
40 - 44 years old	11	14.6	9.7	8.7
45 or over	6.6	9.9	4.9	5.6

Females were significantly younger (mean 29.0, median 27) than males (mean 32.2, median 31). This was true of the whole sample and for heterosexuals alone. Gay or Bisexual men (mean 32.7, median 32) were older than heterosexual men (mean 31.3, median 30) on average.

Age by gender and sexuality	All Testers n=935	All Males n=699	Gay or Bi Males n=470	Hetero Males n=218	All Females n=236	Gay or Bi Females n=16	Hetero Females n=201
Mean age	31.4	32.2	32.7	31.3	28.8	28.9	28.8
standard dev.	8.7	8.7	8.9	8.2	7.7	9.3	7.6
Median age	30	31	32	30	27	26	27
Range	15-78	16-78	17-73	16-78	15-67	15-54	16-67
Age GROUPS							
15 - 19 years	4.8	4.6	4.5	5	5.5	6.3	5.1
20 - 24 years	17.3	14.6	15.1	12.8	25.4	25	26.2
25 - 29 years	25.2	23.5	21.3	28.9	30.5	31.3	30.4
30 - 34 years	19.9	20.3	18.9	23.9	18.6	18.8	18.7
35 - 39 years	15.1	17.3	17.7	16.5	8.5	6.3	8.9
40 - 44 years	11	12.6	14.5	7.8	6.4	6.3	6.5
45 or over	6.6	7.2	8.1	5	5.1	6.3	4.2

3.1.8 Educational qualifications

All respondents were asked *How many years of full-time education have you had since the age of 16?* They were asked to indicated one of the following: *none, 1 or 2 years, 3 to 5 years,* or *6 or more years*. Overall, 11 people (1.2%) did not answer this question. The following table shows overall responses and variation by fasTest site.

Less than one-in-ten (9.7%) of all testers had no full-time education beyond the age of sixteen (suggesting O-levels/ GCSEs or less). Less than a quarter (23.7%) had 2 years of education or less, beyond the age of sixteen. 40.6% had 6 years or more years of education beyond the age of sixteen, suggesting a university degree or more.

Testers in Brighton were most likely to have no education beyond the age of 16 (19.2%) and least likely to have six years or more. Testers in Lighthouse West were marginally better educated than those using Peckham.

Years in full-time education since the age of 16 by fasTest site (n=926, missing 11)	% All Testers n=926	% THT South Brighton n=291	% Lighthouse West n=445	% Peckham Pulse n=190
None	9.7	19.2	5.8	4.2
1 or 2 years	14	16.8	12.8	12.6
3 to 5 years	35.6	38.5	31.5	41.1
6 or more years	40.6	25.4	49.9	42.1

These fasTest site effects were largely a function of gender, sexuality and ethnicity. Overall female testers were significantly better educated than male testers (46.7% had 6 years of education or more compared to 38.9% of males). However, this was primarily a

function of sexuality. Among heterosexuals there was no significant education difference between males and females. However heterosexual males were significantly better educated than Gay and Bisexual males (49.3% of heterosexual males had 6 years of education or more compared to 33.5% of Gay or Bisexual males).

Years in full-time education by gender and sexuality	**All Testers** n=926	**All Males** n=696	**Gay or Bi Males** n=469	**Hetero Males** n=217	**All Females** n=230	**Gay or Bi Females** n=15	**Hetero Females** n=210
None	9.7	11.8	14.5	6.5	3.5	0	3.8
1 or 2 years	14	13.8	15.6	9.7	14.8	0	15.2
3 to 5 years	35.6	35.5	36.5	34.6	36.1	60	34.3
6 or more years	40.6	38.9	33.5	49.3	45.7	40	46.7

Among male testers there was also a relationship between education and ethnicity. White British males were least well educated (27.7% of White British males had 6 years of education or more compared to 62.5% of Black African males and 53.0% of White other males). Among female testers there was no relationship between ethnicity and educational achievement.

3.2 Prior use of HIV & sexual health services

3.2.1 Use of STI testing interventions

All respondents were asked *When was the last time that you had a check-up for sexually transmitted infections (other than HIV)?* and offered the five answers outlined below. Almost a quarter of all respondents (23.6%, n=206) had never had a check-up for sexually transmitted infections (STIs). Among respondents that have ever tested for STIs, testing was relatively recent in the vast majority of cases. Overall just under half (45.3%, n=396) had received a check-up for STIs in the last year.

Compared to testers from the other two fasTest sites those recruited in Brighton were least likely to have never had an STI screen (16.8%) and most likely to have had one in the year. There was no significant difference between testers recruited at Lighthouse West and Peckham.

Recency of STI check-up by fasTest site (n=874, missing 63)	**% All Testers** n=874	**% THT South Brighton** n=273	**% Lighthouse West** n=429	**% Peckham Pulse** n=172
In the last 6 months	23.7	23.4	22.1	27.9
6-12 months ago	21.6	25.3	21	17.4
1-5 years ago	24.4	28.9	23.5	19.2
five years ago or more	6.8	5.5	7.5	7
NEVER had a check-up	23.6	16.8	25.9	28.5

The above differences in STI screening histories were largely a function of gender and sexuality. Gay or Bisexual males had most experience of STI screening but among

heterosexuals, females were significantly more likely to have been screened than males. Never having tested for STIs was most common among heterosexual males (36.7%) and least common among Gay or Bisexual males (17.3%). Just under a quarter (23.3%) of heterosexual females had never tested for STIs. Having tested for STIs in the last year was most common among Gay or Bisexual males (50.0%) and heterosexual females (49.5%) but substantially less common among heterosexual males (32.3%).

Recency of STI check-up by gender and sexuality (n=874, missing 63)	**All Testers** n=874	**All Males** n=660	**Gay or Bi Males** n=452	**Hetero Males** n=207	**All Females** n=214	**Gay or Bi Females** n=12	**Hetero Females** n=215
In last 6 months	23.7	23.3	25.4	18.8	24.8	8	25.7
6-12 months ago	21.6	21.1	24.6	13.5	23.4	17	23.8
1-5 years ago	24.4	25.6	27.9	20.8	20.6	33	19.8
five years +	6.8	6.5	4.9	10.1	7.5	8	7.4
NEVER	23.6	23.5	17.3	36.7	23.8	33	23.3

There was no relationship between STI screening history and ethnicity overall, nor among the heterosexuals alone.

Similarly there were no significant differences in STI screening history by expected HIV test result nor actual fasTest result. A fifth (19.5%) of fasTest users that expected an HIV positive result had never had a STI screen and a similar proportion (19.2%) of those that subsequently received a positive HIV diagnosis via fasTest had never screened for STIs.

All those who had ever had an STI check-up were also asked *Where was your last check-up for sexually transmitted infections?* They were offered four answers and an *other* category. Respondents who ticked *other* were asked to say where the testing had occurred and all but one was recoded to *abroad*, which included a variety of sites outside the UK (2.5%, n=23) or to an NHS setting outside GUM or general practice (1.6%, n=17). One man had been screened for STIs in prison.

Among those that had ever had an STI screen, two thirds (67.4%) had their last one at a GUM clinic. This was especially common among attenders at Brighton fasTest (84.8%). One-in-seven (13.2%) of those that had ever received a check-up for STIs had their last one at a GP surgery. This was most common among attenders of Peckham (21.7%) and least common in Brighton (5.8%).

Site of last check-up for STIs by fasTest site (respondents that had ever had a STI check-up, n=651, missing 17)	**% All Testers** n=651	**% THT South Brighton** n=223	**% Lighthouse West** n=308	**% Peckham Pulse** n=120
GUM or sexual health clinic	67.4	84.8	59.1	56.7
GP surgery/ local doctor	13.2	5.8	15.3	21.7
Private health care clinic	7.7	5.4	11	3.3
AIDS Charity / community	5.7	4	7.5	4.2
ABROAD	3.5	0	3.9	9.2
NHS unspecified	2.5	0	3.2	5

The above differences by fasTest site in location of last STI screening were largely a function of the gender and sexuality of users. Having used GUM for their last STI screen was most common among Gay or Bisexual men (80.2% overall), especially among those using fasTest in Brighton (85.6%).

Site of last STI check-up by gender and sexuality (n=651, missing 17)	**All Testers** n=651	**All Males** n=488	**Gay or Bi Males** n=363	**Hetero Males** n=125	**All Females** n=163	**Gay or Bi Females** n=8	**Hetero Females** n=155
GUM or sexual health clinic	67.4	73.4	80.2	53.6	49.7	50	49.7
GP surgery	13.2	8.4	5.8	16	27.6	38	27.1
Private health care	7.7	7.8	6.1	12.8	7.4	0	7.7
AIDS Charity / community	5.7	6.4	5.5	8.8	3.7	0	3.9
ABROAD	3.5	2.5	1.7	4.8	6.7	12	6.5
NHS unspecified	2.5	1.6	0.8	4	4.9	0	5.2

Among those that had ever had a STI check-up, 13.2% (n=86) last did so at their General Practitioners. Using GP surgeries for STI screening was especially common among heterosexuals, with 16.0% of heterosexual males and 27.1% of heterosexual females having had their last STI screen in primary care. This finding occurred independent of ethnicity.

Among those that had ever had a STI check-up, 7.7% had their last one at a private health care clinic; and 5.7% cited a AIDS service organisation or a community setting. Use of these settings was especially common among heterosexual men. This finding occurred independent of ethnicity.

3.2.2 HIV testing history

All respondents were asked *Have you ever received an HIV test result before today?* and given the responses: *No, I've never tested for HIV and received the result; yes, my last test was HIV negative;* and *other*. Seven indicated that they had tested once previously but not returned for the result, and one indicated that his only prior test was inconclusive. Since the questions requires previously receiving a test result all were recoded as never

having tested. Three respondents ticked *other* and indicated that they had previously tested positive for HIV. Only one had subsequently received a fasTest (in Peckham). All three were excluded from this entire data set. A forth man using Brighton fasTest did not acknowledge having previously been diagnosed positive to staff or on his questionnaire, but was subsequently discovered to have already been in HIV care locally. He too was excluded from this entire data set.

Those who had tested negative were asked *When was your most recent HIV test? (within the last month; within the last three months; within the last year; in the last three years; in the last five years; more than five years ago).* The number of people indicating each answer and the proportions they represent are shown below.

HIV testing history by fasTest site (n=876 missing=61)		**% All Testers** n=876	**% THT South Brighton** n=274	**% Lighthouse West** n=429	**% Peckham Pulse** n=173
never tested		33.6	24.1	33.3	49.1
last tested negative	within last month	2.1	1.8	2.3	1.7
	in the last 3 months	6.5	5.5	7.5	5.8
	3-12 months ago	24.8	32.1	24	15
	1-3 years ago	18.5	23	17	15
	3-5 years ago	6.7	6.2	6.8	7.5
	5+ years ago	6.6	5.8	7.7	5.2
	Recency UNKNOWN	1.3	1.5	1.4	0.6
	all negative tests	66.4	75.9	66.7	50.9

A third (33.6%) of all respondents had never tested for HIV before. Never having tested before was significantly more common among testers in Peckham (49.1%) compared to users of Lighthouse West (33.3%) and Brighton (24.1%).

Another third (33.4%) of all users had tested negative in the previous year. Having tested negative in the previous year was significantly more common among Brighton testers (39.4%) compared to Lighthouse West (33.8%) and Peckham users (22.5%).

The above differences in HIV testing history were largely a function of the sexuality of users. Having tested negative previously was more common among men (70.8%) than women (52.8%) and among Gay men (78.2%) than among heterosexual men (54.6%) or women (52.7%). Gay, Lesbian or Bisexual people were significantly more likely to have previously tested (77.7%) for HIV compared to heterosexuals (53.7%). Among heterosexuals there was no significant difference between males and females. There were also no differences in testing history by ethnicity, either for the whole sample or for heterosexuals alone.

There were no significant differences in HIV testing history by expected HIV test result. A third (34%) of fasTest users that expected a positive result had never had an HIV test before. However, among fasTest users that tested positive for HIV a significantly higher proportion (54%, 14/26) had never tested before compared to those that tested negative (32.9%, 280/850). This finding was especially strong among users of Lighthouse West

London, where 63% (10/16) of fasTest users testing positive had never tested before.

HIV testing history by gender and sexuality (n=876, missing=61)		**All Testers** n=876	**All Males** n=662	**All Females** n=214	**Gay or Bi Males** n=454	**Hetero Males** n=207	**Gay or Bi Females** n=13	**Hetero Females** n=201
never tested		33.6	29.2	47.2	21.6	45.4	46.2	47.3
last tested negative	in last month	2.1	2.3	1.4	2.4	1.9	0	1.5
	in last 3 months	6.5	6.9	5.1	7.3	6.3	7.7	5
	3-12 months ago	24.8	28.2	14	33.3	17.4	7.7	14.4
	1-3 years ago	18.5	19.6	15	22	14.5	15.4	14.9
	3-5 years ago	6.7	6	8.9	6.4	5.3	7.7	9
	5+ years ago	6.6	6.3	7.5	5.3	8.7	7.7	7.5
	Recency unknown	1.3	1.4	0.9	1.8	0.5	7.7	0.5
	all negative tests	66.4	70.8	52.8	78.2	54.6	53.8	52.7

Two thirds (66.4%, n=582) of fasTest users had previously tested negative for HIV. Overall, previous negative testers had tested twice on average. The table below shows the average numbers of times that they had done so by fasTest site.

Number of negative tests by fasTest site (respondents that had previously tested for HIV, n=573, missing 9)	**% All Testers** n=573	**% THT South Brighton** n=203	**% Lighthouse West** n=283	**% Peckham Pulse** n=87
Mean no. tests	2.74	3.58	2.43	1.78
standard deviation	2.62	3.47	2.03	0.99
Median no. tests	2	3	2	1
Range	38746	38746	38731	38837

This data varies in a similar pattern to HIV testing history above. FasTest users in Peckham were not only least likely to have tested before (50.9% had) but among those that had tested negative previously, they had tested less frequently (mean number of previous negative tests 1.78, median 1) compared to users of Lighthouse West (mean 2.43, median 2) and THT South in Brighton (mean 3.58, median 3).

Again, these differences in frequency of testing were largely a function of gender and sexuality. On average, men who had previously tested for HIV had done so more frequently than women, and among men those who were Gay or Bisexual had tested more frequently than heterosexuals. Among heterosexuals, men and women were equally likely to have previously tested, but men had done so significantly more often.

Number of negative tests by gender and sexuality (n=573, missing 9)	**All Testers** n=573	**All Males** n=461	**All Females** n=112	**Gay or Bi Males** n=349	**Hetero Males** n=112	**Gay or Bi Females** n=6	**Hetero Females** n=106
Mean no. tests	2.74	3	1.64	3.3	2.08	2.17	1.61
standard deviation	2.62	2.82	0.95	3.06	1.6	0.98	0.89
Median no. tests	2	2	1	2	2	2.5	1
Range	38746	38746	38837	38746	38990	38776	1-5

There were no significant differences in frequency of HIV testing by expected HIV test result nor by actual HIV test result. Among the 12 (46%) fasTest positives that had previously tested negative, 1 had tested negative in the last 3 months and 2 others had tested negative in the previous year. Of the remainder, 6 had tested negative 1-3 years previously, 2 had tested 3-5 years previously and 1 more than five years before. On average those testing positive on fasTest who had a previous negative HIV test had 2 prior negative tests, a similar number to those who had tested before but tested negative on fasTest.

The table below describes the reasons for never testing before among those (33.6%, n=294) who had never done so. It is based on the question, *Why have you never tested for HIV?* Respondents were offered the nine answers outlined and an *other* category. Those that ticked other were asked to specify an *other* reason.

By far the most common reason for not having previously tested was *I have been too afraid of the result being HIV positive*. While a third (31.4%) of all respondents gave this answer, it was significantly more common among Brighton testers (42.4%), and less common among Peckham testers (17.3%). The only other answer given by more than 10% of testers was *I didn't know where to go to get tested* (at 22.0%). Almost a third (31.4%) of testers gave an *other* reason. The majority (70.9%) of these cited a prior lack of risk as the main reason they had never tested. Most said "I have always been careful" or "no unsafe sex". The remainder either cited reasons associated with a prior relationship or a fear of the process or the embarrassment it might cause.

Reasons for NEVER having HIV tested previously by fasTest site (respondents that had NEVER previously tested for HIV, n=277, missing 17)	**% All Testers** n=277	**% THT South Brighton** n=59	**% Lighthouse West** n=137	**% Peckham Pulse** n=81
Been too afraid of the result being HIV positive	31.4	**42.4**	35	17.3
Didn't know where to go to get tested	22	16.9	21.9	25.9
Afraid of discrimination if I test HIV positive	8.3	10.2	7.3	8.6
Afraid of discrimination if I test (whatever the result)	7.9	8.5	8	7.4
Would cause problems in my relationship	5.1	5.1	6.6	2.5
Didn't trust the places I knew I could test	4.3	3.4	5.8	2.5
Not important for me to know my HIV status	3.6	6.8	2.2	3.7
People I know do not approve of HIV testing	1.8	1.7	2.2	1.2
Didn't know the test existed	1.8	1.7	2.9	0
Other reasons, of which	31.4	30.5	31.4	32.1
NO risk, No need	70.9	64.7	81.4	57.7

Apart from the most common reason (*I have been too afraid of the result being HIV positive*) for never having tested, there was no variation by fasTest site. However, there was some variation in two of the responses by gender, sexuality and ethnicity. The fasTest site variation described above in being *too afraid of the result being HIV positive* was a function of sexual identity rather than fasTest site. The response was significantly more common among Gay men and Bisexual men (46.2%) compared to heterosexual females (29.2%) or males (20.0%). There was no relationship between responses and where Gay and Bisexual men tested. Being *too afraid of the result being HIV positive* was also significantly more common among testers that expected to receive a positive result compared to those that did not. However, it was not more common among testers that received a fasTest positive rather than a negative result.

The only other significant difference by sexuality or gender was that heterosexual females were significantly more likely to say that they had not previously tested because they *did not trust the places they knew they could test* (10.1% of heterosexual females, compared to 3.3% of all Gay men and none of the heterosexual males).

Reasons for NEVER having HIV tested by gender and sexuality (n=277, missing 17)	**All Testers** n=277	**All Males** n=182	**All Females** n=95	**Gay or Bi Males** n=91	**Hetero Males** n=90	**Gay or Bi Females** n=6	**Hetero Females** n=89
Been too afraid of the result being HIV positive	31.4	33	28.4	**46.2**	20	16.7	29.2
Didn't know where to go to get tested	22.1	22	22.1	17.6	26.7	16.7	22.5
Afraid of discrimination if I test HIV positive	8.3	8.8	7.4	12.1	5.6	0	7.9
Afraid of discrimination if I test (whatever the result)	7.9	8.2	7.4	11	5.6	0	7.9
Would cause problems in my relationship	5.1	5.5	4.2	6.6	4.4	0	4.5
Didn't trust the places I knew I could test	4.3	1.6	**9.5**	3.3	0	0	**10.1**
Not important for me to know my HIV status	3.6	4.9	1.1	3.3	6.7	0	1.1
People I know do not approve of HIV testing	1.8	1.6	2.1	2.2	1.1	0	2.2
Didn't know the test existed	1.8	2.7	0	1.1	4.4	0	0
Other reasons, of which	30.8	30.2	33.7	23.1	36.7	33.3	33.7
NO risk, No need	70.6	74.1	65.6	76.2	71.9	0	70

Finally, two of the reasons for never having previously tested were most common among African respondents. Compared to all other ethnicities, Africans were significantly more likely to say they *didn't know where to go to get tested* (34.8% compared to 29.4% of White others; 17.4% of White British and 11.1% of all other ethnicities including none of the Black Caribbean respondents). Also African respondents were most likely to say *People I know don't approve of HIV testing* (8.7% compared to 1.5% of White others and none (n=163) of the other respondents including any White British (n=109) or Black Caribbean (n=13) testers).

It is also worth noting that those testers that said they had never previously tested for HIV because they *didn't know where to go to get tested*, were neither younger, on average, nor more likely to be recent migrants to the UK, than those that did not give this as a reason for never having tested for HIV before.

3.2.3 Experience of HIV prevention interventions

All testers were asked, *Before using this service, WHEN was the last time you saw something or spoke to someone about HIV or safer sex?* and offered the five answers outlined in the table below (n=876, missing 61).

One-in-eight of all respondents (12.0%, n=105) had never seen something or spoken to someone about safer sex. Among respondents that had ever seen something or spoken to someone about safer sex, this had occurred relatively recently in the majority of cases. Overall just under two-thirds of all respondents (64.1%, n=561) had seen something or spoken to someone about safer sex in the last year (48.3% in the last 6 months and 15.8%, 7-12 months ago).

Last time you saw something or spoke to someone about HIV or safer sex by fasTest site (n=876, missing 61)	**% All Testers** n=876	**% THT South Brighton** n=275	**% Lighthouse West** n=425	**% Peckham Pulse** n=176
In the last six months	48.3	52.4	44.9	50
In the last year	15.8	18.2	15.5	12.5
In the last five years	17.9	19.3	18.6	14.2
More than five years ago	6.1	4.4	6.8	6.8
NEVER	12	5.8	14.1	16.5

The was a significant difference across fasTest sites: Brighton testers were least likely to say never (5.8%) compared to those from Lighthouse West (14.1%) and Peckham (16.5%). However, among those that had ever *seen something or spoken to someone about safer sex*, there was no difference in recency by fasTest site.

Last time you saw something or spoke to someone about HIV or safer sex by gender and sexuality (n=874, missing 63)	**All Testers** n=876	**All Males** n=661	**All Females** n=215	**Gay or Bi Males** n=454	**Hetero Males** n=205	**Gay or Bi Females** n=14	**Hetero Females** n=201
In the last six months	12	12	12.1	51.1	40	36	51.2
In the last year	48.3	47.7	50.2	17.6	15.1	21	11.9
In the last five years	15.8	16.8	12.6	20	13.2	21	17.9
More than five years ago	17.9	17.9	18.1	4.4	8.8	7	7
NEVER	6.1	5.7	7	6.8	**22.9**	14	11.9

Having seen something or spoken to someone about safer sex in the last year was most common among Gay or Bisexual males (68.7%) and heterosexual females (63.1%) but less common among heterosexual males (55.1%). Overall, there was no difference in response by gender. However, sexuality masks a relationship by gender. Among heterosexuals, there was a significant difference: 22.9% of heterosexual males had never seen something or spoken to someone about safer sex, compared to 11.9% of heterosexual females.

Experience of HIV prevention interventions did not vary by ethnicity if we controlled for gender and sexuality, nor did it significantly vary by the age of testers.

3.3 Sexual behaviour

All fasTest users were asked the same eight questions about sex with men and women, irrespective of their gender and sexuality. The eight questions represented two identical sets of four - one concerning sex with men and the other concerning sex with women.

The first question in each set of four concerned partner numbers in the last twelve months. It read: *In total how many MEN (or WOMEN) have you had sexual contact with in the last 12 months?* For both these questions the respondent could chose one of the same fifteen answers ranging from *none* to *30 or more*. This wide range of potential responses was used to ensure comparability with a variety of pre-existing data sets.

In each set of four, this question was followed with three concerning recency of having a new (male or female) partner; recency of having "intercourse" (with a man or woman) without a condom; and recency of having sex (with a man or woman) you knew at the time had HIV? For all three of these questions the respondent could chose one of the same six answers: *Within the last week; Within the last three months; Within the last year; Within the last five years; More than five years ago;* and *Never.*

Overall, 5-7% of respondents failed to answer each of the questions above, including just over 3% who answered none of the eight sexual behaviour questions.

In all the sexual behaviour data that follows fasTest site has little or no predictive value beyond the gender, sexuality and ethnicity of fasTest users. Where any site differences exist they are noted in the text.

3.3.1 Recency of having a NEW sexual partner

As we might expect there was some flexibility between sexual identity and sexual behaviour. Among heterosexuals 5% of males had ever had sex with a male and 3.2% of females had ever had sex with a female. The sample also contains some young people very early in their sexual career: 1% of heterosexual males had not yet had sex with a female and 1% of heterosexual females had not yet had sex with a male. A similar proportion (0.7%) of Gay or Bisexual males had not yet had sex with a male.

In this data on recency of new sexual partnerships, sexuality was more important than gender, in that male and female heterosexuals had very similar rates, as did Gay, Lesbian and Bisexual males and females.

Among heterosexuals, 6.8% of males had a new female partner in the last week compared to 7.6% of females having a new male partner. Similarly, 45.6% of males had a new female partner in the last 3 months compared to 44.1% of females having a new male partner. Finally, 82.5% of males had a new female partner in the last year compared to 80.1% of females having a new male partner.

Homosexually active males and females had new partners significantly more recently than heterosexuals. Almost a fifth (19.2%) of Gay or Bisexual males had a new male partner in the last week and more than two thirds (67.1%) had a new male partner in the last three months. In addition, 6.4% of Gay or Bisexual males had a new female partner in the last year. Recency of new partner acquisition was similar among the very small sample of Lesbian and Bisexual females.

How long since you had a NEW MALE partner by gender and sexuality (n=867, missing 70)	**All Testers** n=867	**All Males** n=657	**All Females** n=210	**Gay or Bi Males** n=438	**Hetero Males** n=219	**Gay or Bi Females** n=13	**Hetero Females** n=197
Within the last week	11.6	12.8	8.1	19.2	0	15.4	7.6
Within the last 3 months	33.6	32.4	37.1	47.9	1.4	46.2	36.5
Within the last year	20.3	15.7	34.8	22.6	1.8	15.4	36
Within the last 5 years	6.9	4.4	14.8	6.4	0.5	15.4	14.7
More than five 5 years ago	3	2.6	4.3	3.2	1.4	7.7	4.1
Never had sex with a man	24.6	32.1	1	0.7	95	0	1
How long since you had a NEW FEMALE partner by gender and sexuality (n=893, missing 44)	**All Testers** n=893	**All Males** n=671	**All Females** n=222	**Gay or Bi Males** n=464	**Hetero Males** n=206	**Gay or Bi Females** n=8	**Hetero Females** n=214
Within the last week	1.8	2.1	0.9	0	6.8	12.5	0.5
Within the last 3 months	10.3	13.3	1.4	1.9	38.8	0	1.4
Within the last year	11.5	14.5	2.7	4.5	36.9	50	0.9
Within the last 5 years	6.3	7.7	1.8	6.3	11.2	37.5	0.5
More than five 5 years ago	6.4	8.6	0	9.9	5.3	0	0
Never had sex with a woman	63.7	53.8	93.2	77.4	1	0	96.8

Recency of having a new male or female partner did not significantly vary by expected fasTest HIV result nor actual fasTest HIV result.

3.3.2 Recency of having unprotected intercourse

The following data considers recency of having intercourse without a condom. It does not consider whether that partner was 'new' and will include some people having unprotected intercourse (UI) in long-term monogamous relationships.

Again, in this data sexuality was more important than gender, in that male and female heterosexuals had very similar rates, which are different from Gay and Bisexual males. This time, Gay and Bisexual men were MORE likely to report never having had UI and to report having done so significantly LESS recently. However, one-in-seven (14.0%) Gay or Bisexual men had UI with a male partner in the last week; 41.6% in the last three months; and 70.6% in the last year. In addition 5.6% of Gay or Bisexual males had UI with a female partner in the last year.

Among heterosexuals, 19.6% of males had unprotected intercourse (UI) with a female partner in the last week compared to 21.7% of females having UI with a male partner. Similarly, half (52.4%) of males had UI with a female partner in the last 3 months compared to 55.5% of females having UI with a male partner. Finally, 80.3% of males had a UI with a female partner in the last year compared to 82.8% of females having UI with a male partner. In addition, in the last year, 2.3% of heterosexual males had UI with a male partner and 2.3% of heterosexual females had UI with a female partner.

How long since you had INTERCOURSE with a <u>MAN</u> without a condom by gender and sexuality (n=867, missing 70)	**All Testers** n=867	**All Males** n=657	**All Females** n=210	**Gay or Bi Males** n=438	**Hetero Males** n=219	**Gay or Bi Females** n=13	**Hetero Females** n=197
Within the last week	12.5	9.5	21.7	14	0.5	21.4	21.7
Within the last 3 months	22.3	18.8	33.5	27.6	0.9	28.6	33.8
Within the last year	21.6	19.7	27.8	29	0.9	35.7	27.3
Within the last 5 years	6.8	6.4	8	9.3	0.5	7.1	8.1
More than five 5 years ago	3.9	3.9	3.8	5.4	0.9	7.1	3.5
Never had intercourse with a man without a condom	32.8	41.7	5.2	14.7	96.3	0	5.6

How long since you had INTERCOURSE with a <u>WOMAN</u> without a condom by gender and sexuality (n=893, missing 44)	**All Testers** n=893	**All Males** n=671	**All Females** n=222	**Gay or Bi Males** n=464	**Hetero Males** n=206	**Gay or Bi Females** n=8	**Hetero Females** n=214
Within the last week	4.7	6	0.9	0	19.6	20	0.5
Within the last 3 months	8.7	11.1	1.4	1.5	32.8	20	0.9
Within the last year	8.9	11.4	1.4	4.1	27.9	20	0.9
Within the last 5 years	4.5	5.8	0.5	5.4	6.9	20	0
More than five 5 years ago	4.2	5.5	0	6	4.4	0	0
Never had intercourse with a woman without a condom	78.9	60.2	95.9	82.9	8.3	20	97.6

Recency of having intercourse with a male or female partner did not significantly vary by expected fasTest HIV result nor actual fasTest HIV result.

3.3.3 Recency of having sex with a known HIV sero-discordant partner

The following data considers recency of having any kind of sex with a partner who was known to have HIV. It does not consider whether that partner was new or what kind of sex occurred with them and will include some people having *safer sex* in long-term relationships they know to be HIV sero-discordant.

Again, in this data sexuality was more important than gender, in that male and female heterosexuals had broadly similar rates, which were significantly different from those reported by Gay and Bisexual males. This time, Gay and Bisexual men were LESS likely to report never having had sex with a person known to have HIV and also reported having done so significantly MORE recently.

One-in-seven (14.1%) Gay or Bisexual men had sex with a male partner known to have HIV in the last three months and a quarter (25.7%) had done so in the last year. Among heterosexuals, 4.5% of males had sex with a female partner known to have HIV in the last three months compared to 1.6% of females having sex with a male partner known to have HIV. 7.0% of heterosexual males had sex with a female partner known to have HIV in the last year compared to 5.3% of heterosexual females having sex with a male partner

known to have HIV.

How long since any kind of sex with a MAN you KNEW AT THE TIME HAD HIV by gender and sexuality (n=867, missing 70)	**All Testers** n=867	**All Males** n=657	**All Females** n=210	**Gay or Bi Males** n=438	**Hetero Males** n=219	**Gay or Bi Females** n=13	**Hetero Females** n=197
Within the last week	2	2.6	0	3.9	0	0	0
Within the last 3 months	5.6	6.8	1.5	10.2	0	0	1.6
Within the last year	6.7	7.7	3.5	11.6	0	0	3.7
Within the last 5 years	3.4	3.9	1.5	5.9	0	7.7	1.1
More than 5 years ago	3.1	3.5	2	5.2	0	0	2.1
Never had sex with a man I knew had HIV	79.1	75.2	91.6	63.3	100	92.3	91.5

How long since any kind of sex with a WOMAN you KNEW HAD HIV by gender and sexuality (n=893, missing 44)	**All Testers** n=893	**All Males** n=671	**All Females** n=222	**Gay or Bi Males** n=464	**Hetero Males** n=206	**Gay or Bi Females** n=8	**Hetero Females** n=214
Within the last week	0.1	0.2	0	0	0.5	0	0
Within the last 3 months	0.9	1.2	0	0	4	0	0
Within the last year	0.8	1.1	0	0.4	2.5	0	0
Within the last 5 years	0.1	0.2	0	0	0.5	0	0
More than five 5 years ago	0.5	0.6	0	0.7	0.5	0	0
Never had sex with a woman I knew had HIV	97.6	96.8	100	98.9	92	100	100

Among Gay and Bisexual men those that had sex with a man they knew to have HIV were more likely to expect an HIV diagnosis and more likely to receive one. However, among those that had ever had sex with a man with HIV the recency with which they had done so had no relationship to their expectations nor their actual HIV test outcomes.

3.3.4 Volume of sexual partners in the last year

As we reported above there is some flexibility between sexual identity and sexual behaviour. Among heterosexual males, 4.2% had sex with a male in the last year, although the majority only had one or two male partners. Similarly 3.3% of heterosexual females had sex with a female, although again, 2.9% did so with one or two partners.

The sample also contains some people were are not currently sexually active. One-in-twenty (4.9%) female heterosexuals had no male partners in the last year and a similar proportion (5.2%) of heterosexual males had no female partners. Somewhat fewer (2.2%) Gay or Bisexual males had no male partners in the last year. In this data both gender and sexuality are important. Overall, males report higher partner numbers than females, and this effect is exacerbated by the particularly high numbers of male partners reported by Gay and Bisexual men.

Considering only partners of the opposite gender, heterosexual females were more likely to report one (37.4%) or two (31.1%) partners in the last year, compared to heterosexual males (31.0% report one female partner and 25.7% report two). Conversely heterosexual males were significantly more likely to report 4 or more partners of the opposite gender compared to heterosexual females (21.9% of heterosexual males compared to 12.1% of heterosexual females). Among heterosexuals there was no relationship between male or female partner numbers in the last year and expected or actual fasTest HIV result.

Volume of MALE sexual partners in the last year by gender and sexuality (n=881, missing 56)	**All Testers** n=881	**All Males** n=660	**All Females** n=221	**Gay or Bi Males** n=447	**Hetero Males** n=213	**Gay or Bi Females** n=15	**Hetero Females** n=206
None	25.7	32.4	5.4	2.2	95.8	13.3	4.9
1	15.7	8.9	35.7	12.3	1.9	13.3	37.4
2	12	5.5	31.7	7.4	1.4	40	31.1
3	8.3	6.4	14	9.2	0.5	6.7	14.6
4	3.9	3.9	3.6	5.6	0.5	6.7	3.4
5 - 12	20.4	24.1	9.5	35.6	0	20	8.7
13 - 29	8.9	11.8	0	17.4	0	0	0
30 +	5.2	7	0	10.3	0	0	0
Volume of FEMALE sexual partners in the last year by gender and sexuality (n=888, missing 49)	**All Testers** n=888	**All Males** n=663	**All Females** n=225	**Gay or Bi Males** n=452	**Hetero Males** n=210	**Gay or Bi Females** n=15	**Hetero Females** n=210
None	71.4	63.8	93.8	90.9	5.2	53.3	96.7
1	10.5	12.8	3.6	4.4	31	26.7	1.9
2	7.9	10	1.8	2.7	25.7	13.3	1
3	4.1	5.4	0	0.4	16.2	0	0
4	2	2.7	0	0.2	8.1	0	0
5 - 12	3.6	4.7	0.4	1.3	11.9	6.7	0
13 - 29	0.5	0.5	0.4	0	1.4	0	0.5
30 +	0.1	0.2	0	0	0.5	0	0

Gay and Bisexual report significantly more partners than heterosexuals. Considering only male partners they were least likely to report none (2.2%); one (12.3%) or two (7.4%) partners in the last year. More than two thirds (68.9%) of Gay or Bisexual men report 4 or more male partners, compared to 21.9% of heterosexual males reporting 4 or more female partners and 12.1% of heterosexual females reporting 4 or more male partners.

Among Gay and Bisexual men, 10.3% report 30 or more male partners in the last year; 27.7% report 13 or more male partners; and 63.3% report 5 or more male partners. These figures vary significantly by expected fasTest HIV result and by actual HIV result. Among Gay and Bisexual men who expected a positive result 37.1% had 30+ male

partners in the last year, compared to 12.9% who *couldn't say* what their result might be and 5.9% of those men that expected a negative result. Similarly, among men receiving a positive fasTest result 38.9% had 30+ partners (compared to 9.1% of those getting a negative result) and 66.7% had 13+ male partners (compared to 26.1% of those getting a negative fasTest result).

3.4 Using fasTest

3.4.1 HIV prevalence in fasTest

In total 937 people tested for HIV in the three Department of Health funded fasTest pilot sites and completed our evaluation questionnaire. Among these 28 received a new HIV positive diagnosis at an overall HIV prevalence of 3.0%. Of these 28 positives, 26 received a confirmatory HIV positive diagnosis on serology (9 of 9 in Brighton; 16 of 17 in Lighthouse West London and 1 of 2 in Peckham). For follow-on blood results and proportions of positives known to be entering care see section 2.5.

Abbott Determine test results by fasTest site (n=937, missing 0)	**% All Testers** n=937	**% THT South Brighton** n=294	**% Lighthouse West** n=446	**% Peckham Pulse** n=197
ALL fasTest POSITIVES	3.0% 28/937	3.1% 9/294	3.8% 17/446	1.0% 2/197

HIV prevalence varied by gender, sexuality and ethnicity. Compared to heterosexuals, Gay and Bisexual men had a higher overall HIV prevalence (3.8%, 18/469). This varied by fasTest site with a prevalence among Gay and Bisexual men of 5.2% (9/174) in Lighthouse West; 3.2% (9 of 278) in THT South; and 0% (0/17) in Peckham Pulse.

Prevalence also varied by ethnicity among Gay and Bisexual men: 4.8% (14/294) of White British men tested positive compared to 0.8% (1/122) of White other men. While sample sizes were small, mixed ethnicities (8%, 1/13), Black African (10%, 1/10) and Black Caribbean (14%, 1/7) Gay and Bisexual men had particularly high HIV prevalence. No Gay or Bisexual man of any other ethnic group tested positive for HIV in fasTest.

Among heterosexuals an HIV prevalence of 2.3% was observed for both males (5/219) and females (5/214). Prevalence varied by fasTest site for both male and female heterosexuals. Among heterosexual males it was 2.7% (4/147) in Lighthouse West; 1.6% (1 of 62) in Peckham Pulse; and 0% (0/10) in THT South. Among heterosexual females it was 3.6% (4/112) in Lighthouse West and 1.0% (1 of 102) in Peckham.

Prevalence also varied by ethnicity among heterosexuals but in a very different pattern for males and females. Among females 7.3% (4/55) of Black Africans and 4.3% (1/23) of Black Caribbeans were diagnosed positive and there were no positives among any other ethnic group (0/136). However, among males 4.3% (2/47) of those of White other ethnicity were positive; 3.8% of Asians (1/26); 1.7% of Black Africans (1/60) and 1.5% of White British males (1/65). No heterosexual males of Black Caribbean (n=10); mixed (n=10) or any other ethnicity (n=1) were diagnosed positive.

% positive on Abbott Determine by ethnicity, gender and sexuality	All Testers n=937	All Males n=700	All Females n=236	Gay or Bi Males n=469	Hetero Males n=219	Gay or Bi Females n=16	Hetero Females n=214
All fasTest positives	**3.0%** 28/937	**3.3%** 23/700	**2.1%** 5/236	**3.8%** 18/469	**2.3%** 5/219	**0%** 0/16	**2.3%** 5/214
positives: White British (n=408)	**3.7%** 15/408	**4.1%** 15/365	**0%** 0/43	**4.8%** 14/294	**1.5%** 1/65	**0%** 0/3	**0%** 0/40
positives: White Other (n=232)	**1.3%** 3/232	**1.8%** 3/170	**0%** 0/62	**0.8%** 1/122	**4.3%** 2/47	**0%** 0/5	**0%** 0/55
positives: Black African (n=135)	**4.4%** 6/135	**2.7%** 2/73	**6.5%** 4/62	**10%** 1/10	**1.7%** 1/60	**0%** 0/3	**7.3%** 4/55
positives: Black Caribbean (n=41)	**4.9%** 2/41	**5.9%** 1/17	**4.2%** 1/24	**14%** 1/7	**0%** 0/10	**0%** 0/1	**4.3%** 1/23
positives: Asian (n=50)	**2.0%** 1/50	**2.3%** 1/43	**0%** 0/7	**0%** 0/17	**3.8%** 1/26	**0%** 0/0	**0%** 0/7
positives: mixed ethnicity (n=54)	**1.9%** 1/54	**4.0%** 1/25	**0%** 0/29	**8%** 1/13	**0%** 0/10	**0%** 0/3	**0%** 0/26
positives: all other ethnic groups (n=16)	**0%** 0/16	**0%** 0/7	**0%** 0/9	**0%** 0/6	**0%** 0/1	**0%** 0/1	**0%** 0/8

3.4.2 Expectation of fasTest result

Prior to taking their fasTest all testers were asked *What are you expecting the HIV test result to be today?* and offered the five answers outlined in the table below.

Overall one third (33.4%) felt the were *almost certainly negative* and a further third (31.9%) felt they were *probably negative*. The majority of the remainder (29.4%) said they *couldn't say,* with just 3.9% answering *probably positive* and 1.4% saying *almost certainly positive.* Testers in Brighton were significantly more likely to expect a positive result (7.0% compared to 5.1% in Peckham and 4.4% in Lighthouse West).

Expectation of HIV test result by fasTest site (n=863, missing 74)	% All Testers n=863	% THT South Brighton n=272	% Lighthouse West n=415	% Peckham Pulse n=176
Almost certainly negative	33.4	23.5	35.4	43.8
Probably negative	31.9	36.4	30.1	29
Couldn't say	29.4	33.1	30.1	22.2
Probably positive	3.9	5.5	2.7	4.5
Almost certainly positive	1.4	1.5	1.7	0.6

The above differences in expectation of fasTest results were largely a function of the sexuality of users. Gay and Bisexual men were most likely to feel they were *probably positive* (6.2%) or *almost certainly positive* (2.1%), compared to heterosexual males (1.5% and 1.0%) and heterosexual females (1.5% and 0.5%).

Among Gay and Bisexual men, those recruited in Peckham were most likely to expect a positive result, followed by users of Lighthouse West and then Brighton. However, since Brighton had by far the largest proportion of Gay or Bisexual men using the service, it appears to be the site where most testers expected a positive result. Of 16 Lesbian or Bisexual women tested none expected a positive result and none received one.

Among heterosexuals, expectations of test outcomes were broadly similar across gender, with 2.5% of men expecting a positive result compared to 2.0% of women. There was no relationship between ethnicity and expected test outcomes among heterosexuals.

Expectation of HIV test result by gender and sexuality (n=863, missing 74)	**All Testers** n=863	**All Males** n=645	**All Females** n=218	**Gay or Bi Males** n=439	**Hetero Males** n=203	**Gay or Bi Females** n=14	**Hetero Females** n=204
Almost certainly negative	33.4	31.3	39.4	26	42.9	29	40.2
Probably negative	31.9	33	28.4	34.6	30	43	27.5
Couldn't say	29.4	29.1	30.3	31.2	24.6	29	30.4
Probably positive	3.9	4.8	1.4	6.2	1.5	0	1.5
Almost certainly positive	1.4	1.7	0.5	2.1	1	0	0.5
POSITIVE on fasTest	3	3.3	2.1	3.8	2.3	0	2.3

3.4.3 Expectation of fasTest result by actual result

Of the 433 heterosexual men and women testing for HIV, ten were positive (2.3% prevalence). One heterosexual woman who received a positive result did not answer the question on her expectations of the test result. None of the other nine heterosexuals with undiagnosed HIV had predicted being positive on the question concerning their expectation of the fasTest outcome.

HETEROSEXUAL RESPONDENTS ONLY. HIV test result by expectation of HIV test result (n=407, missing 26)	**fasTest Negative (%, n)**	**fasTest Positive (%, n)**
Almost certainly negative (n=169)	97.0 (164)	3.0 (5)
Probably negative (n=117)	99.1 (116)	0.9 (1)
Couldn't say (n=112)	97.3 (109)	2.7 (3)
Probably positive (n=6)	100 (6)	0 (0)
Almost certainly positive (n=3)	100 (3)	0 (0)
Total (n=407)	**97.8 (398)**	**2.2 (9)**

Of 218 heterosexual women tested, 3 reported they *were probably positive* and 1 said she was *almost certainly positive*. All four were negative. However, 5 heterosexual women did test positive for HIV. Two of these had expected they were *almost certainly negative*, one expected they were *probably negative,* one *couldn't say* and one did not answer. None of the four women testing positive who answered the question on expectation correctly predicted their own undiagnosed HIV infection.

A similar pattern was observed with the heterosexual males. Of the 203 heterosexual men tested and answering the question on expectations, none answered they *were probably or almost certainly positive*. However, 5 heterosexual men did test positive for HIV. Three had predicted they were *almost certainly negative*, and 2 *couldn't say*. None of the five heterosexual men testing positive predicted their own undiagnosed HIV infection.

Of the 470 Gay or Bisexual men testing for HIV, eighteen were positive. Of these eighteen men with undiagnosed HIV, sixteen answered the question on their expectation of the test outcome. Half of these predicted being positive before the fasTest was administered.

GAY OR BISEXUAL MEN ONLY. HIV test result by expectation of HIV test result (n=438, missing 32)	**fasTest Negative (%, n)**	**fasTest Positive (%, n)**
Almost certainly negative (n=114)	98.2 (112)	0.8 (2)
Probably negative (n=151)	99.3 (157)	0.7 (1)
Couldn't say (n=137)	96.4 (132)	3.6 (5)
Probably positive (n=27)	88.9 (24)	11.1 (3)
Almost certainly positive (n=9)	44.4 (4)	55.6 (5)
Total (n=438)	**96.3 (422)**	**3.7 (16)**

Of the 438 Gay or Bisexual men stating their expectations of the fasTest, 27 replied *probably positive* and 3 (or 11%) of these received a positive fasTest result. A further nine had answered *almost certainly positive* and 5 (or 55%) of these received a positive fasTest result. In addition two Gay or Bisexual man received a positive fasTest result after stating that they were *almost certainly negative* and another one received a positive result after answering *probably negative.* Also 5 (or 3.5%) of the 137 Gay or Bisexual men who answered *couldn't say* to the expectation question received a positive fasTest result.

3.4.4 Potential source of HIV infection

All testers were asked *If today's test for HIV is positive, how do you think you may have got HIV?* and offered the five answers outlined below, and an *other* option. Those that ticked *other* were asked to specify how else they might have been infected. Respondents were allowed to tick as many answers as applied but 96.8% ticked only one.

The majority (68.0%) of all testers felt that if they were positive they had been infected during sex with a man. This answer was significantly more common in Brighton (92.0%) and less common in Peckham (57.3%) and Lighthouse West (56.6%). Overall, one fifth (20.3%) felt they might have been infected during sex with a woman. This answer was significantly more common in Lighthouse West (30.9%) especially compared to Brighton (4.0%). One-in-nine (11.2%) answered that they did not know or had no idea how they might have been infected and this was most common among users of Peckham (21.3%).

If HIV positive, how did you get HIV by fasTest site (n=869, missing 68)	**% All Testers** n=869	**% THT South Brighton** n=274	**Lighthouse West** n=417	**Peckham Pulse** n=178
During sex with a man	68	**92**	56.6	57.3
During sex with a woman	20.3	4	**30.9**	20.2
Don't know / no idea	11.2	6.6	9.8	**21.3**
From medical procedures	1.3	0	1.7	2.2
Sharing injecting equipment	0.7	0.4	0.5	1.7
Other	1.4	1.1	2.4	1.7

Less than 1% of all testers felt they could have been infected through injecting drug use and 1.3% through medical procedures. The majority of the 16 *other* answers involved sexual acts where the gender of the partner was unclear, including oral sex (2), condom breakage (1), and love bites (1). Three others cited sexual assault. Of the other six answers, three concerned working in a hospital setting and the remaining 3 were a car accident, sharing a house and hair clippers.

The majority (68.0%) of all testers felt that if they were positive they had been infected during sex with a man. This was the most common response from Gay and Bisexual men (91.4%); from heterosexual women (82.4%) and from Lesbian and Bisexual women (71.4%). The most common answer from heterosexual men was during sex with a woman (76.0%).

One-in-nine (11.2%) answered that they did not know or had no idea, and this was most common among heterosexual men (19.6%) and least common among Gay or Bisexual men (6.6%). Compared to White British (5.9%) and White other (10.4%) ethnic groups, Black African (23.1%) and Black Caribbean (31.0%) heterosexuals were significantly more likely to report no idea what the source of any potential infection might be.

If HIV positive, how did you get HIV by gender and sexuality (n=869, missing 68)	**All Testers** n=869	**All Males** n=650	**All Females** n=219	**Gay or Bi Males** n=442	**Hetero Males** n=204	**Gay or Bi Females** n=14	**Hetero Females** n=205
sex with a man	68.1	63.4	**81.7**	**91.4**	3.4	71.4	**82.4**
sex with a woman	20.3	**26.2**	2.7	3.4	**76**	14.3	2
Don't know / no idea	11.2	10.8	12.3	6.6	**19.6**	14.3	12.2
from medical procedures	1.3	0.6	**3.2**	0.7	0.5	0	**3.4**
sharing injecting equipment	0.6	0.6	0.9	0.2	1	0	1
Other	1.4	1.5	2.7	0.9	2.9	7.1	2.4

The only other answer that varied by gender or sexuality was *from medical procedures*, which was significantly more common among women (3.2%) than men (0.6%).

3.4.5 Reasons for choosing fasTest

All testers were asked *Why have you chosen to take the test here rather than somewhere else?* and offered the seven answers outlined below, and an *other* option. Those that ticked *other* were asked to specify why they chose fasTest. Respondents were allowed to tick as many answers as applied but only a quarter (25.8%) ticked more than one answer. None of these responses varied significantly by fasTest site used.

More than half (54.0%) of all respondents reported that their main reason for choosing fasTest over other options for HIV testing was *because the test result is available at the same visit.* This response was significantly more common among those that had tested before (57.6%) compared to those that had not (47.4%).

Reasons for choosing fasTest over other options, by site attended (n=881, missing 56)	**% All Testers** n=881	**% THT South Brighton** n=275	**% Lighthouse West** n=424	**% Peckham Pulse** n=182
Because the test result is available at the same visit at this clinic	54	49.5	58.6	50
It is more convenient to come here	32	36	30.2	30.2
I had difficulty getting an appointment at the sexual health clinic (GUM clinic)	13.5	15.6	13.9	9.3
I don't know anywhere else to test	12.3	9.8	11.6	17.8
Because friends recommended it	9.9	9.8	10.4	8.8
Because this test uses a finger-prick test rather than a traditional blood test	6.6	9.1	5.9	4.4
I don't like going to the sexual health clinic (GUM clinic)	4.7	7.6	3.5	2.7
Other reason	9.7	8.7	11.3	7.2

Another third (32.0%) of all respondents stated that *it is more convenient to come here.* This answer was assumed to refer to both the 'after hours' nature of the service and the absence of any need for an appointment. It could also include the physical setting of the intervention (ie. not out-patients in a hospital or primary care) though this was rarely mentioned in *other* comments (see below).

Some testers revealed they had chosen fasTest for more problematic reasons: one-in-eight (13.5%) reported they had difficulty getting an appointment in GUM and 4.7% stated that they did not like going to GUM. Even more concerning perhaps, 12.4% did not know where else to test for HIV. Not surprisingly, this response was significantly more common among those that had never tested before (17.4%) compared to those that had (8.9%).

Personal recommendation was important to 9.9% of fasTest users. Again, this response was significantly more common among those that had never tested before (14.3%) compared to those that had (8.0%). The use of finger-prick rather than full serology was only important to 6.6% of all users.

The two main reasons outlined above were reiterated in more than half of the *other* answers which concerned the speed of the service including the availability of the result

on that day - or within one hour - as the most important reason for attendance. Some of these answers also commended the easy accessibility of the service and the relatively short waiting times at the clinic. This confirms the fasTest service was valued for its speed and its accessibility. Of the remaining *other* answers a few complained about GUM services including long waiting times for an appointment or once in GUM services; and no availability of same day testing outside office hours. Very few testers specifically commended THT or suggested they had chosen the service because of its community setting.

Reasons for choosing fasTest over other options, by gender and sexuality (n=877, missing 60)	**All Testers** n=881	**All Males** n=658	**All Females** n=223	**Gay or Bi Males** n=444	**Hetero Males** n=210	**Gay or Bi Females** n=15	**Hetero Females** n=208
Because the test result is available at the same visit	54	53.7	54.7	55	51.2	66.7	53.8
More convenient to come here	32	33.1	28.7	33.6	32.9	33.3	28.4
Difficulty getting an appointment at the sexual health clinic (GUM clinic)	13.5	14.7	9.9	16	12.4	13.3	9.6
I don't know anywhere else to test	12.3	10.4	**18**	8.1	**15.3**	0	**19.3**
Because friends recommended it	9.9	9.9	9.9	9.9	9.5	20	9.1
Because this test uses a finger-prick test rather than a traditional blood test	6.6	7	5.4	8.3	3.8	13.3	4.8
I don't like going to the sexual health clinic (GUM clinic)	4.7	4.7	4.5	6.3	1.4	0	4.8
Other reason	9.7	9.5	10.3	9.5	9.1	13.3	10.1

Just one of the reasons for choosing fasTest varied by gender and sexuality. Compared to females (18.0%), males (10.4%) were significantly less likely to say they *didn't know anywhere else to test.* However, this was largely a sexuality effect - Gay, Lesbian or Bisexual women and men (7.8%) were significantly less likely to say this than heterosexuals (17.3%).

Once sexuality and gender were controlled for there was no variation by ethnicity in any of the reasons for choosing fasTest over other options for HIV testing.

3.4.6 First hearing of the fasTest service

The fasTest intervention benefited from the widest range of promotional activities in Brighton. The only paid-for online promotion of the service occurred via a gay commercial website <www.gaydar.co.uk> and was specifically targeted at the Brighton service. The Brighton service was also promoted via adverts in the local Gay press. In all three sites specific fasTest leaflets were available alongside posters advertising the service. Some outreach activity of THT staff also promoted all the fasTest sites.

All testers were asked *How did you first hear about this HIV testing service?* and offered the eight answers outlined below. While all respondents were allowed to give more than one answer, only 4.3% did so. Among all testers there was significant variation in how

they first discovered fasTest by the THT site of service, their gender, sexual identity and ethnicity. The two tables below outline variation by fasTest site, and then by gender and sexual identity.

Six of the eight means of first hearing about the fasTest service significantly varied by fasTest site (these are in **bold**). Having first heard about it via an advert in the press or a poster was most common in Brighton and hearing about it from a friend was least common in Brighton. Having first heard about the service online was most common in Lighthouse West and from leaflets and posters was least common in Lighthouse West. Finally having first heard of the service from a friend, from a leaflet, from a poster or from a worker was most common in Peckham and hearing about in online or via an advert in the press was least common in Peckham.

The specific promotional activities undertaken in each site require further description from THT to facilitate further comment on site differences. It is worth noting, however, that no single site should expect to recruit the highest proportion of users from every promotional activity. There was usually only one way each user first heard of the service, and having given that answer they usually did not give any other.

How did you first hear about fasTest by site attended (n=882, missing 55)	**% All Testers** n=882	**% THT South Brighton** n=277	**% Lighthouse West** n=423	**% Peckham Pulse** n=182
The internet	37.1	24.2	**54.8**	15.4
A friend told me about it	25.1	20.2	25.1	**32.4**
A leaflet or information card	11.9	15.9	6.4	**18.7**
Advert in the press	8.5	**20.6**	3.3	2.2
A poster	7.7	**13.7**	1.2	**13.7**
From a helpline	6.9	5.8	6.6	9.3
A worker approached me	4.1	4.7	1.9	**8.2**
I was there for something else	2.6	1.4	2.4	4.9

Among both genders and irrespective of sexual identity or practice, the most common answer for first hearing about the service was via *the internet.* Of the 37.1% of all testers that specified the internet as the site of first hearing about the intervention, 16.8% did not specify a specific website where they had heard of fasTest. Of the remainder almost half (46.8%) cited www.tht.org.uk as the source of their knowledge about it. As one of few websites that specified where and when the service occurred this was not surprising.

Another website specifically promoting HIV testing and targeting Gay men (www.youchoose.org.uk) also described the intervention in Brighton and Lighthouse West and this was cited by 3.3% of all respondents (actually 6.6% of Gay and Bisexual men and none of the heterosexuals). A further quarter (23.8%) of all testers specified an internet search engine, usually Google (19.0%). One-in-seven (14.1%) of all respondents cited advertising on www.gaydar.co.uk though again this represents more than a quarter (27.7%) of Gay and Bisexual men citing the internet, and none of the heterosexuals.

Having first heard of the service online was especially common among heterosexual men

(47.4%), compared to Gay and Bisexual men (35.0%) or heterosexual females (33.7%). Since Gay and Bisexual men using the internet to find out about fasTest tended to see the paid advertising on www.gaydar.co.uk or the listing on www.youchoose.org.uk, heterosexuals were much more likely to cite Google (25.3% of heterosexual males and 28.1% of heterosexual females compared to 11.7% of Gay or Bisexual men citing the internet as the source of discovering fasTest).

How did you first hear about fasTest by gender and sexuality (n=882, missing 55)	**All Testers** n=882	**All Males** n=659	**All Females** n=223	**Gay or Bi Males** n=446	**Hetero Males** n=209	**Gay or Bi Females** n=15	**Hetero Females** n=208
The internet	37.1	38.7	32.3	35	47.4	13	33.7
A friend told me about it	25.1	22.9	31.4	21.1	27.3	47	30.3
A leaflet or information card	11.9	11.7	12.6	13.7	7.7	27	11.5
Advert in the press	8.5	10.5	2.7	14.6	1.9	7	2.4
A poster	7.7	8	6.7	9.2	5.3	20	5.8
From a helpline	6.9	6.2	9	6.5	5.7	13	8.7
A worker approached me	4.1	3.6	5.4	3.4	3.3	7	5.3
I there for something else	2.6	2	4.5	1.1	3.8	0	4.8

Personal recommendation from friends was the next most common means of first hearing about the service. This was more common among heterosexual females (30.3%) than heterosexual (27.3%) or Gay and Bisexual males (21.1%). The only other source of recruits to fasTest that accounted for more than 10% of attenders was the THT fasTest (blue) leaflet - this was cited by 11.7% of males and 12.6% of females. The accompanying THT fasTest posters were mentioned by 8.0% of males and 6.7% of females.

Direct 'referrals' from telephone helplines and workers were also mentioned by 6.9% and 4.1% of respondents respectively. The majority of helpline referrals came from THT Direct, but worker referrals came form a wide variety of professional sources including sexual health clinics and AIDS service organisations and other NHS and voluntary sector generic services.

A quarter (23.0%) of Brighton fasTest users first heard about the intervention via the internet. Among these men, over half (55%, 30/55) mentioned the specific banner advertising on www.gaydar.co.uk. Of the remaining internet recruits the majority (20%, 11/55) had come via the THT website; via a search engine (13%, 7/55) usually Google; or via www.youchoose.org, (11%, 6/55). A fifth (21.5%) of Brighton fasTest users had seen the service advertised in the (local) gay press. Of these, the majority recalled seeing the advertisement in G-Scene (71%, 35/49) rather than 3Sixty (22%, 11/49). A further fifth (20.4%) of all Brighton attenders stated that a friend had told them about the service.

A sixth (16.6%) of men using the Brighton site cited the promotional leaflet as the source of their first knowledge of the service. A similar proportion (14.0%) cited the accompanying poster as the way they first heard about the intervention. Men described seeing posters (and leaflets) in the majority of the bars, clubs and some of the saunas

that make up the commercial Gay scene in Brighton and Hove. They were also seen in the local GUM service. Only 5.3% first heard of the Brighton fasTest service via a helpline (usually THT direct) and less (4.5%) mentioned a worker approaching them on the Gay commercial scene (although some men cited approaches from the SOS outreach team).

In comparison to Brighton the source of learning about the service among Gay or Bisexual men using fasTest at Lighthouse West was substantially different. This site received no dedicated promotion to Gay or Bisexual men but had been well established when these pilot evaluations were funded. As a consequence Gay or Bisexual men continued to hear personal recommendations for the established service and responded more substantially to its promotion via THTs website. Although that service received no dedicated internet promotion twice as many Gay or Bisexual men cited the internet as the site of first hearing about the service, most commonly via www.THT.org.uk.

The Peckham and Lighthouse West services benefited from dedicated promotion via THT 'outreach' using leaflets, posters and face-to-face discussions in areas (especially markets) where high concentrations of Black African and Caribbean community members were known to congregate. This outreach was slow to commence and not substantially monitored so it is difficult to establish the extent to which it worked. However, it is worth noting that among Black Africans using fasTest in London, a similar proportion cited a worker as their source of first hearing of the service (5.7% in Lighthouse West and 5.7% in Peckham) and a similar proportion cited the THT fasTest leaflet (17.0% in Lighthouse West and 18.6% in Peckham). However, with respect to posters, 3.8% of those Black Africans using Lighthouse West cited them compared to 17.1% of those using Peckham Pulse.

Among heterosexuals of all ethnicities, those testing in Peckham were substantially more likely to cite posters (17.2% of males and 12.2% of females) as a means of learning about the service, than those testing in Lighthouse West (0.7% of males and none of the females). Similarly among heterosexuals, those testing in Peckham were substantially more likely to cite the leaflet (15.5% of males and 17.3% of females) as a means of learning about the service, than those testing in Lighthouse West London (5.0% of males and 6.4% of females). Also more heterosexuals cited recommendations from friends among Peckham testers (32.8% of males and 33.7% of females), than those testing in Lighthouse West (25.5% of males and 27.3% of females). All these differences are offset by a massive imbalance in respect of the internet between the two sites. In Lighthouse West 59.6% of heterosexual males and 52.7% of heterosexual females cited the internet as the source of their first information on the service, compared to 15.5% of males and 12.2% of females testing in Peckham.

4. Experiences of people diagnosed with HIV in fasTest

One final element of our evaluation involved asking all fasTest users to consent to a follow-up telephone interview if they tested POSITIVE on fasTest. This signed consent was recorded on the patient registration form to maintain the anonymity of the evaluation for all users that tested negative and to offer all testers the opportunity to maintain their anonymity irrespective of their fasTest result.

We relied on clinical staff administering fasTest to give us the referrals and contact details of all those that consented to follow-up. In most cases this was only done after the new positive had returned to the host GUM for follow-up bloods and initial care and support. In most instances their written consent to follow-up prior to taking the fasTest was verbally confirmed prior to a referral to Sigma.

Referrals for follow-up interview usually occurred 6-12 weeks after initial diagnosis. Some came with a proviso that the interview should be left up to another 6-12 weeks. No referrals were received from Peckham Pulse or Birmingham sites. The table below describes the number of new positives consenting, and the numbers contacted who subsequently refused to be interviewed and were interviewed.

Consent to telephone interviews among new positives	**Brighton THT South**	**London Lighthouse West**	**London Peckham Pulse**	**Birmingham AB+**	**Total**
Total of VALID positives	9	17	4	?3	?33
Consented to interview	5	11	no referrals	no referrals	16
Not contactable	0	3			3
REFUSED after initial consent	0	2			2
Interviews completed	5	6			11

Of the 26 new positives in Brighton and Lighthouse West London, 16 consented to follow-up interview. Three of these were not contactable at the given telephone numbers and did not respond to email contact. On contact, two volunteers subsequently declined to be interviewed. Eleven interviews were completed, lasting 20-30 minutes each.

In view of the limited number of new positives in the Department of Health fasTest sites, and lack of any referrals from 2 of the sites we do not report the follow-up interviews here except to confirm that these 11 completed interviews suggest that overall satisfaction with the fasTest service was exceptionally high, as was satisfaction with referral pathways into standard HIV care.