Date: **Facilitators' Initials:** **Location:**

Materials needed:

- Payment / and payment record sheet
- Sign in sheet
- Images
- Participant info sheets in hard copy
- Light refreshments
- Pens
- 2 digital recorders (and back up batteries)
- Note paper for observations
- Stickers for name tags
- Consent forms printed
- ****Participant Number Cards** NEW**

Introduce Researchers / institutions / HAUS Study (10 mins)

The aim of the HAUS Study, as you will have gathered perhaps already, is to develop the best means of distributing HIV home sampling kits in the community in a way that will increase the provision and uptake of HIV testing among black Africans using existing community and healthcare provision.

We plan to clarify what may help / hinder distribution of these kits, what might support black African people who don't know their HIV status to access them and use them, and to explore what might be the best settings for distribution. After this first consultation phase through these focus groups and a few interviews with key stakeholders, we will develop intervention manuals for next stage of the larger study (Stage II feasibility trial).

Any Questions?

[All consent forms collected before starting…..]

Names around the room (5 mins)

Please tell others your name / what work you do and where

Recording begins – recorders will now be switched on

Please state your participant number and the extent of your experience working with African service users in your place of work.

Background

Just for those of you who may not be experts in HIV in the UK we wanted to briefly review a few points:

- More than 100,000 people in the UK have HIV
- About half of this number are people of black African descent who are the single ethnic group in this country that are disproportionately affected by HIV
- About ¼ of ALL those who are infected are unaware of their infection, and late diagnosis is most acute among black African people (particularly men)
- HIV testing has traditionally been undertaken in GUM clinical settings. Increasingly, community based HIV prevention organisations have started to offer point of care HIV testing in a range of non-clinical settings (sometimes, but not always using GUM staff to undertake some element of the test).
- [TEXT FOR LONDON GROUPS] These community based tests were traditionally commissioned within National intervention plans (such as HIV Prevention England), or by local PCTs. Since the Health and Social Care Bill and the changes it has meant for public health, some of that point of care testing has been commissioned by Local Authorities who now have responsibility for HIV prevention in the community, however there has been a lot of variability in the way that HIV testing is now commissioned from place to place.

Black African service users and targeted work (5 mins)

a. What do you feel are the biggest challenges in terms of encouraging routine and regular HIV testing among black African people in the UK?

Self-testing / sampling technologies (5 mins)

b. Newer testing options include both home sampling and home testing kits (*need to describe the difference*)
    - Have you heard of each of these before?

  - Do you have any thoughts or questions that immediately come to mind before we look at the kits in greater detail?

******30 minute time check******

Introduction to SSK (35 min)

*Brief introduction to SSK using two VIDEOS **Please talk through instructions of TINY test***

and distribution / exploration of sample TINY kits so that participants see how they look / feel / operate

Acceptability/practicalities of community distribution of testing kits

[use image cards to support this discussion – can distribute a couple of sets among participants – will focus the discussion]

c. What are your initial thoughts about making these sorts of kits available in:

- Community outreach in local businesses and locales
- Pharmacy *[focus here on any pharmacists in the group]*
- What sorts of self-testing kits for other conditions are pharmacies distributing?
- Is this a way of reaching those in greatest need?
- Are black African using pharmacies to support self-diagnosis and in what ways?
- GP offer at:
- initial registration (are new patient checks happening?)
- cervical testing
- sexual health check
- 40+ check
- GP targeting of high-risk group members at their next consultation
- Colleges/universities
- Dentists
  - ***Please vote on your top three from this selection. Any others to add?***
    Prompts:
- *Acceptability*
- *Barriers / facilitators*

- *How will it be best to reach target audience in each setting without stigmatising?*

d. (**for direct contact service providers**) Do you think it would be a good idea to distribute these kits where you work?

And could you see a way to ensure that those taking the kits away were disproportionately (or exclusively black African?)

- *Why / why not?*
- *Are those reasons structural / political / practical / personal?*

What resources would you need to make this possible?

        - *Verbally*
        - *Printed materials*
        - *Electronic material / QRS scanning code*

e. What are your thoughts on where people should collect their sample and how they should return it for testing?

Prompts:

- *Only for use away from community venue / user returns sample by post*
- *Collect kit in community venue / sample in venue / return sample to venue*
- *Community venue / sample is undertaken elsewhere / return sample to venue*
    - *What are the pros and cons of these options?*
    - *What is most / least practical for those working in such settings?*

****APPROX ONE HOUR TIME CHECK****

Clinical governance, communicating results and referrals (30 mins)

f. **(for direct service providers only)** What information would your service be prepared to collect at kit distribution - - eg. Record of numbers, characteristics of users etc.

- What would be the benefits of anonymity at the time of collection?
- What has been your experience with self-sampling for other STI testing?

g. **(for direct service providers only)** Would your service be prepared to manage reactive results?

- How would the service deliver result to clients?

h. **(for direct service providers only)** Do you have any thoughts about how HIV negative / non-reactive results should be managed? How would your service prefer negative results managed

  - Are there comparable models for results delivery from self-testing/sampling for other infectious diseases that we could use / adapt / avoid?

i. ***[OPTIONAL QUESTION, DEPENDING ON PARTICIPANTS, AS SOME COMMUNITY GROUPS MAY NOT FIND IT RELEVANT, WHEREAS THOSE WITH TESTING EXPERIENCE WILL…]***

What clinical governance / referral pathways do you see as being necessary for distribution of such kits in the community?

Prompts:

  - *What existing models should we be using / adapting / avoiding?*
  - *How might current procedures need to be modified for SSK?*
  - *What comparable rapid-referral models might be used / adapted?*

j. What other support/care/services could be provided, in addition to receiving an HIV test result?

  - Provision of additional HIV prevention support with a negative test result (how, what and when?)
  - Information about other sexual health test kits
  - Information about blood-borne viruses (some African communities also at higher risk of hepatitis B and Hep C, thus should referral procedures should be flexible enough to identify these as well?)

k. Reflecting on our conversation, what issues do you see as being the same / different with regards to Home Testing Kits?

Prompts:

    - *Attitudes*
    - *Use*

        - *Practical issues at local service provider level*
        - *Data collection issues*
        - *Referrals / confirmatory testing provision*
    - What would be your preference? Why?

Just before we close, is there one final thing that you might each like to say about these kits – just in one sentence?

- Thanks for your time / honesty.
- Explain process for rest of Phase 1.
- Website / Twitter for ongoing updates about progress.
- May be in contact with regards to Phase 2.
- Sort out payments / receipts etc.

<END>