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NIHR | Applied Research Collaboration West

Ending new HIV cases by 2030

Novel interventions from Bristol Research

Jeremy Horwood

Professor of Social Science and Health

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Current HIV context

- Estimated 106,000 people living with HIV in the UK
  - 5000 people living with HIV but do not know
- Great progress in reducing HIV diagnoses - PrEP, regular testing, prompt linkage to care, effective HIV treatment
- 2019: UK Government goal - ending new HIV transmissions by 2030
- 2021: HIV Action Plan interim target, between 2019 & 2025 = 80% reduction in new HIV infections in England
  - between 2019 & 2022 12% decrease*
  - between 2022 & 2023 15% increase*

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*UKHSA HIV Action Plan monitoring and evaluation framework 2024 report

To reach the 2030 goal of ending new HIV cases

Reduce HIV stigma and discrimination

Tackle HIV inequalities

Expand access to Pre-Exposure Prophylaxis (PrEP)

Increase HIV testing, early diagnosis

Support access to treatment & care

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Bristol Research

	Reduce stigma	Tackle inequity	Expand PrEP access	Increase testing	Support treatment & care
Common Ambition Bristol	X	X	X	X	
ED Opt-out testing	X	X		X	X
PATH-GP	X	X	X	X	X
Pharmacy PrEP	X	X	X	X	

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Common Ambition Bristol: Addressing HIV inequities in partnership with African and Caribbean Heritage communities

Dr Fiona Fox, Research Fellow

Temilola Adeniyi, NIHR Doctoral Fellow

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Bristol context

- High HIV prevalence (2.5 per 1,000 individuals)
- Higher than national average HIV late diagnosis (58%)
- 28% of people in Bristol living with HIV from African & Caribbean heritage communities (ACHC), whilst being 5.9% of population
- Lower sexual health service uptake among ACHC
- 2019 Bristol became ‘Fast Track City’ – working to meet goal of zero HIV transmission by 2030

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Common Ambition Bristol (CAB) aims

Reverse the HIV inequities experienced by people of African/ Caribbean heritage in Bristol by:

- Increasing HIV knowledge
- Reducing HIV stigma
- Improving access to sexual health services
- Increasing uptake of HIV testing

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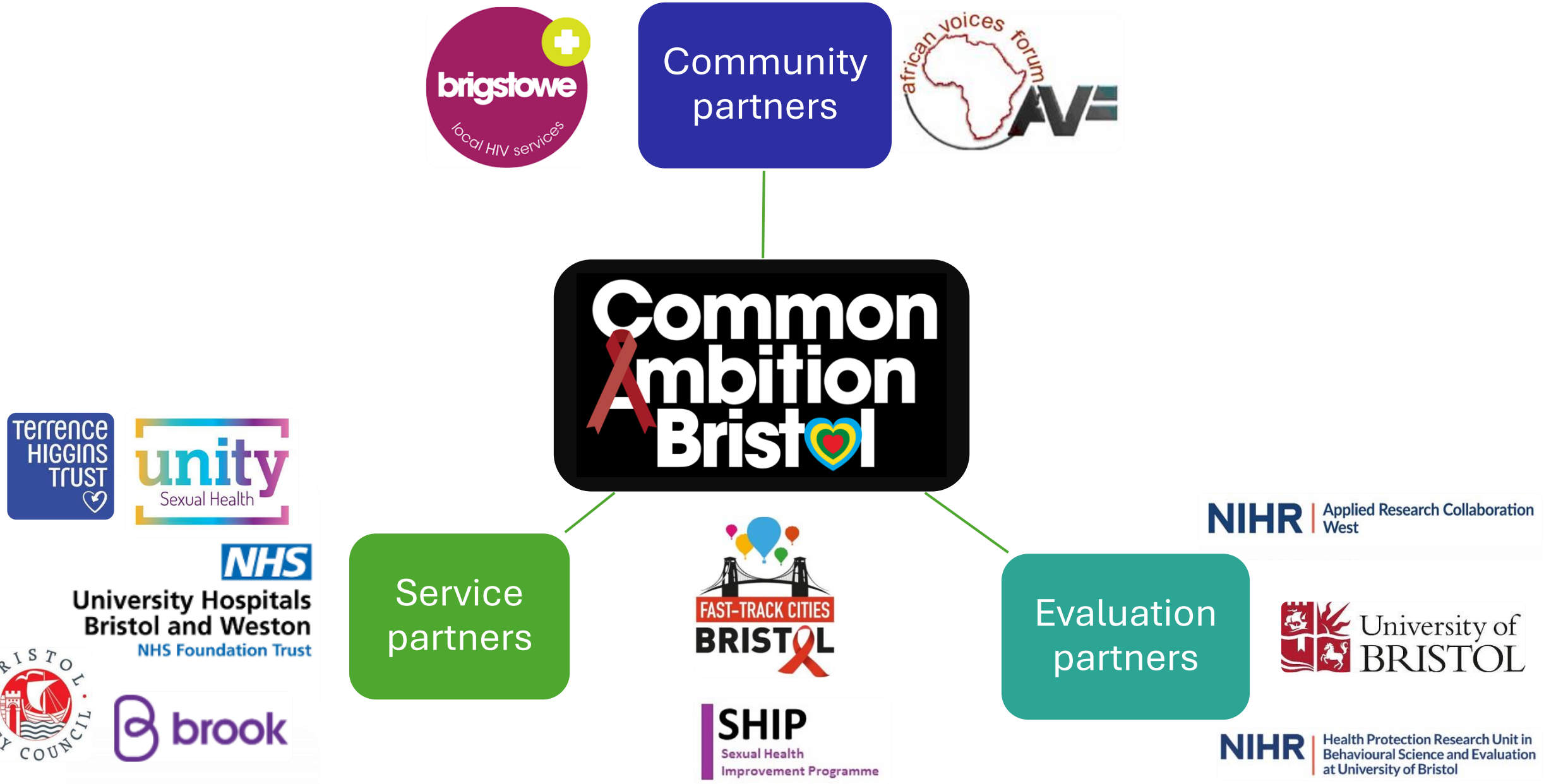
CAB Co-production



Project Delivery Group PDG

Co-producing interventions

Multimedia Resources

Community Outreach

Targeted Health Promotion Events

Community Clinics

CAB Evaluation Team

Community Researchers

- UoB training + AVF supervision

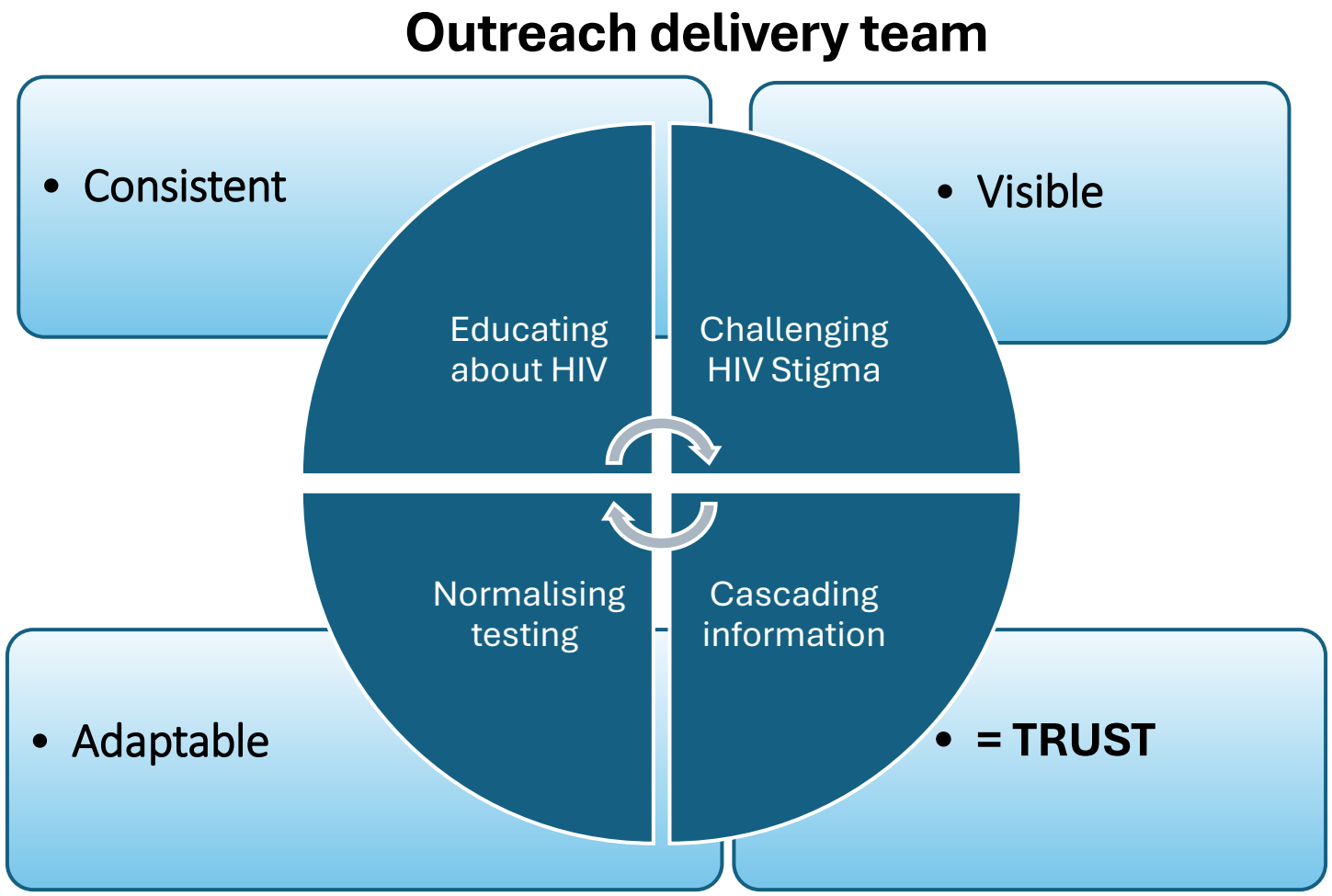
Evaluation Aims

- To understand how interventions are delivered and experienced
- Iterative - feedback to PDG to refine intervention delivery
- To examine the impact of CAB

Methods

- Online surveys
- One to one interviews
- Observations

CAB Outreach

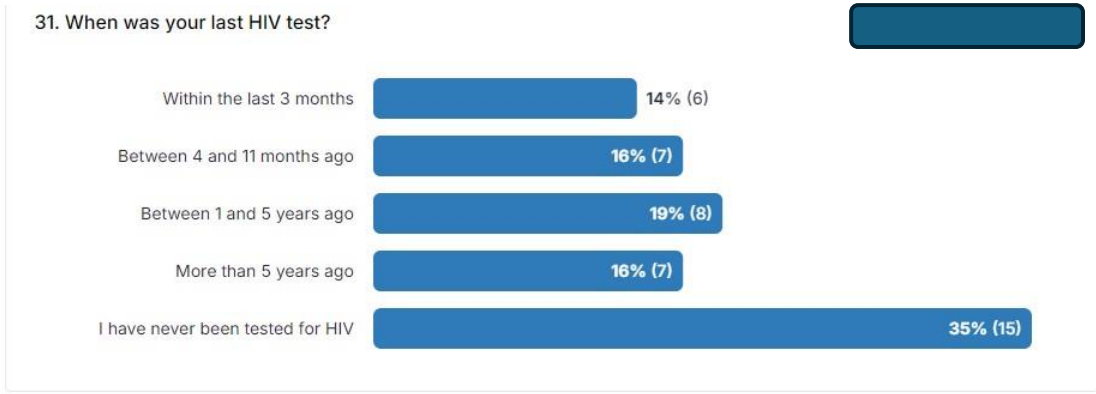


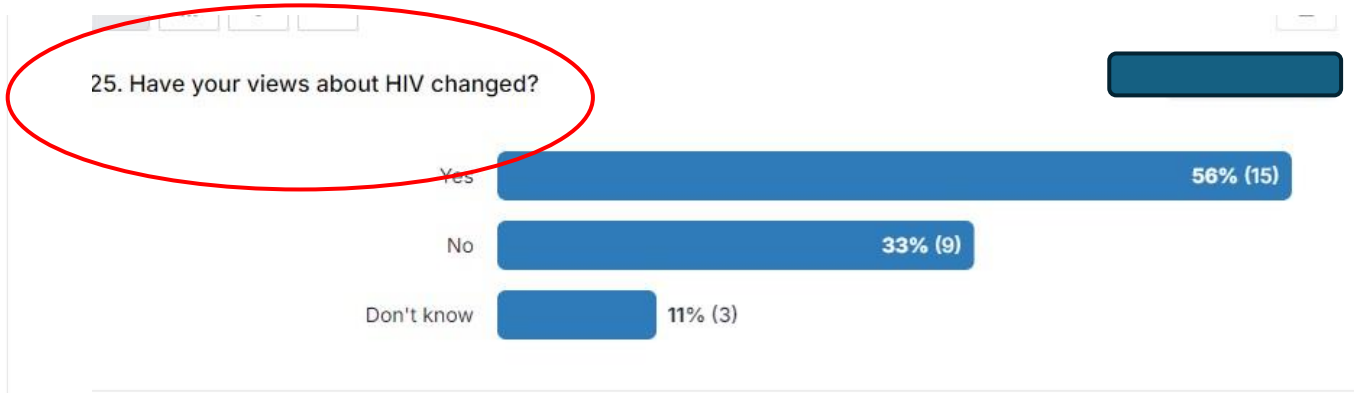
"The best way I think should be the barber, yeah. **Talk to the people one-on-one**, because if you're going to give them a flyer, or emails, **some might not really have time to read them. So it's best to talk to them** one-on-one"
(Male, 35, African heritage)

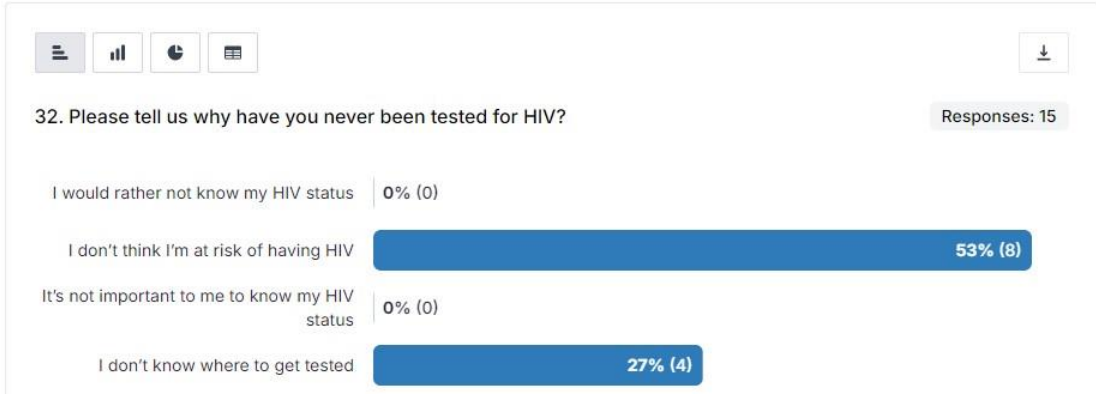
"People go into a shop and come out, **they don't want to have a conversation about sexual health because speaking about sexual health at all in this country is more of a taboo**"
(Male, 38, Caribbean heritage)

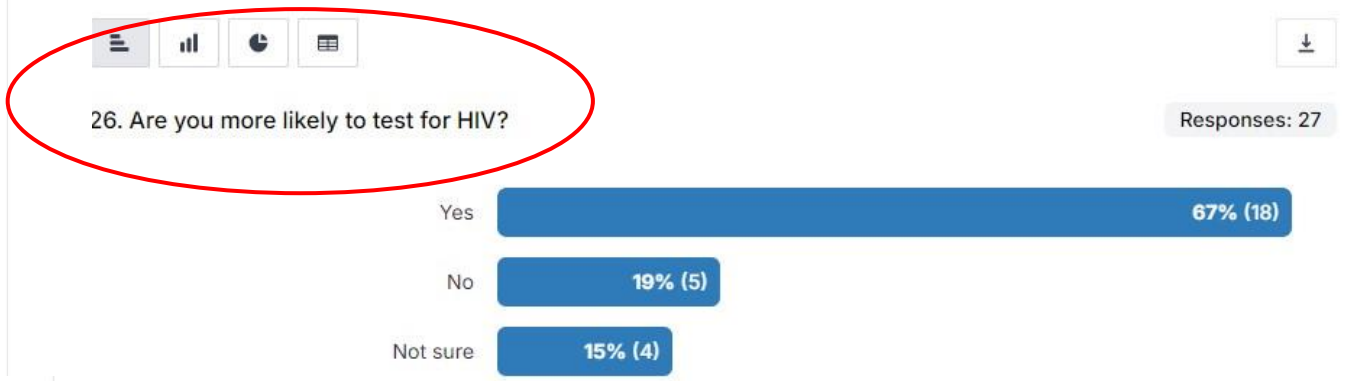
Outreach Survey Responses: Aug–Nov 2024

Since having conversations with CAB outreach team …



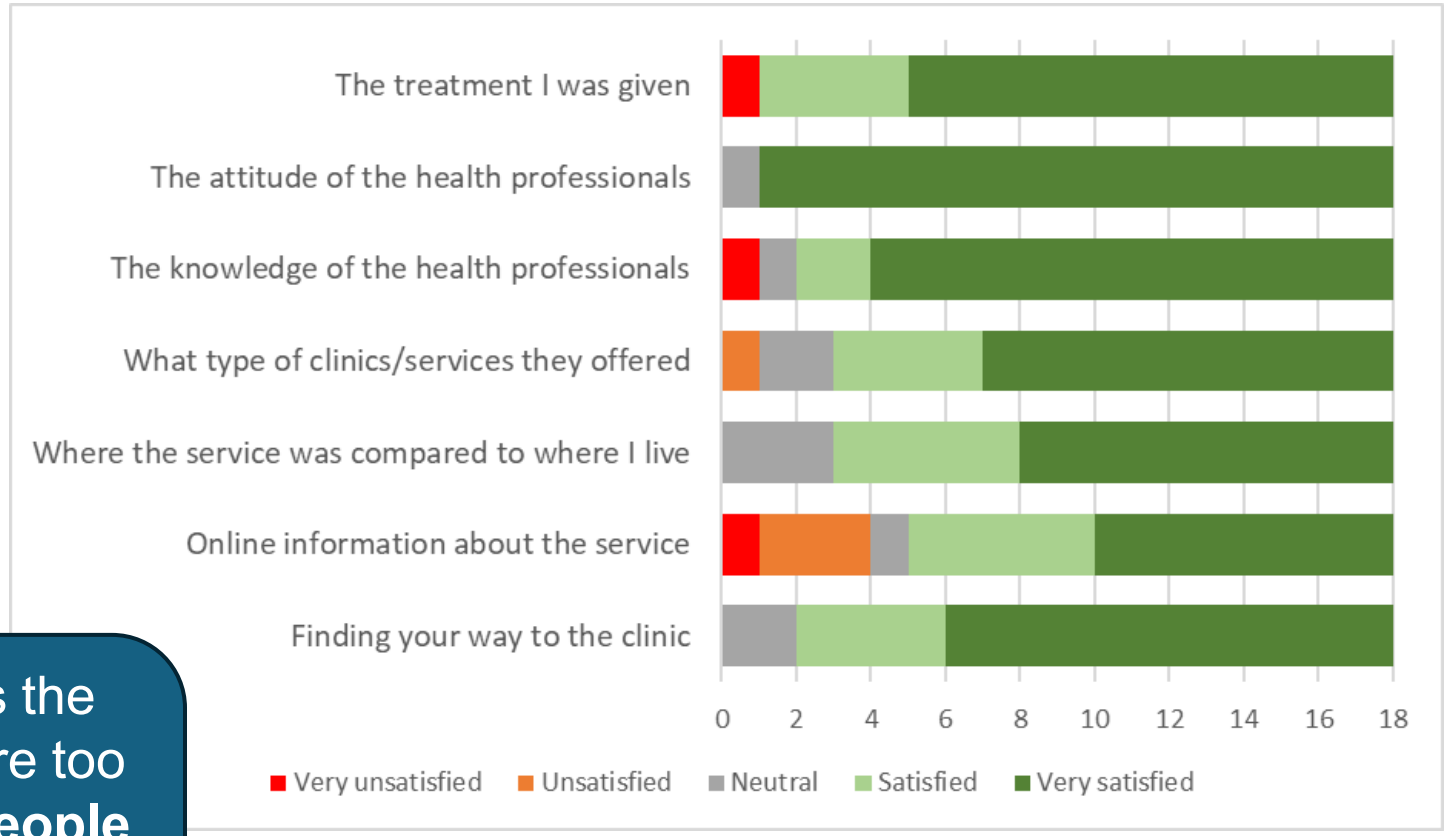






CAB Evaluation: Clinic positives

- Don’t need appointment
- Short waiting times
- Good location & easy parking
- Lots of information about HIV
- Friendly, welcoming staff
- Relaxed atmosphere



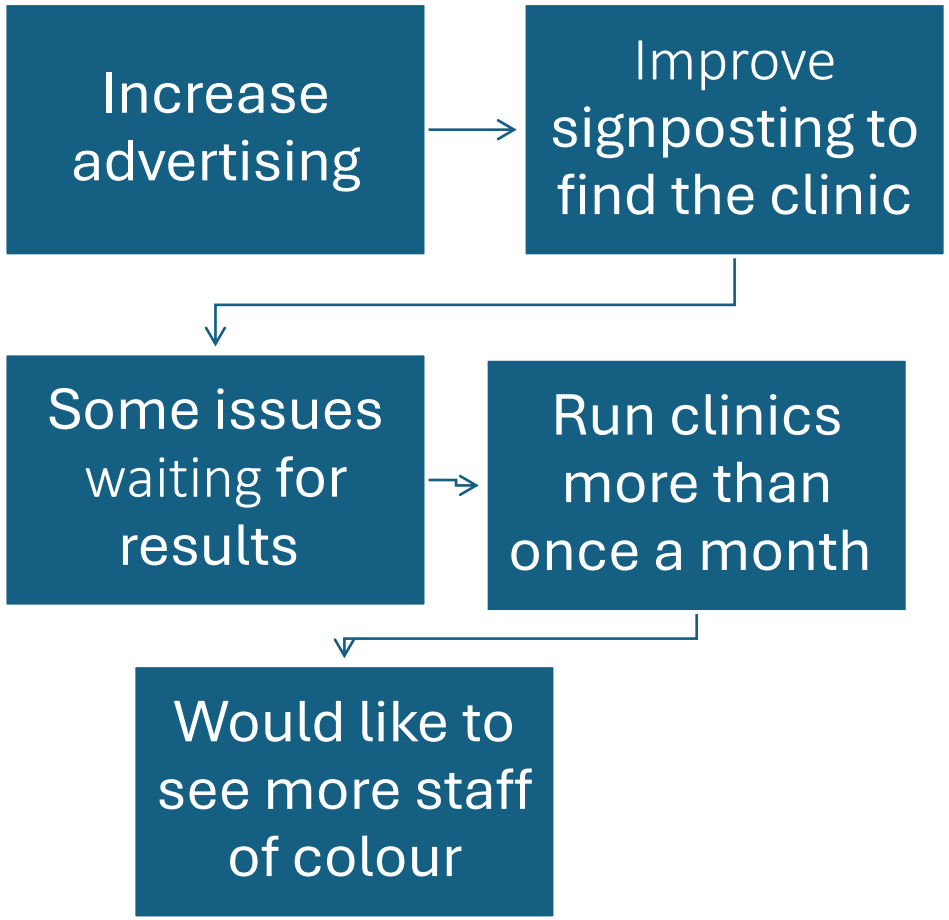
“as our community, we’re sometimes the minority. So people wouldn’t really care too much about us ... So **it’s good that people can feel comfortable and safe to go to the clinic that’s meant for their type of community**”. (Male, 21, Caribbean heritage

CAB Clinic concerns & suggestions

- **Confidentiality**: Being seen by someone I know (stigma)
- **Separation**: Not good to make it just for ACHC Make central services more welcoming & diverse
- **More visibility**
- **Quicker results**

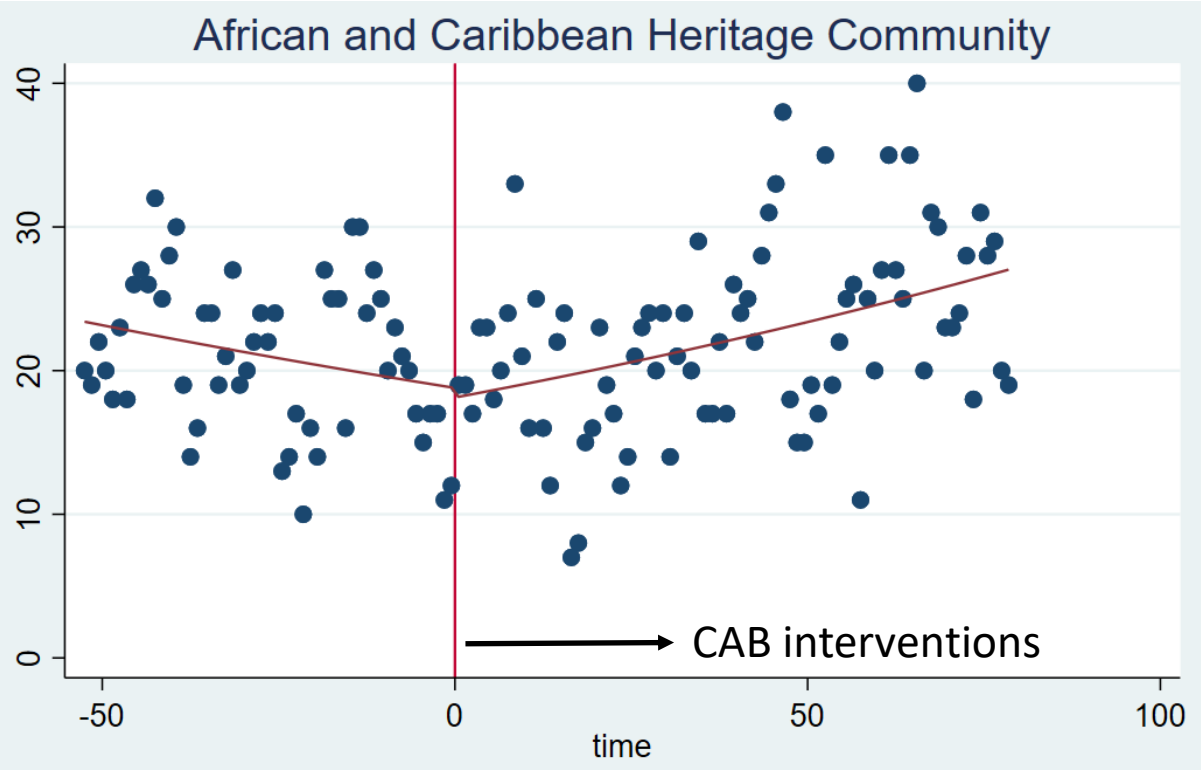
"**I don't want to walk in and see my neighbour sitting there**" (Female, 56, Caribbean heritage)

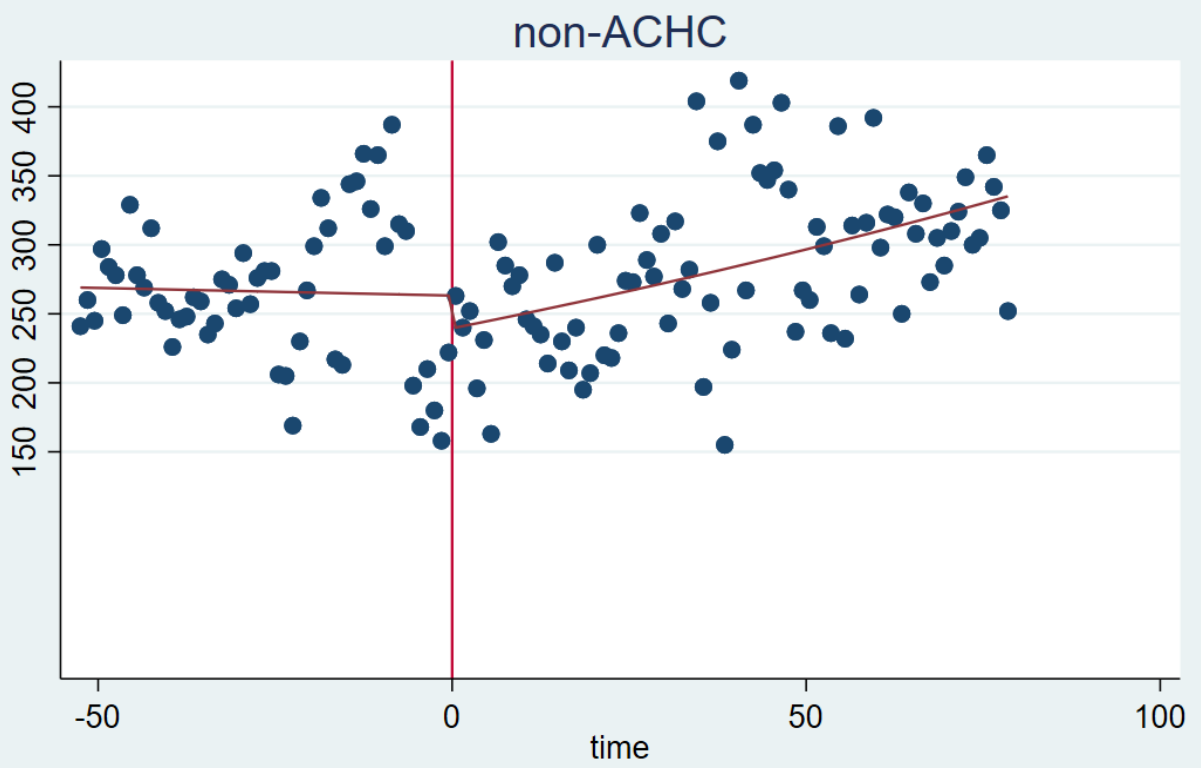
"More information about it, I stumbled across this site, but then couldn't find it again, **it needs more visibility and quicker results**" (Female, 27 African heritage)



HIV Testing

- Controlled interrupted time series modelling (April 2022 to October 2023)
  - Bristol ACHC Vs non-ACHC service users HIV testing – estimated 185 additional tests
  - Bristol ACHC HIV testing Vs Croydon ACHC HIV testing – estimated 356 additional tests





Evaluation summary

- CAB was welcomed for *“coming to the people”*
- CAB clinics and outreach: updated HIV knowledge, challenged stigma, sign-posted and normalised HIV testing
- CAB highlights the value of partnership working to co-produce:
  - community led interventions
  - culturally sensitive information
  - more equitable and accessible HIV services for underserved communities

Common Ambition is an improvement because at least they’re going out and letting people know that you can access this medication [PrEP]…I’ve never really gone to the local doctor…So, I like this”
(Male, 41, Caribbean heritage)

CAB impacts so far

FUNDING & SUSTAINABILITY

SERVICE CHANGES

INFLUENCE

TEACHING & TRAINING

AWARDS

“CAB: Your approach is a game changer” (Healthcare Trust Board Directors)

Study Team

Jeremy Horwood, Fiona Fox, Frank De Vocht, Carlos Sillero Rejon & Hugh McLeod
Community Researchers: Temilola Adeniyi, Khabo Piggot, Marsha Doran & William Adeji, Pearl Raymond, Augustina Duah, Vanessa Klimkowski Argoud

Acknowledgements

This research was funded by the Health Foundation and the National Institute for Health and Care Research and supported by the NIHR Health Protection Research Unit (HPRU) in Behavioural Science and Evaluation and NIHR Applied Research Collaboration West (NIHR ARC West). The views expressed in this article are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

SCAN ME

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Emergency Department Opt-Out Blood Borne Virus Testing

Dr Tom May, Research Fellow

Siobhán Allison, Senior Research Associate

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Context

- April 2022 - NHS England launched ED BBV opt-out testing in 37 areas with very high HIV prevalence
- EDs can reach those not identifying as at risk/face barriers to testing
- 2024 expansion into additional EDs in 47 high HIV prevalence areas

Pathway

- Anyone 16 years + attending ED & having a routine blood test automatically tested for HIV, hepatitis B & C, unless they opt-out
- Posters & banners inform patients that BBV testing will take place
- Patients contacted by relevant teams if a reactive or indeterminate result
- Linkage/re-engagement with care

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Latest Figures (April 2022 to December 2023)

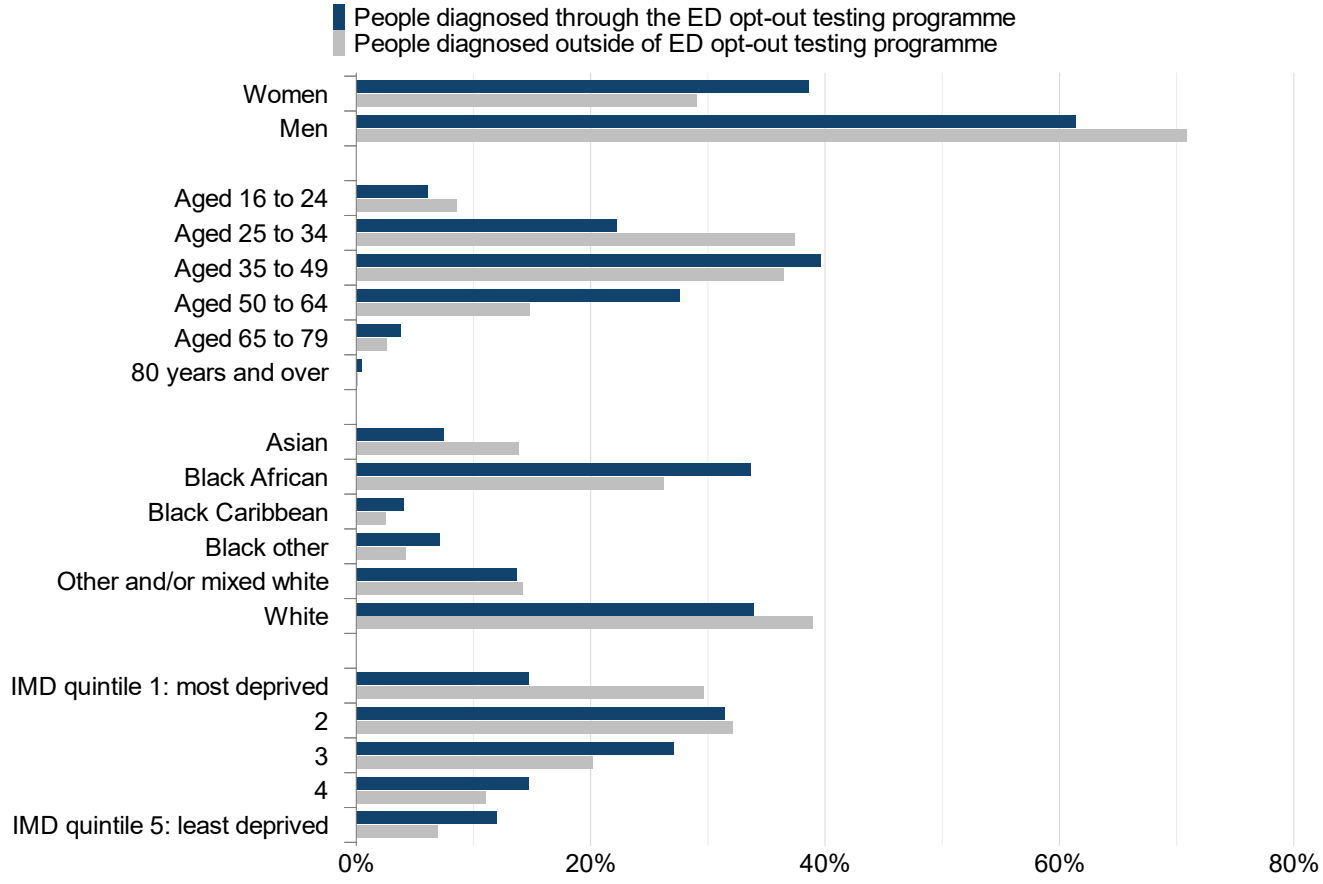
Testing

- 1.9m HIV tests
- 73% never received a HIV test
- 391 new diagnoses

Characteristics of people with new HIV diagnosis (compared to other settings)

- Older
- Women
- People of Black African/Caribbean heritage
- Least deprived IMD quintiles

Characteristics of people with new HIV diagnoses, April 2022 to December 2023



Source: ED opt-out testing data for 21 SSBBV sites, matched to HANDD or HIV and AIDS reporting system (HARS)

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Aims

- **To optimise the delivery of ED opt-out BBV testing in very high HIV prevalence areas to increase test coverage and uptake**
    1. Describe the different strategies and approaches of sites to implementing BBV testing in EDs
    2. Identify issues and barriers to ED BBV testing implementation and uptake

- **Develop recommendations to optimise future implementation of ED opt-out BBV testing in lower prevalence HIV areas**

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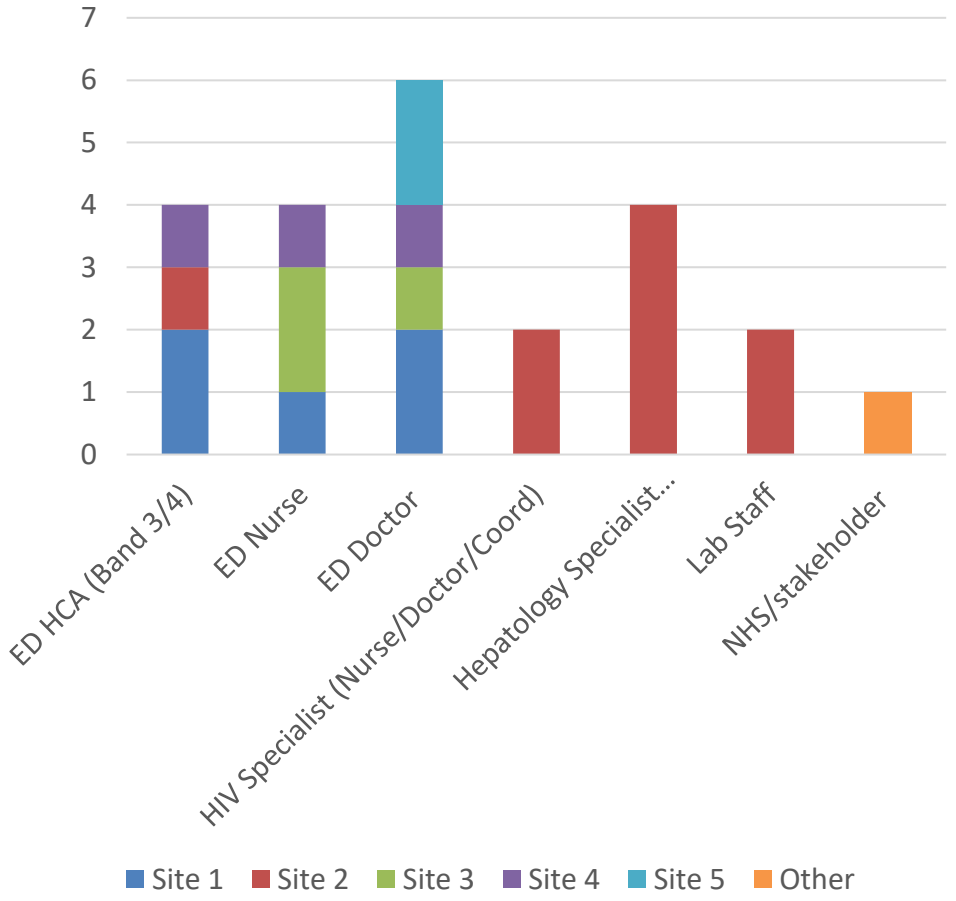
Methods

Setting

- 5 ED sites located in very high HIV prevalence areas

Data collection

- Interviews with 23 staff involved in the delivery of opt-out testing
- All interviews conducted remotely via telephone/teams
- April – August 2024
- Findings identified challenges & solutions to implementation & delivery



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Staff Understanding and Participation

Knowledge and Training

"I don't really have information – this information – because no-one explained to us what they is for. I read something – you know"

(HCA site 1)

Normalising BBV testing

I'm not having to, to double-think it and say ooh, is this the type of person that might have it? Cause for one I know that there is no specific type of person, and two I know that yeah, **that's not expected of me, just send it.**

(ED Doctor, site 1)

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Practical Considerations for Testing

- Automation
- Blood bottles
- Informing patients

With the two yellow you used to get confused before. People, especially the doctors, they used to send one and they thought it's including HIV in the other bloods. So we, we, so yes… so I said, um, I said, can we change, can we do something here so we can avoid, **so they can see one different colour. Which the red I** think it's more… yes it's red, it's more obvious (HCA, Site 2)

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Staff Reflections

Impact stories

Recommendations for future sites implementation

I think it's the **patient stories that were more convincing**, rather than the numbers, to sort of say here's someone actually who came here, you know, actually a new diagnosis who was started on treatment that never, you know, wouldn't have known without this project, **I think that's quite, quite a powerful teaching tool** (ED Doctor, site 1)

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Top tips

Foster Staff Buy-In

Promote the importance of testing to all staff

Provide all Staff Education and Training

Ensure training is available, continuous and easily accessible to all staff

Support ED Staff in Testing All Patients

Work with ED teams to establish procedures that remind staff to order and conduct testing

Effective Patient Communication Processes

e.g. "We routinely offer this test to all our patients"

Strengthen Specialist Support

Promote strong collaboration between EDs and specialist services

Make Opt-out Testing Routine

BBV testing is a normal part of patient care, just like any other standard test

Study Team

Siobhán Allison, Jeremy Horwood, Debbie Johnson, Tom May, Emily Nicholls, Caroline Sabin and Lucy Yardley

Acknowledgements

This research was funded by the National Institute for Health Research (NIHR) School for Primary Care Research in collaboration with NIHR Applied Research Collaboration West (NIHR ARC West) and NIHR Health Protection Research Unit (HPRU) in Behavioural Science and Evaluation. The views expressed in this article are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

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Further Information

UCL

SHIP
Sexual Health Improvement Programme Health Integration Team

UK Health Security Agency

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Prevention and Testing for HIV in General Practice' (PATH-GP) intervention

Dr Jo Kesten, Research Fellow

Dr Sarah Denford, Research Fellow

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Background

- **General practice has a central role in early HIV diagnoses**
  - Opportunities to test
  - Ongoing relationships
  - High patient acceptance
  - Barriers exist to accessing sexual health services

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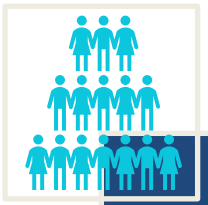
Background
Guidance for high prevalence areas

- All adult patients having a blood test



- Groups at **increased risk of exposure to HIV**

- HIV indicator condition **signs and/or symptoms**

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BHIVA HIV testing guidance, 2020; NICE CKS Guidance 2024

Background
Guidance for low prevalence areas

- HIV indicator condition signs and symptoms

- Groups at increased risk of exposure to HIV

- Sexual partners

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BHIVA HIV testing guidance, 2020; NICE CKS Guidance 2024

Background

- **Efforts are needed to increase HIV testing in general practice**
  - Low and variable HIV testing rates
  - Patients often seen multiple times in primary care with symptoms before diagnosis
  - Primary or early-stage HIV infection frequently missed
  - Opportunities to identify patients who may benefit from PrEP

- **Previous interventions**
  - High HIV prevalence areas
  - Lack of interventions supporting access to PrEP
  - Education interventions limited impact on opportunity & motivation to test
  - Multi-component, complex interventions may offer potential for increasing testing

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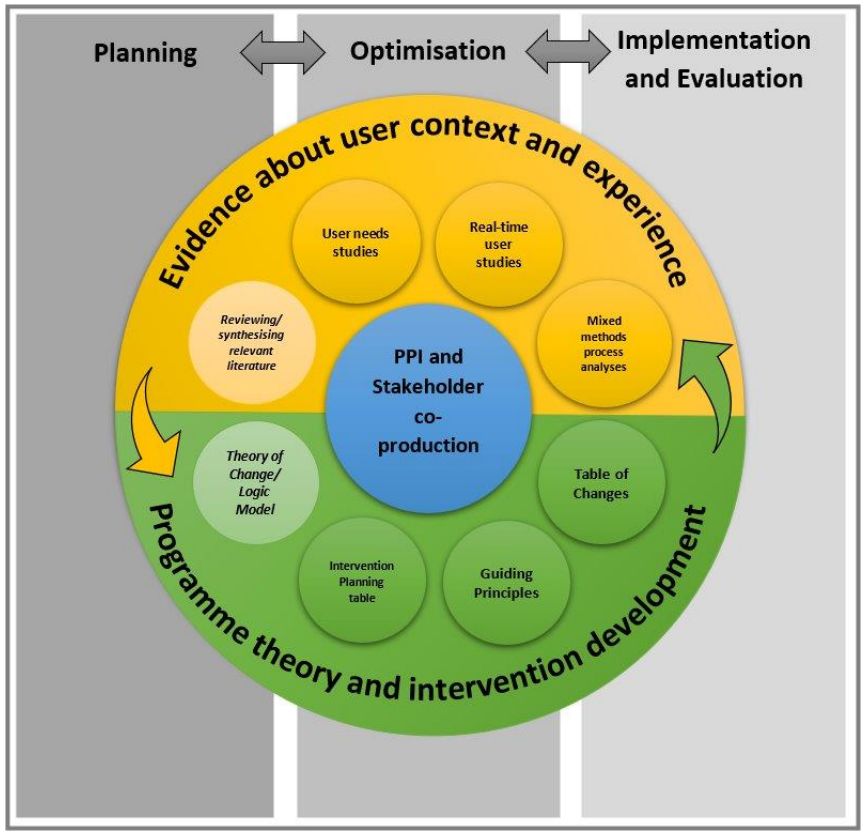
Aim

To develop an intervention using the Person-Based Approach to increase HIV testing and access to PrEP in general practice



CLIP-Q (Conducting Collaborative, Intensive Pragmatic Qualitative) approach

- Collaboration at every stage
- Co-production with lived experience experts
- Focused, pragmatic research design

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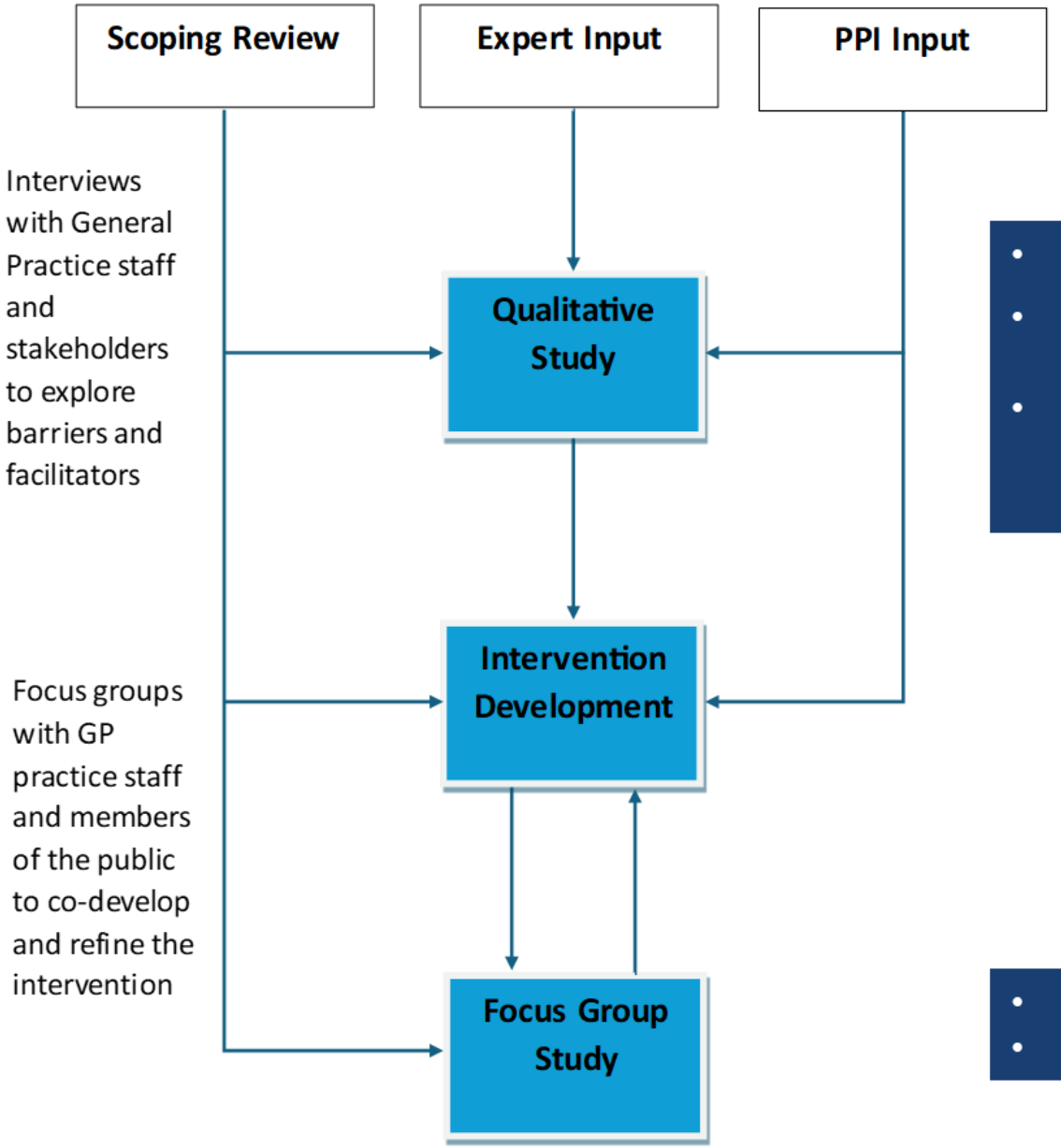
Methods



- 29 interviews
- GPs (n=20), practice nurses (n=4) and one pharmacist
- Stakeholders (n=4) (e.g. sexual health services and charities and commissioners from local areas)

- Healthcare professionals (n=16)
- Public focus group (n=13)

Barriers

HIV testing

- Knowledge and awareness
- Confidence and skills
- Resources – time
- Stigma
- Lack of systematic approaches to identifying who to test
- Variation in test offer

I'd probably say that it's pretty low, I think there could definitely be more knowledge.

Participant 25 - GP

As far as I'm aware, there are no pop-ups …that say, consider testing for HIV.

Participant 13 - GP

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Barriers

PrEP

- Knowledge and awareness
- Confidence and skills
- Capability to maintain or prescribe PrEP
- Perceptions about patient knowledge
- Preference for sexual health services

I don't know what's in PrEP to be honest with you and so I don't suggest it.

Participant 22 - GP

I would rather send somebody to a specialist clinic knowing that they're going to get the answers that they need when they need them, and not delaying in giving any treatment or answering those questions.

Participant 5 - Nurse

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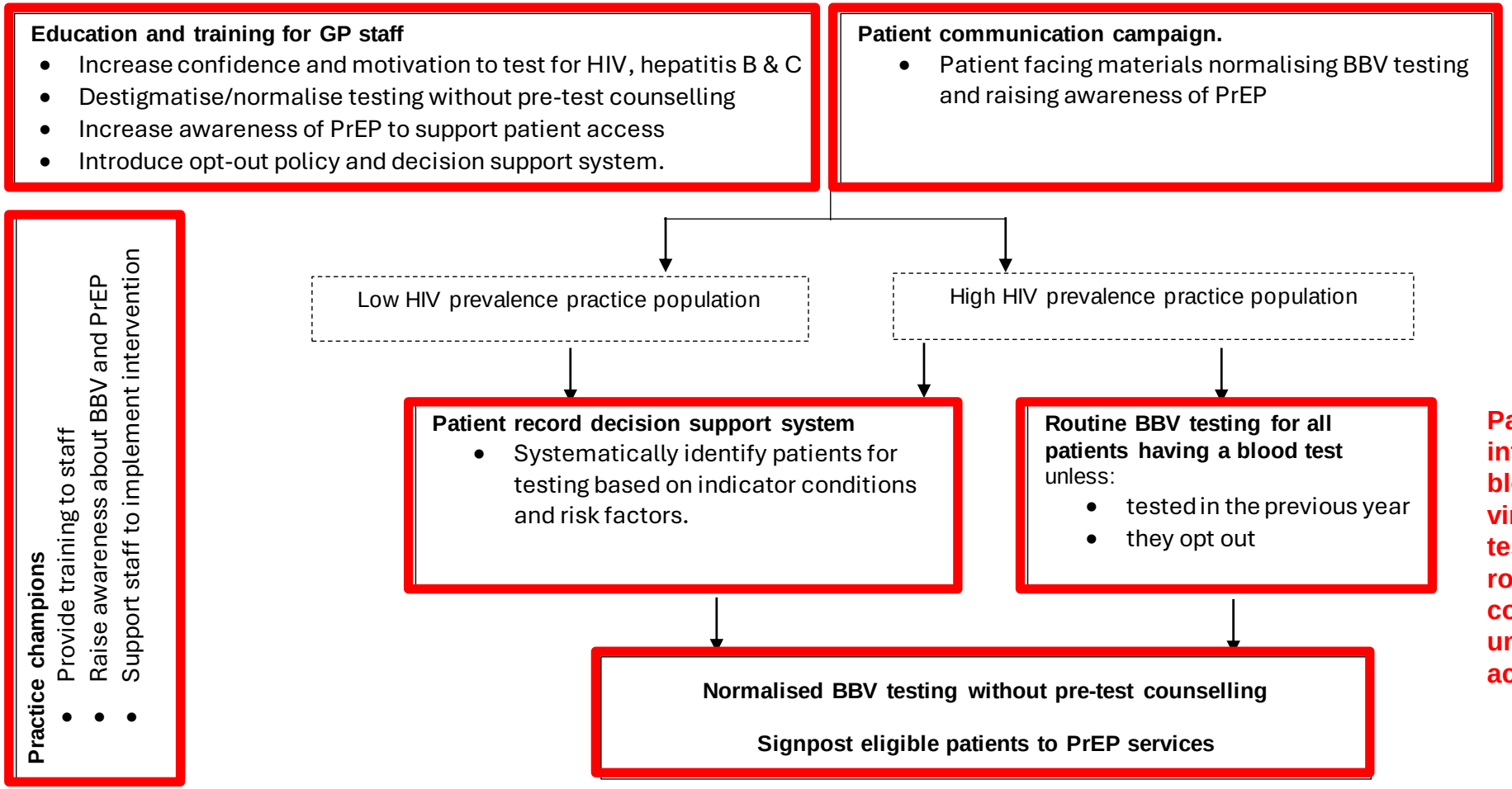
Developing the intervention

Barriers	Core intervention components
Knowledge / awareness	• Education and training – short and impactful
Time / resources	• Simplify testing process – without pre-test counselling
Systematic approaches	• A standard approach to STI tests
	• A decision support tool

It's probably much easier to add it on to other tests that we're doing rather than getting every single new patient to come in for a blood test. Focus group - HCP

I think it's probably a good reminder having it that way, and especially having an easy to use kind of template as well with clear tick boxes and counselling advice. Focus group - HCP

Intervention refinement – next steps



Patients informed that blood-borne virus (BBV) tests are routinely conducted unless they actively decline

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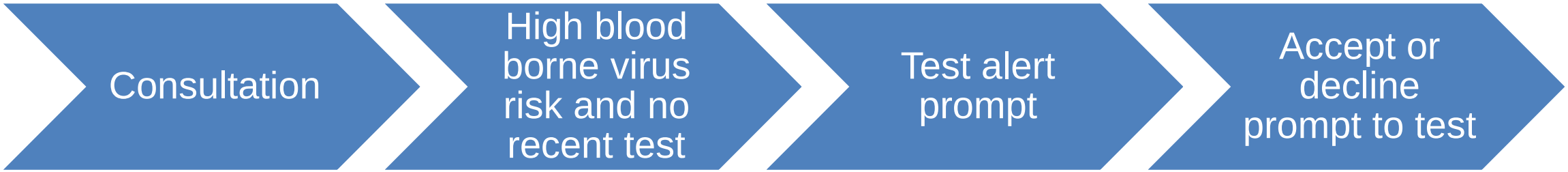
BBV Test Alert



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How to test

- Opt-out testing is effective
- HIV tests should take no longer than any other test

"We ought to do some blood tests to look into why you're suffering from X. Routine testing includes HIV. Do you have any questions?"

"We now routinely test for HIV. If you would prefer not to have this tests done today, you can opt out."

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Conclusions and next steps

Next steps are to:

- Finalise the intervention content
- Pilot and assess the feasibility and acceptability of the intervention
- Establish the effectiveness and cost-effectiveness of the intervention for increasing HIV testing and supporting access to PrEP in general practice

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Study Team

Anne Scott, Hannah Family, Jeremy Horwood, John Saunders, Ann Sullivan, Jo Burgin, Lindsey Harryman, Sarah Stockwell, Joanna Copping, Kate Emsley, Filiz Altinoluk-Davis, Paul Sheehan, John MacLeod, Sarah Dawson

Acknowledgements

This research was funded by the National Institute for Health Research (NIHR) School for Primary Care Research in collaboration with NIHR Applied Research Collaboration West (NIHR ARC West) and NIHR Health Protection Research Unit (HPRU) in Behavioural Science and Evaluation. The views expressed in this article are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

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SHIP Sexual Health Improvement Programme Health Integration Team

Gloucestershire County Council

Bath & North East Somerset Council

Bristol City Council

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Accessing PrEP through pharmacies to improve HIV prevention

Dr China Harrison, Research Fellow

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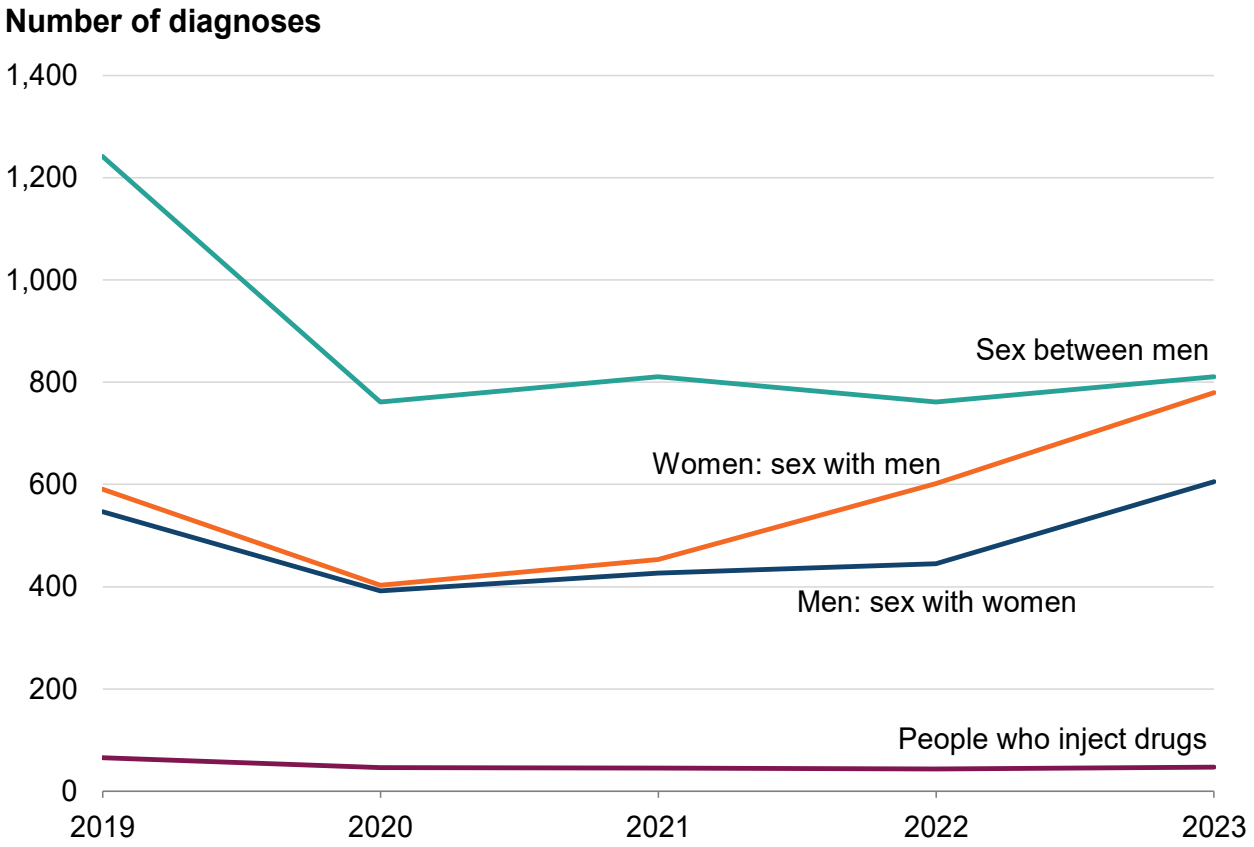
Background



- PrEP uptake lower among
  - Cisgender women
  - People of Black African or Caribbean heritage
  - Transgender people

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UK Health Security Agency. (2024). *HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services: 2024 report*.

Background

- Approximately 11,000 pharmacies in the UK
- 90% of people live 20 minutes away
- 90% of people make one visit per year
- Expanding PrEP delivery to community pharmacies could:
  - Raise awareness
  - Reduce barriers to access
  - Increase utilisation

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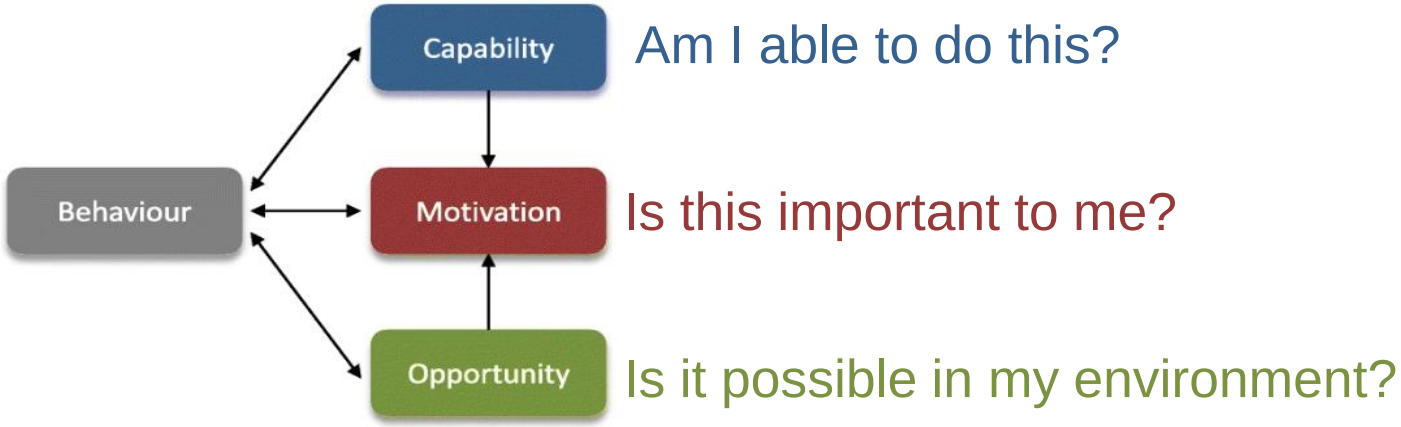
Aims

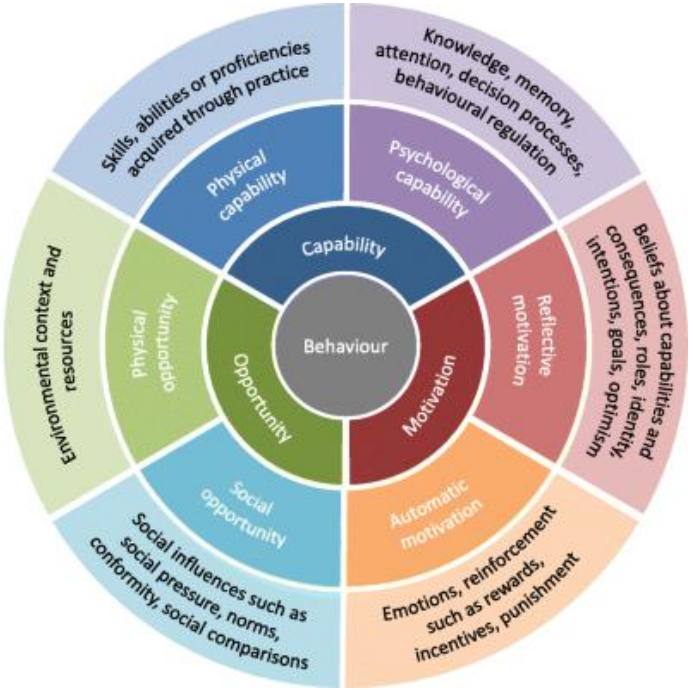
To explore the barriers and facilitators of community pharmacy PrEP delivery for pharmacists and community members using the COM-B to inform the design of a PrEP pharmacy pilot



Am I able to do this?

Is this important to me?

Is it possible in my environment?



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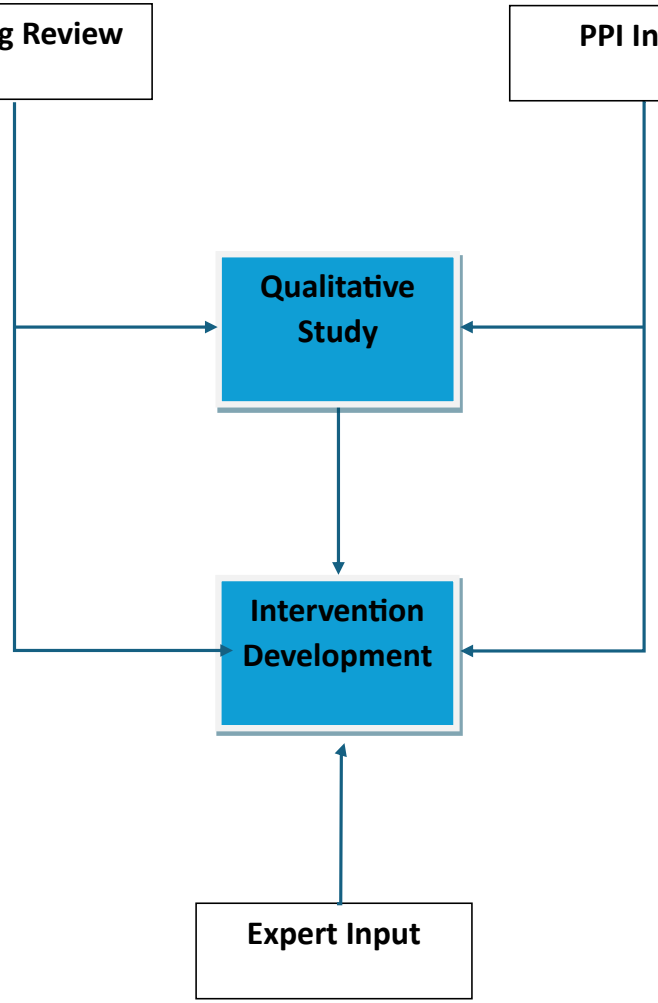
Methods

Scoping Review

- 10 databases from inception to August 2023
- Title and abstract screening (N=649)
- Full paper data extraction using COM-B (n=56)
- Original research (55%),
- From the USA (77%)
- Published ≥ yr 2020 (63%)



- 41 interviews
- Community members (N =24)
  - Female (n=19)
  - Transgender (n=6)
  - Heterosexual (n=11)
  - Black African Heritage (n=15)
  - Street sex workers (n=4)
- Staff (n =17)
  - Pharmacy owners (n=7)
  - Pharmacists (n=6)
  - Locums (n=4)

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Capability

		Scoping review	Qualitative interviews
Barriers:	• Staff lack of knowledge, training & skills	X	X
	• Lack of PrEP awareness among clients and staff	X	X
	• Lack of awareness of pharmacists' roles in delivering public health services		X
Facilitators:	• Improving client & pharmacist PrEP awareness	X	X
	• PrEP specific training and education	X	X
	• Awareness of availability of PrEP from pharmacies		X
	• Pharmacists prescribers or PrEP Patient Group Direction		X
	• Pharmacist training to do screening		X

"it's some kind of medication that you take if you have got it (HIV)" W4

"Training, to make sure I know what I'm talking about" Pharm12.

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BAW=Black African Women, TP=Trans person, YP=Young person, W=Women, SW=Sex worker, pharm=pharmacist

Opportunity

		Scoping review	Qualitative interviews
Barriers:	• Lack of staff capacity and time	X	X
	• Lack of privacy in pharmacies	X	X
	• Lack of pharmacy facilities to carry out testing	X	X
	• Inability to hire more staff		X
	• Lack of consistency between pharmacies		X
Facilitators:	• Using pre-existing pharmacy services to deliver PrEP	X	X
	• Accessible of pharmacies (opening hours, location)	X	X
	• Walk in service		X
	• Pharmacies having a PrEP appointment system		X
	• Having facilities to do screening and monitoring		X
	• Using AI to assist with workload		X
	• Home screening and monitoring testing		X

"taking the blood in a pharmacy at the minute is difficult or will be difficult" Pharm5.

"More like an appointment session, book an appointment with the pharmacist" BAW15

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Motivation

		Scoping review	Qualitative interviews
Barriers:	• Financial cost of PrEP to pharmacists and clients	X	X
	• Belief that PrEP delivery could lead to risky behaviours and higher rates of STIs	X	X
	• Belief behaviour modification should be promoted		X
	• Not considering pharmacists as healthcare providers		X
	• Concern about pharmacists' safety doing screening		X
Facilitators:	• Preference for pharmacy-based delivery	X	
	• Having an interest in PrEP/seeing it as important	X	X
	• Reimbursement for PrEP (pharmacists)		X
	• Believing that pharmacy delivery would be more discrete and less stigmatising		X

"I mean, it kind of encourages risky sexual behaviour, that's what I feel. Like carry on, do it more" Pharm6

"So, as long as it's funded, I can't see any issue" Pharm14

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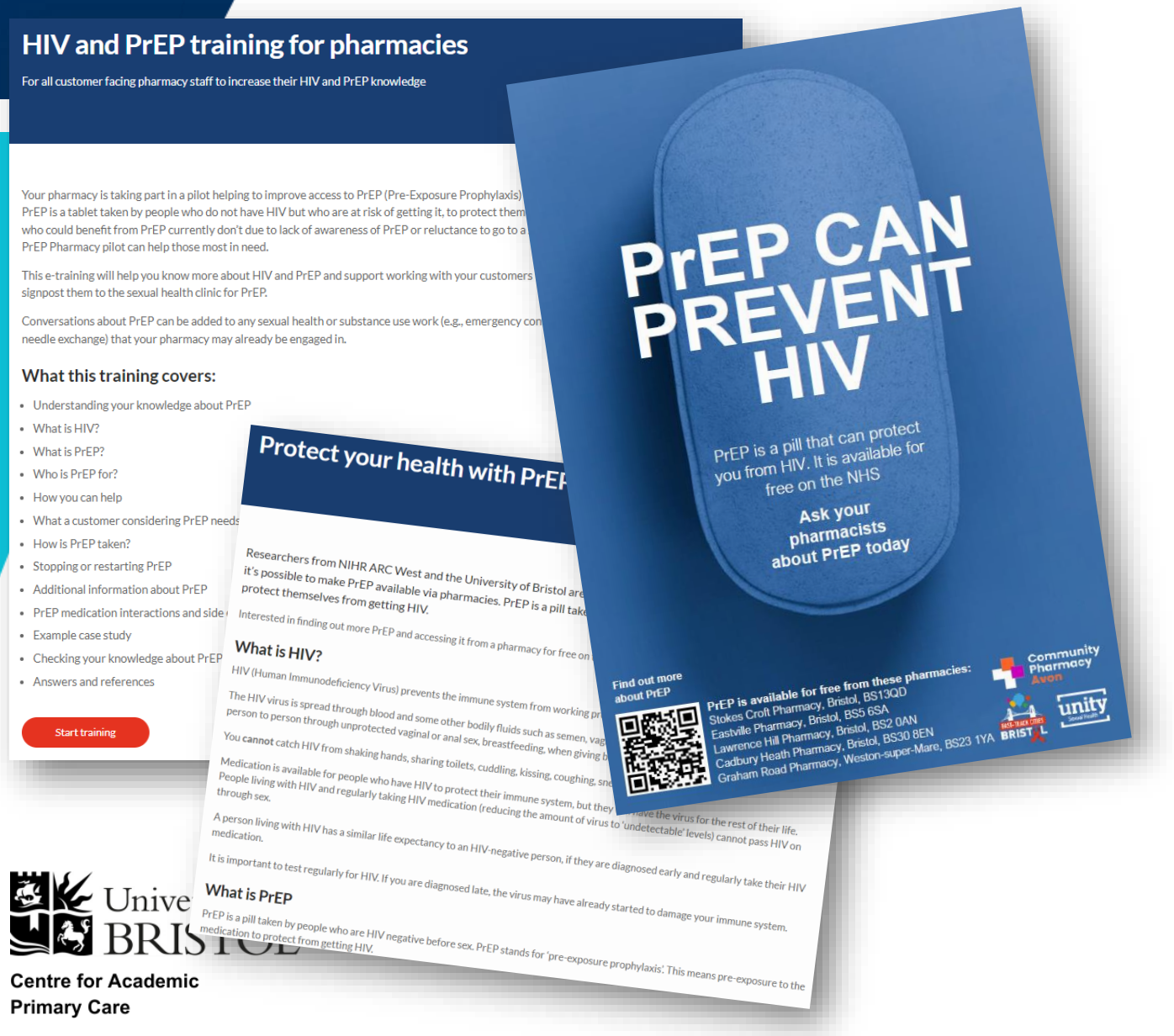
Pharmacy Pilot



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Capability

- HIV/PrEP staff training
- PrEP public awareness raising

Opportunity

- Proactive consultation – walk in
- Reactive consultation – alongside existing sexual health services
- Home testing kits

Motivation

- HIV/PrEP staff training
- PrEP public awareness raising
- Pharmacy financial reimbursement

PrEP delivery via pharmacy pathway

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Summary

- Pharmacy PrEP delivery is acceptable for pharmacists and community members
- We do not know if pharmacy PrEP delivery is feasible
- The PrEP pharmacy pilot began on October 14th 2024
- Results will provide insight into the acceptability and feasibility of PrEP provision via pharmacies.

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Study Team

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Acknowledgements

This research was funded by the National Institute for Health and Care Research Health Protection Research Unit (HPRU) in Behavioural Science and Evaluation and NIHR Applied Research Collaboration West (NIHR ARC West) and Gilead Inc. The views expressed in this article are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

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GILEAD

Community Pharmacy Avon

UK Health Security Agency

unity Sexual Health

UCL

SHIP Sexual Health Improvement Programme Health Integration Team

Bristol City Council

Fast-Track Cities Bristol

NIHR | Health Protection Research Unit in Blood Borne and Sexually Transmitted Infections at University College London

NIHR | Applied Research Collaboration West

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Bristol Research

	Reduce stigma	Tackle inequity	Expand PrEP access	Increase testing	Support treatment & care
Common Ambition Bristol	X	X	X	X	
ED Opt-out testing	X	X		X	X
PATH-GP	X	X	X	X	X
Pharmacy PrEP	X	X	X	X	

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Lessons from infections research

Contributors: Professor Alastair Hay, Dr Emily Brown, Dr Christie Cabral, Dr Polly Duncan, Dr Ioana Fodor and Dr Ashley Hammond, University of Bristol

Date 16 January 2025 • 1.00-2.00pm • Via Zoom
Register at www.bristol.ac.uk/capc/events or using the QR code