

# HIV clinical services: lessons from the pandemic

The aims of this survey are to:

- Describe how UK HIV specialist clinical services adapted and responded to the covid-19 pandemic
- Share lessons that may be learnt from this for the future development of NHS care.

All UK services providing specialist clinical care for adults living with HIV infection are invited to complete the survey.

There are 32 questions in this survey.

## About your HIV service

The token/site-code you entered is for the following clinic or department:

{TOKEN:ATTRIBUTE\_1}

{TOKEN:ATTRIBUTE\_2}

{TOKEN:ATTRIBUTE\_3}

Please choose **all** that apply:

Please tick to confirm this is the correct clinic/department

The rest of the questionnaire will appear if the box is ticked. If yours is not the department/clinic named above, then please consult your service's lead for HIV clinical audit to request the correct token/site-code. If s/he is not able to provide this, then please contact BHIVA's clinical audit co-ordinator, Hilary Curtis, [hilary@regordane.net](mailto:hilary@regordane.net) (mailto:[hilary@regordane.net?subject=BHIVA%20site-code%20query](mailto:hilary@regordane.net?subject=BHIVA%20site-code%20query)) 07984 239556.

If the department/clinic above is correct except for minor details, eg a change of name, then please tick the box to proceed.

## Which of these best describes your HIV clinical service:

Please choose **only one** of the following:

- Integrated HIV service involving infectious diseases and sexual health/genito-urinary medicine departments
- Standalone HIV service
- Infectious diseases service
- Sexual health/genito-urinary medicine service, at or immediately adjacent to a hospital providing acute medical care
- Sexual health/genito-urinary medicine service, sited separately from acute medical care
- Other

## How many adults receive HIV care from your service?

Please choose **only one** of the following:

- 500 or fewer
- 501 to 1000
- 1001 to 2000
- 2001 to 4000
- Over 4000
- Not sure

## Does your service provide in-patient HIV care?

Please choose **only one** of the following:

- Yes, with 24/7 HIV specialist consultant cover
- Yes, but without 24/7 HIV specialist consultant cover
- No, out-patient service only

## What changes did your HIV clinical service experience in response to the covid-19 pandemic?

Please choose the appropriate response for each item:

	<b>This is ongoing</b>	<b>This happened, at least part of the time, but is no longer ongoing</b>	<b>This did not happen</b>	<b>Not sure</b>
<b>Capacity for routine bloods (eg HIV viral load monitoring) substantially reduced</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Capacity for urgent bloods substantially reduced</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Capacity to see HIV patients face to face physically substantially reduced, even if urgent</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Department/building closed, but staff remained able to access HIV patient records remotely (eg while working from home)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Department/building closed, and access to HIV patient records unavailable</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did your service streamline care with other specialties and/or primary care for patients requiring monitoring for other conditions alongside HIV, so as to need fewer face-to-face interactions? Please comment on what this involved:

Please choose all that apply and provide a comment:

Yes, other specialties took bloods for HIV monitoring when seeing our patients

Yes, primary care took bloods for HIV monitoring when seeing our patients

Yes, we took bloods/other samples or did measurements for other specialties when their patients attended the HIV service

Yes, we took bloods/other samples or did measurements for primary care when their patients attended the HIV service

We streamlined care in other ways, please describe:

No, we did not streamline care with other specialties or primary care

## Staff deployment and training

## Were specialist health care workers re-deployed or diverted away from care of adults with HIV to other work during the pandemic?

Please choose **only one** of the following:

- Yes, all HIV specialist staff were re-deployed or diverted to other work
- Yes, most HIV specialist staff were re-deployed or diverted to other work
- Yes, some HIV specialist staff were re-deployed or diverted to other work
- No, HIV specialist staff were not re-deployed or diverted to other work

## To what type(s) of work were specialist HIV clinical staff re-deployed or diverted?

Please choose **all** that apply:

- ITU for covid-19 patients
- Other covid-19 in-patient care
- Covid-19 testing
- Covid-19 contact tracing
- Covid-19 vaccination
- Cover (back-fill) in non-covid-19 clinical areas for other staff who were re-deployed, shielding or in isolation
- Other area(s), please describe::

## During which time period(s) was the HIV service significantly affected by staff re-deployment/diversion to other roles?

Please choose **all** that apply:

- First peak of pandemic (approximately March-May 2020)
- Summer and/or early Autumn 2020
- Second peak of pandemic (approximately October-December 2020)
- Third peak of pandemic (approximately January-March 2021)
- April 2021 and beyond

## Implications of the pandemic for specialist registrars:

Please choose the appropriate response for each item:

	Yes	No	Not sure	Not applicable - no trainees re-deployed/diverted
<b>Will re-deployment to ITU/general medicine during the pandemic be counted towards dual accreditation?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Has ITU/general medicine experience during the pandemic encouraged trainees to seek dual accreditation?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If opportunities for training/experience have been limited because of the pandemic, are there plans to make up for this (eg via extended training/additional placements)?  
Please comment if you wish.

Please choose **only one** of the following:

- Yes, please describe:
- No
- Not sure

Make a comment on your choice here:

Regarding staff mental health/well-being, has your hospital/trust/organisation:

Please choose the appropriate response for each item:

	Assessed how the pandemic has affected mental health/well-being?				Provided additional mental health/well-being support or services?		
	Yes	No	Unsure		Yes	No	Unsure
<b>For staff directly involved in covid-19 care:</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>For other staff including the HIV service:</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Individual clinical care and monitoring

What method(s) has your service used to notify HIV patients about changes in provision and how to access care during the pandemic?

Please choose **all** that apply:

- Newsletter (eg via email) circulated to consenting HIV patients
- Text/SMS updates to consenting HIV patients
- Updates to clinic website
- Briefing/information for peer support/community organisations to disseminate via their own networks
- Other, please describe::

How has your service used different methods of clinician consultation during the pandemic:

Please choose the appropriate response for each item:

	<b>Main method used</b>	<b>Sometimes used</b>	<b>Available but used rarely or not at all</b>	<b>Not available</b>
<b>Video remote consultation</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Telephone or audio-only remote consultation</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In person, via patient attending clinic</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In person, via home visit (eg by HIV specialist nurse)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Does your service intend to use remote consultation for review of stable patients in future, post-pandemic?

Please choose **only one** of the following:

Yes, use routinely unless in person consultation is required, eg because of need for examination or communication issues

Yes, use in some circumstances eg if patient prefers

No or only exceptionally

Other

## Through the pandemic, how frequently has your service aimed to monitor stable patients with well-controlled HIV undetectable on ART:

Please choose the appropriate response for each item:

	<b>Six monthly</b>	<b>At least annually</b>	<b>Less frequently if stable and no cause for concern</b>	<b>Not sure</b>
<b>HIV viral load monitoring</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other routine monitoring eg renal/liver profile</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Clinician review</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did your service discuss with patients the potential risks of continuing ART with no or infrequent monitoring, and document patients' consent to this?

Please choose **only one** of the following:

- Yes, routinely discussed and documented
- Yes, in some cases
- No
- Not applicable because usual frequency of monitoring was maintained
- Not sure

In the future, post-pandemic, do you expect that some stable patients will be selected for annual (rather than 6-monthly) blood monitoring as part of an agreed care pathway?

Please choose **only one** of the following:

- Yes
- No
- Not sure

What criteria will your service use to select patients eligible for annual blood monitoring?

Please choose **all** that apply:

- On regimen with high genetic barrier to resistance
- Low expectation of long term side effects
- No or stable co-morbidity(ies)
- Criteria have not yet been decided

Other:

During the pandemic, has your service provided welfare checks or mini-reviews, eg phoning patients to ask about their health in between full clinician reviews? If done, please comment on frequency:

Please choose all that apply and provide a comment:

Yes, we have tried to do this for all adult HIV patients

Yes, for patients with mental health/well-being concerns

Yes, for complex patients, eg with uncontrolled HIV or co-morbidities

Yes, for other patient group(s), please describe:

No, we have not done this

Other than individual enquiry during clinician reviews or welfare checks, has your service attempted any systematic assessment of mental health/well-being of adult patients living with HIV during the pandemic?

Please choose **only one** of the following:

- Yes, please comment briefly on how this was done, and any results:
- No
- Not sure

Make a comment on your choice here:

Has your service remained able to ensure the following for individuals *newly diagnosed* with HIV:

Please choose the appropriate response for each item:

	Yes	No	Not sure	Not applicable - no new diagnoses
Specialist clinician review within 2 weeks of positive test (eg by clinical nurse specialist or HIV physician)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to health advisor or specialist nurse support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rapid initiation of ART where clinically appropriate and/or preference of patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access or referral to peer/community support service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the pandemic, how did the number of patients *disengaging* from HIV care/becoming lost to follow up compare with the previous year? If possible, comment with an estimate of the percentage of your service's total HIV cohort involved.

Please choose **only one** of the following:

- The number of patients disengaging from care increased
- No real change
- The number of patients disengaging from care decreased
- Not sure

Make a comment on your choice here:

During the pandemic, how did the number of patients *re-engaging* in HIV care after previous disengagement compare with the previous year? If possible, comment with an estimate of the percentage of your service's total HIV cohort involved.

Please choose **only one** of the following:

- The number of patients re-engaging in care increased
- No real change
- The number of patients re-engaging in care decreased
- Not sure

Make a comment on your choice here:

Anti-retroviral (ART) medication supply

## What methods has your service used to provide ART medication to stable patients during the pandemic?

Please choose the appropriate response for each item:

	Used routinely	Sometimes used	Not available
Home care service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Royal Mail or similar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient collection from HIV clinic/on-site pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient collection from other (eg local) pharmac(ies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other method(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## If new methods were used for ART supply, how effective were they?

Please choose **only one** of the following:

- Highly effective, few or no problems such as non-delivery
- Some problems
- Frequent or serious problems
- Not sure
- Not applicable because did not change methods

## What are your expectations regarding ART supply methods in future, post-pandemic?

Please choose **only one** of the following:

- Most patients will collect from HIV clinic/on-site pharmacy
- Most patients will use other methods
- Not sure

## Vaccination against covid-19

### What methods has your service used to inform HIV patients about the benefits of covid-19 vaccination and encourage uptake?

Please choose **all** that apply:

- Routinely asking about vaccination during consultations
- Booking/arranging vaccination appointments for patients requiring this
- Phone calls to individual patients
- SMS/text messages to individual patients
- Information in patient newsletter
- Clinician liaison with peer support/community organisations
- Other:

Adults with HIV are in priority group 6 for covid-19 vaccination (unless at higher priority because of age or clinical vulnerability) and should have been offered a first dose around the second half of February. If there were any issues or problems regarding prioritisation or vaccine offer for your patients, please comment here:

Please write your answer here:

## Conclusion

If there are key lessons to share from your service's experience of and response to the pandemic, then please write them here. Examples might be:

- What worked?
- What did not work?
- Unforeseen issues?
- Positive changes that you plan or intend to maintain post-pandemic?

Please write your answer here:

If you are willing to be invited to provide more in depth information via an online focus group or qualitative interview, then please give your contact details:

Answers here will not be used for any purpose other than invitations to take part in a further qualitative study about HIV services' experiences of and responses to the pandemic. Such a study has not yet been agreed and may not take place.

When you are satisfied with your response, please click the "Submit" button - your answers are not saved until you do so.

Thank you. Your answers have been saved. If you would like a copy for your own records, to print or save as a pdf, then please click on "Print your answers" **now** before clicking any other link - the completed questionnaire will open in a new tab or window.

Otherwise:

- Please click here if you would like to complete the survey or case-note questionnaire for the current BHIVA audit of hepatitis C co-infection (<https://surveys.bhiva.org/index.php/131697?newtest=Y&lang=en>)
- Or click here to go to the BHIVA website. (<https://www.bhiva.org/>)

Submit your survey.

Thank you for completing this survey.