



BHIVA Audit 2023: Engagement in HIV care and impact on HIV inpatient admissions

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Conflict of Interest

I have no conflicts of interest to declare

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A large, light blue, stylized virus icon is positioned in the top right corner of the slide. It features a circular head with a wavy line inside, and several short, rounded protrusions extending from the bottom and sides, resembling a coronavirus or similar virus.

From August to September 2023, services providing ongoing clinical care for adults with diagnosed HIV infection were invited to take part in this audit, with the following aims:

1

To understand the policies and practices employed by HIV clinics across the UK to support engagement in care – *Survey of HIV clinical services – completed once per service*

2

To understand the circumstances resulting in hospital admission for people living with HIV, focussed on whether this was because they were undiagnosed or had disengaged from HIV care – *Case-note review of the last 20 admissions, in a 12-month period, in which the HIV team had active input into some aspect of clinical management*

3

To understand the circumstances prior to disengagement from HIV care for patients who have not attended clinic for >14 months and the efforts made to re-engage them back into care - *Case-note review of 10 patients not seen for at least 14 months – up to 24 months*



1

To understand the policies and practices employed by HIV clinics across the UK to support engagement in care – *Survey of HIV clinical services*

113 valid responses

Covering 128 HIV clinics

Service design

92% have a protocol to follow up people who miss appointments

91% have a system to regularly identify individuals who are not in care

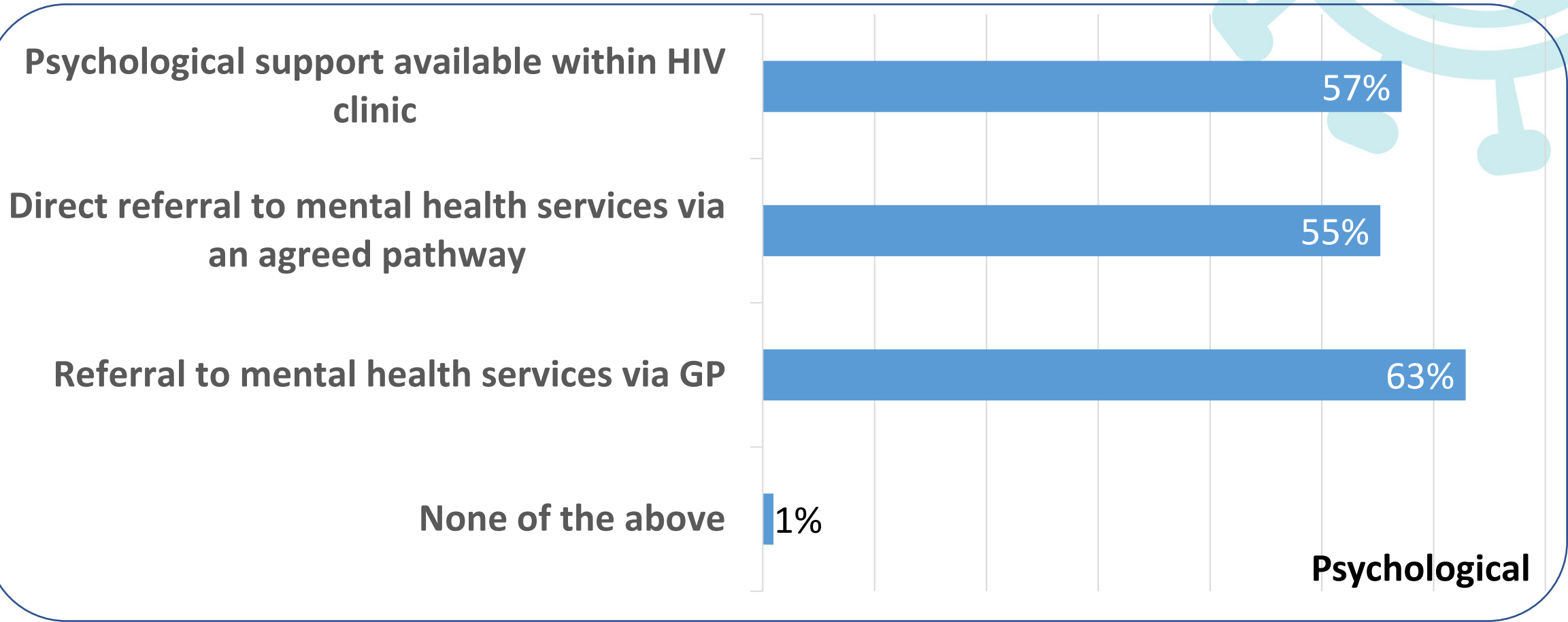
89% have a system for automated text (or voicemail) appt. reminders

62% use electronic information sharing systems in an attempt to locate disengaged patients

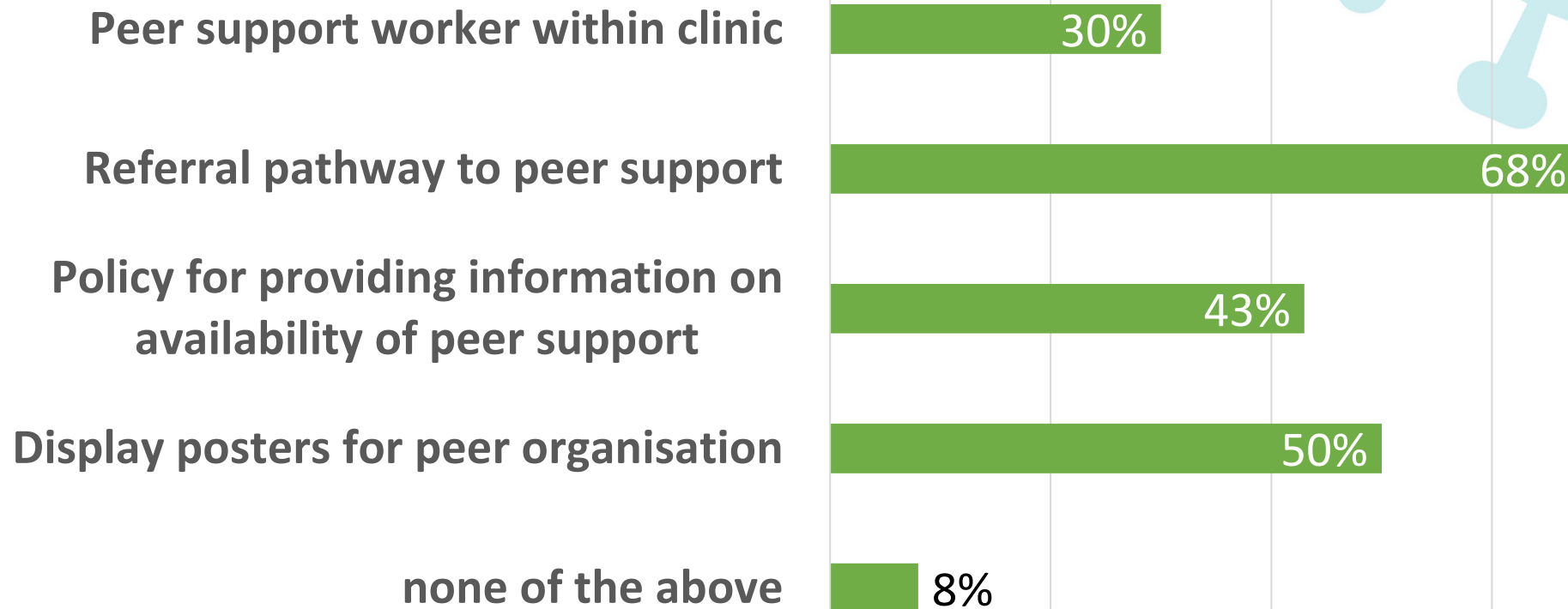
48% have a protocol for exploring the reasons for earlier disengagement, in those who have re-engaged

34% present disengagement data at management and risk/quality governance meetings

Most services have provision to access advice and support when required

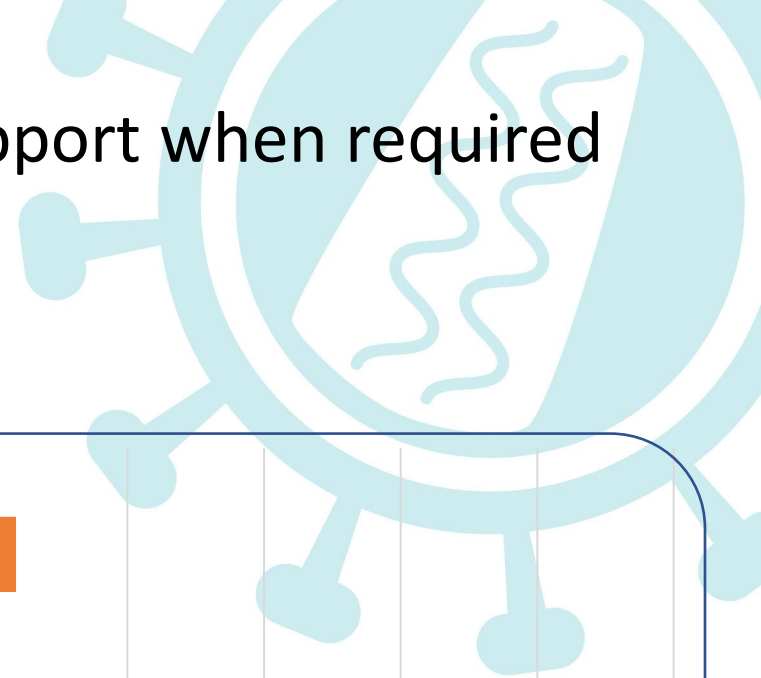


Most services have provision to access advice and support when required



Peer

Most services have provision to access advice and support when required



Specialist drug &/or alcohol support available within HIV clinic or within your Trust

32%

Direct referral to addiction services via an agreed pathway

80%

Referral to addiction services via GP

39%

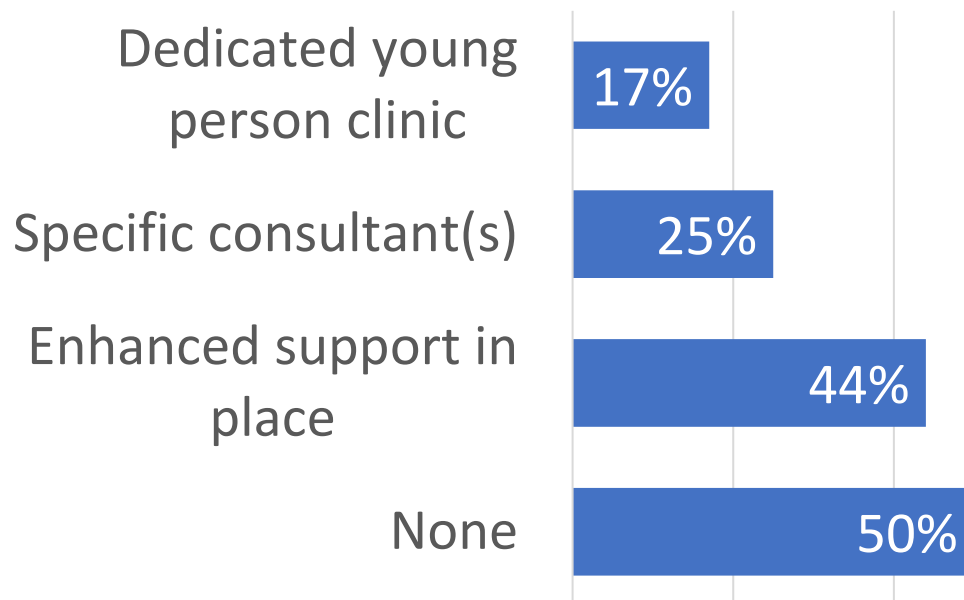
None of the above

4%

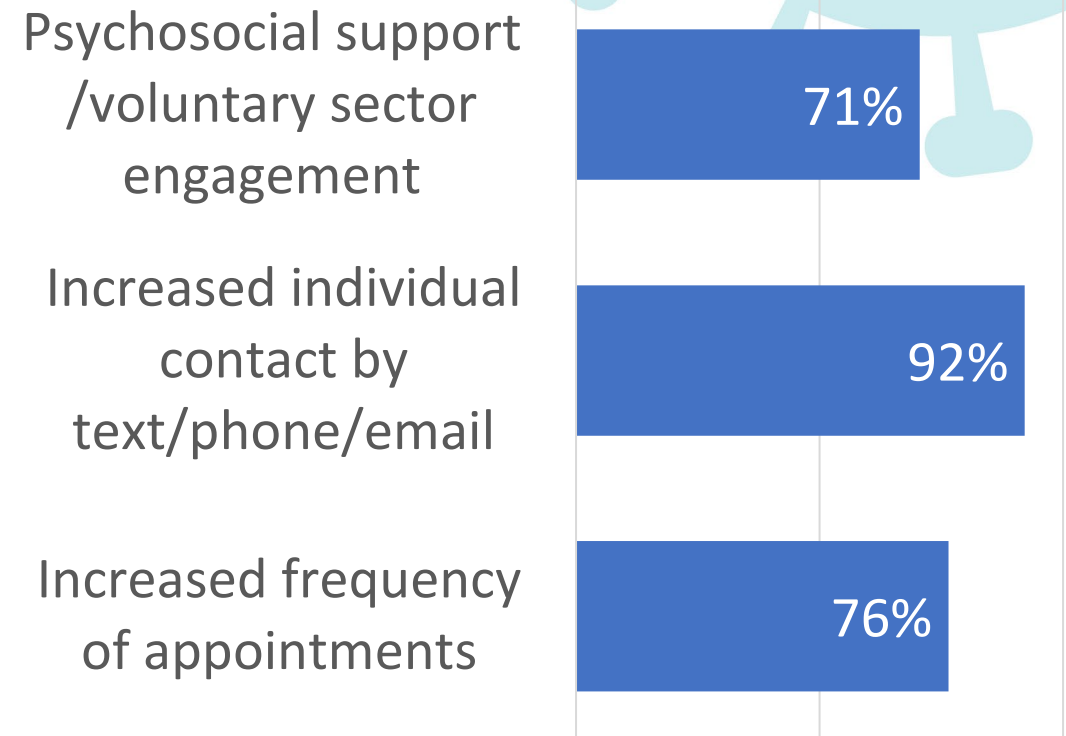
Drug and Alcohol misuse

50% of services have specific provision for those with perinatally acquired HIV

Services with provision for patients with perinatally acquired HIV



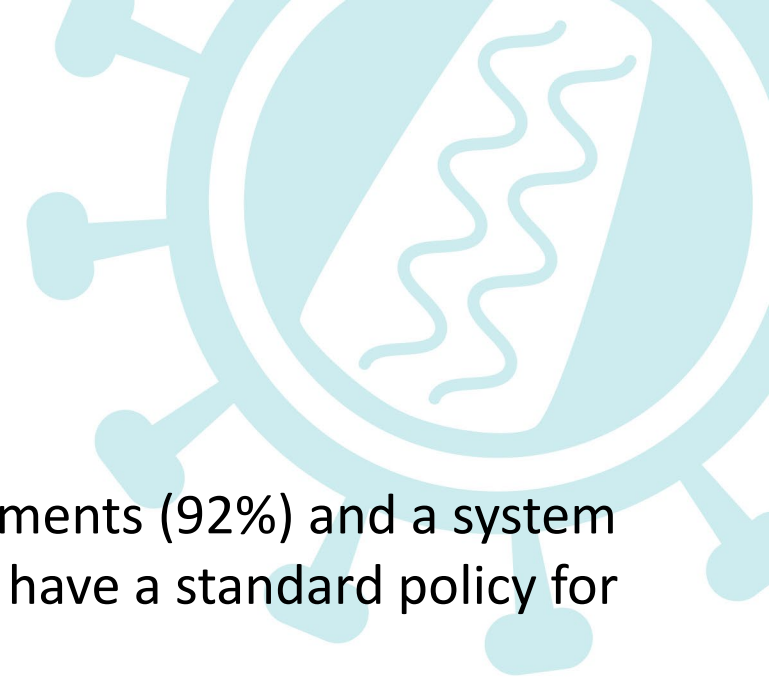
Specific support available



Key conclusions

Clinic survey

- Most services have a protocol to follow up people who miss appointments (92%) and a system to regularly identify individuals not in care (91%), however only 48% have a standard policy for exploring the reasons for earlier disengagement
- Most services have provision available to access advice and support when required (financial – 97%, housing – 98%, substance misuse 96%, peer 92% and psychological 99%)
- 50% of services have specific provision for those with perinatally acquired HIV





2

To understand the circumstances resulting in hospital admission for people living with HIV, focussed on whether this was because they were undiagnosed or had disengaged from HIV care – *Inpatient case-note review*

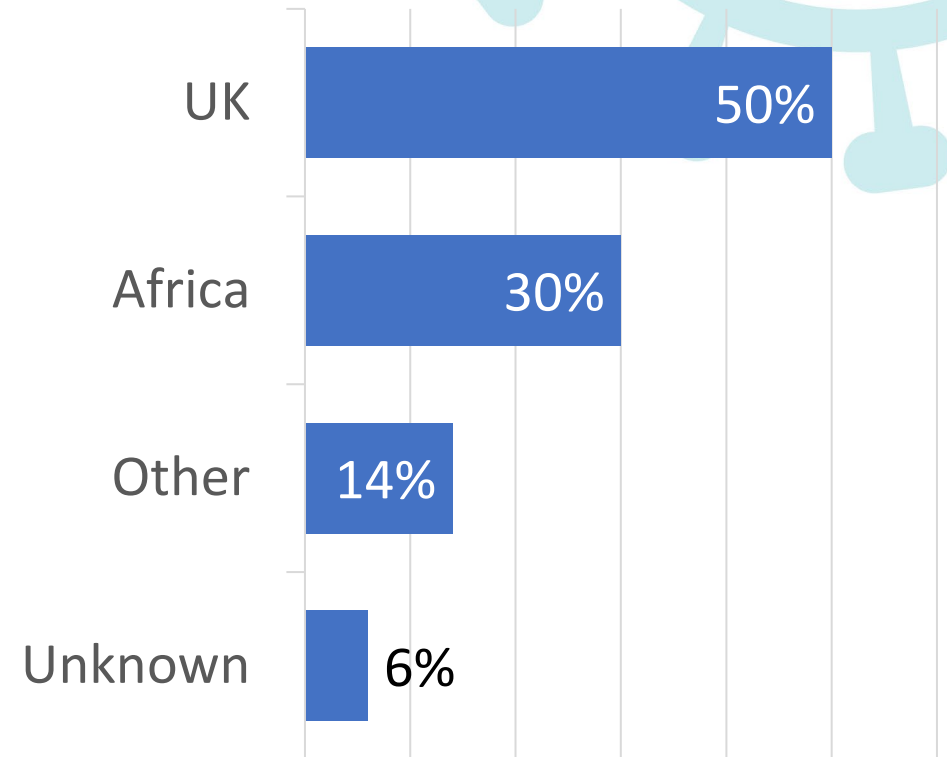
975 submissions
85 units



Inpatient characteristics

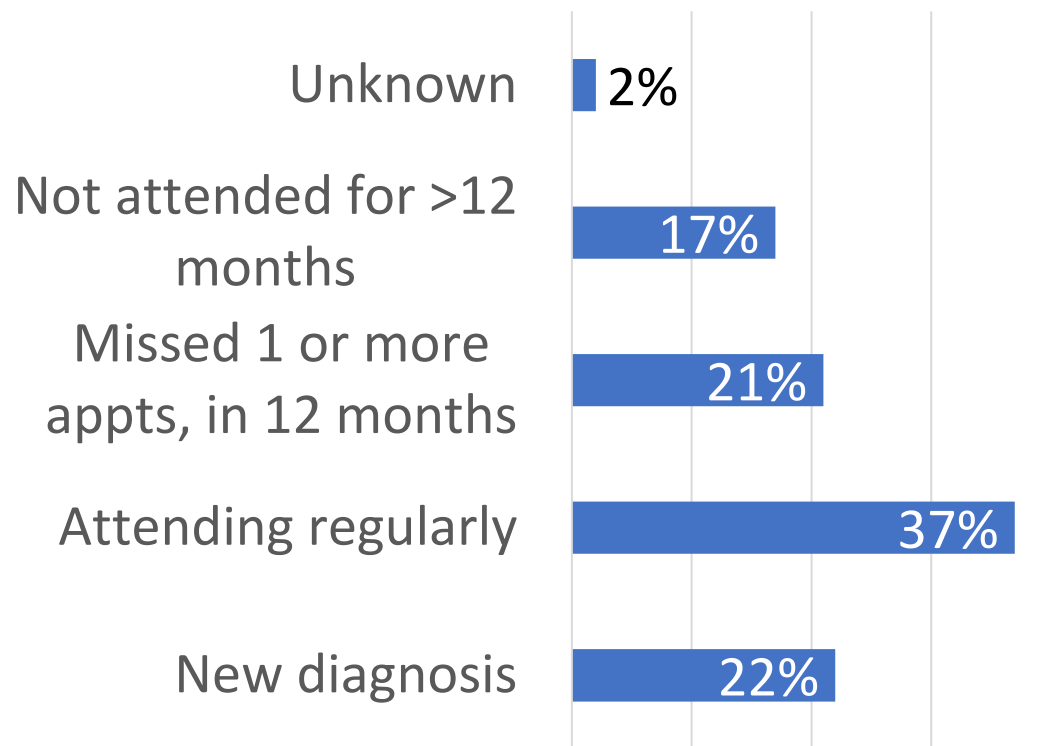
	Number	%
Gender		
Female (including trans woman)	351	36%
Male (including trans man)	618	63%
Declined/not answered	6	<1%
Age		
Median	50	
Range	19-91	
Perinatally acquired	21	2%
Year of HIV Diagnosis		
2023	184	19%
2022	95	10%
2018-2021	67	7%
Between 6-10 years ago	117	12%
More than 10 years ago	488	50%
Not known	20	2%

Region of birth

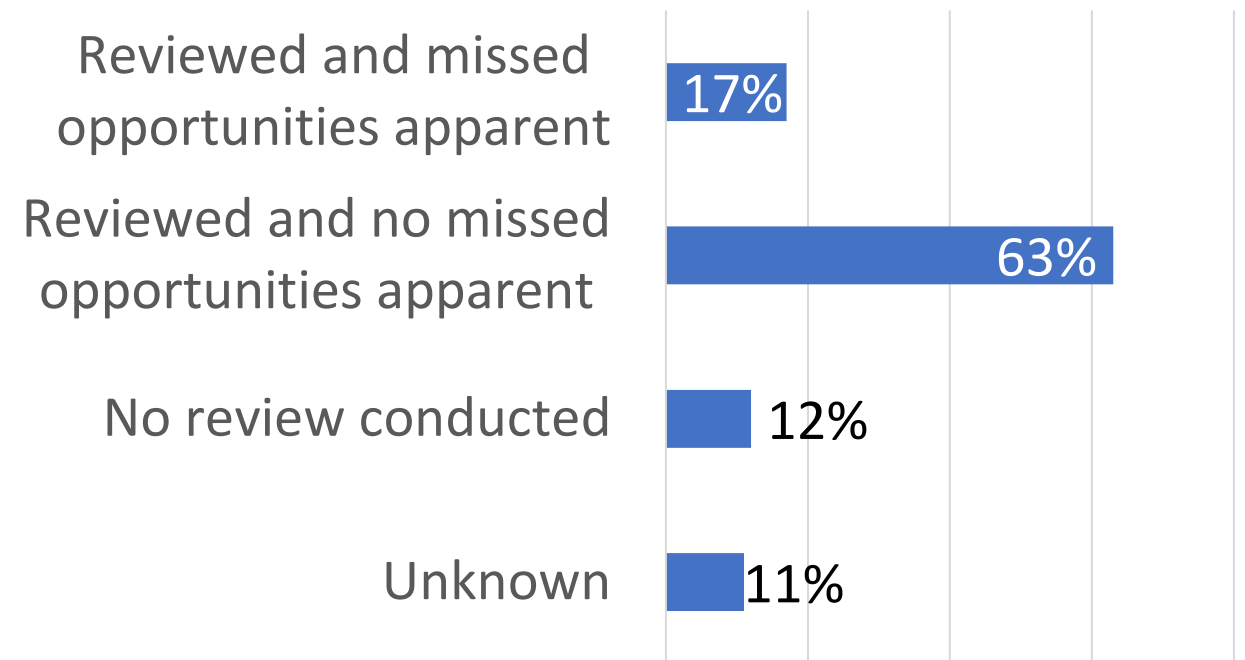


60% of admissions were either a new diagnosis (22%) or someone with sub-optimal engagement (38%); with missed opportunities for either earlier diagnosis or re-engagement of less engaged inpatients

Level of engagement on admission



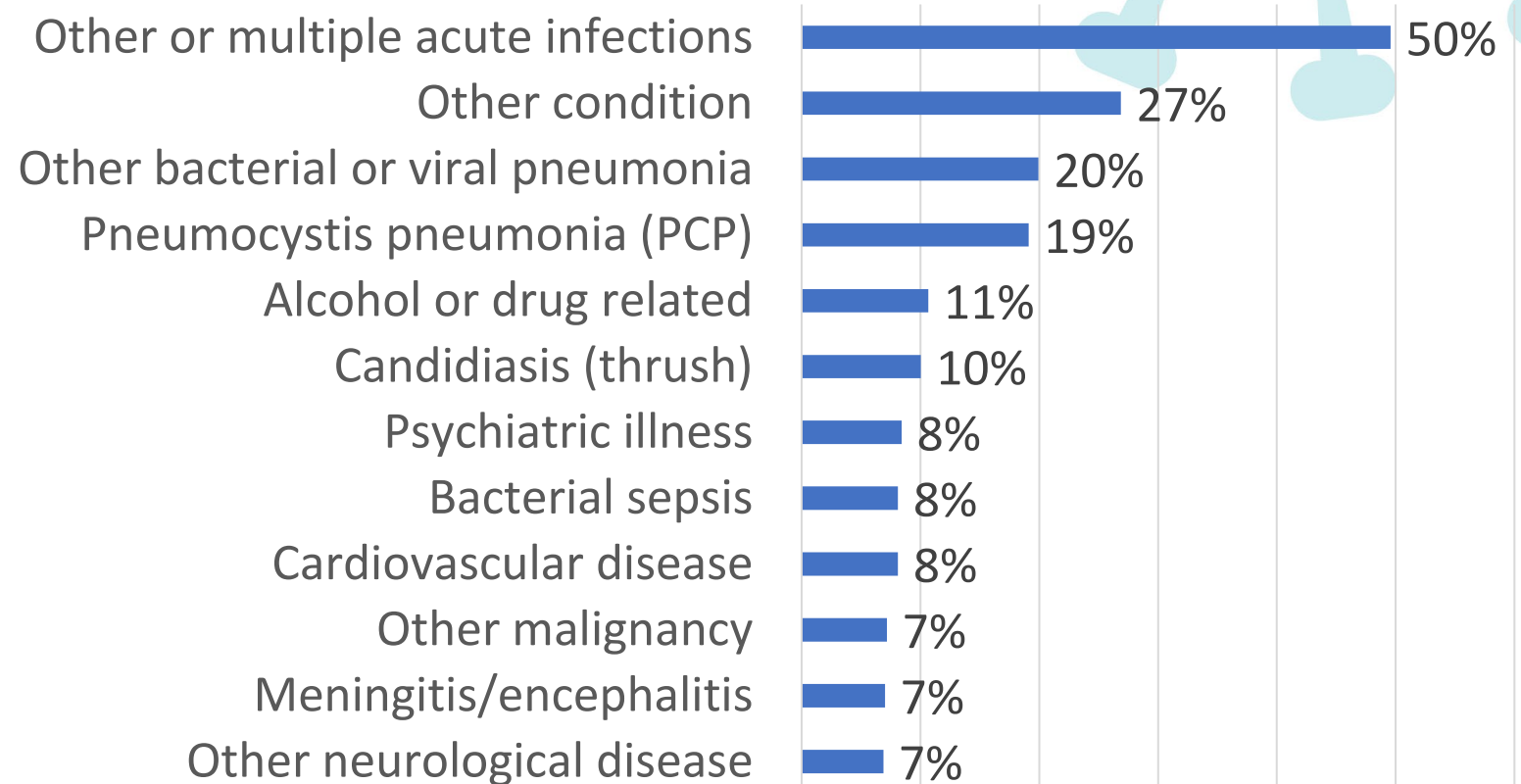
For new diagnoses, those irregularly attending clinic and disengaged patients



90% of the admissions were unplanned; the most common conditions managed during admission were: acute infections (50%), bacterial or viral pneumonia (20%) and PCP (19%)

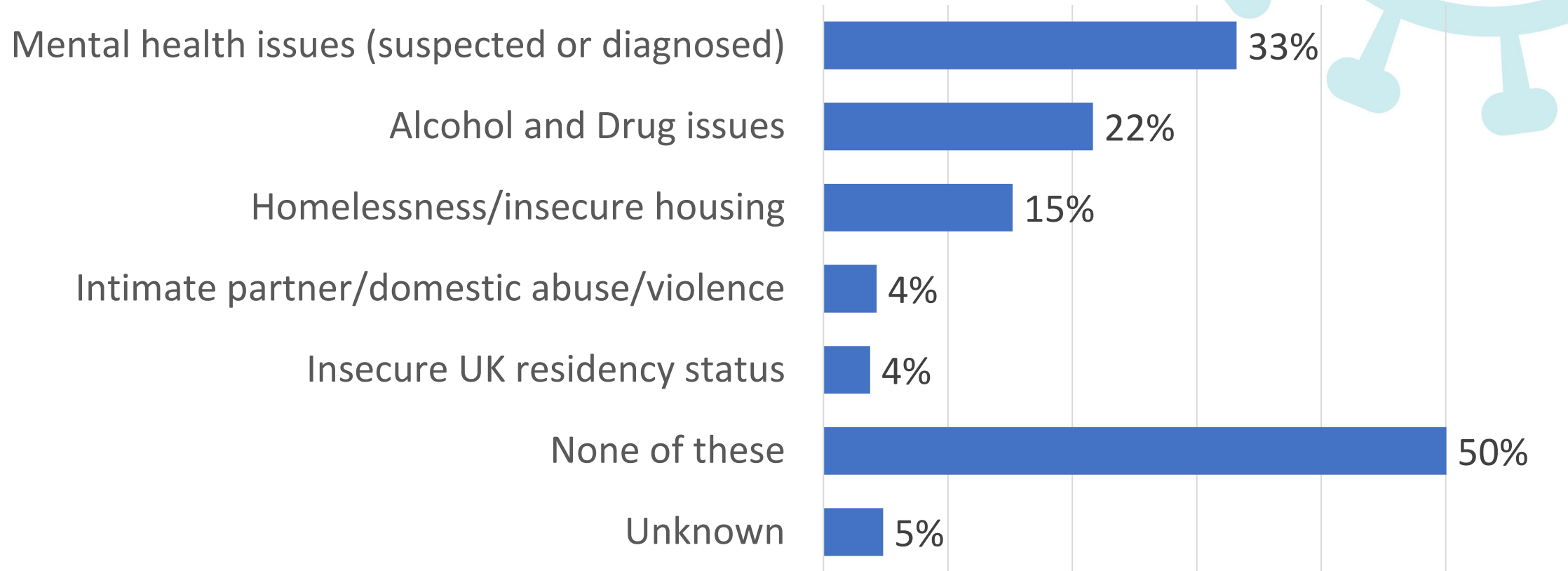
Admission related to HIV status:	
AIDS defining illness	29%
Symptomatic HIV	18%
Asymptomatic HIV (not directly related to HIV status)	48%
Unknown	4%

Diagnoses managed during admission



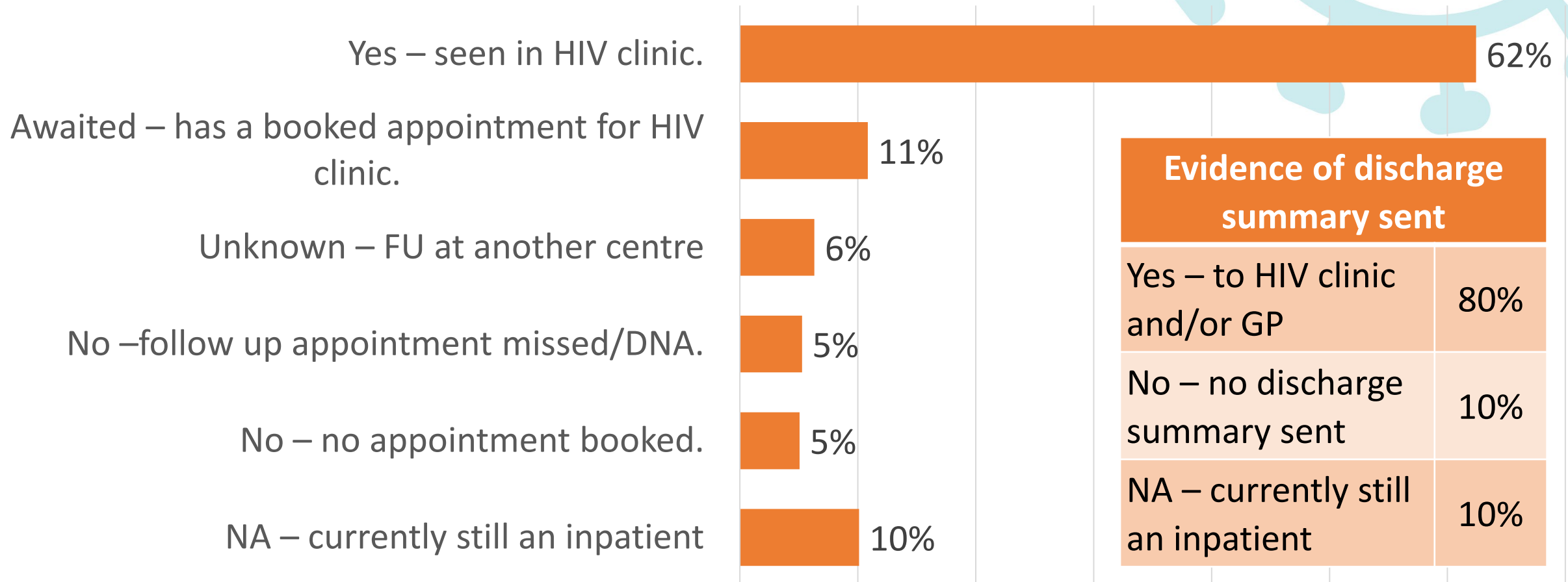
45% of admissions had at least 1 psycho-social risk factor present at the time of admission

Psycho-social risk factors present at time of admission



1 in 9 admitted patients were discharged without a summary letter.
 28% had not been seen in an HIV clinic since discharge however 11%
 were awaiting a booked appointment

Post discharge follow up

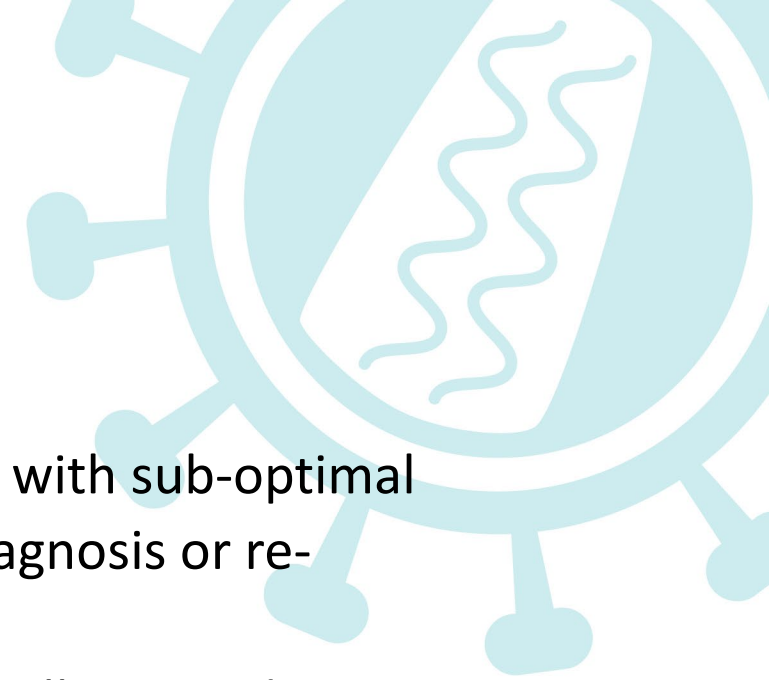


Evidence of discharge summary sent	
Yes – to HIV clinic and/or GP	80%
No – no discharge summary sent	10%
NA – currently still an inpatient	10%

Key conclusions

Inpatient case note review

- 60% of admissions were either a new diagnosis (22%) or someone with sub-optimal engagement (38%); with missed opportunities for either earlier diagnosis or re-engagement of less engaged inpatients
- 90% of the admissions were unplanned. 29% with an AIDS defining illness and 18% with symptomatic HIV. 48% of admissions were not directly related to HIV status.
- 45% of admissions had at least 1 psycho-social risk factor present at the time of admission
- 1 in 9 admitted patients were discharged without a summary letter. With 5% missing their follow up and 5% having no follow up arranged.



3

To understand the circumstances prior to disengagement from HIV care for patients who have not attended clinic for >14 months and the efforts made to re-engage them back into care – *Outpatient case-note review*

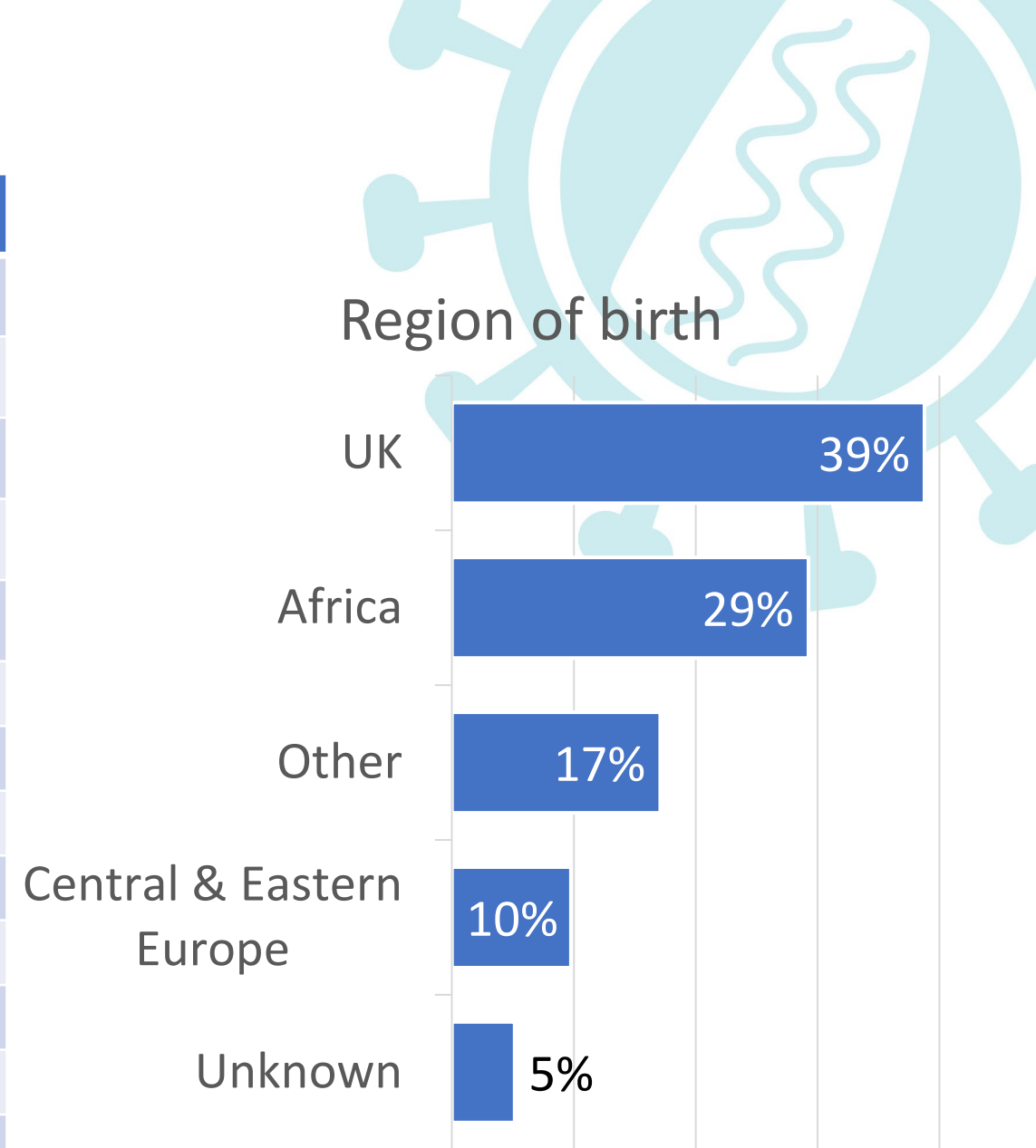
586 submissions

100 units



Disengaged patient characteristics

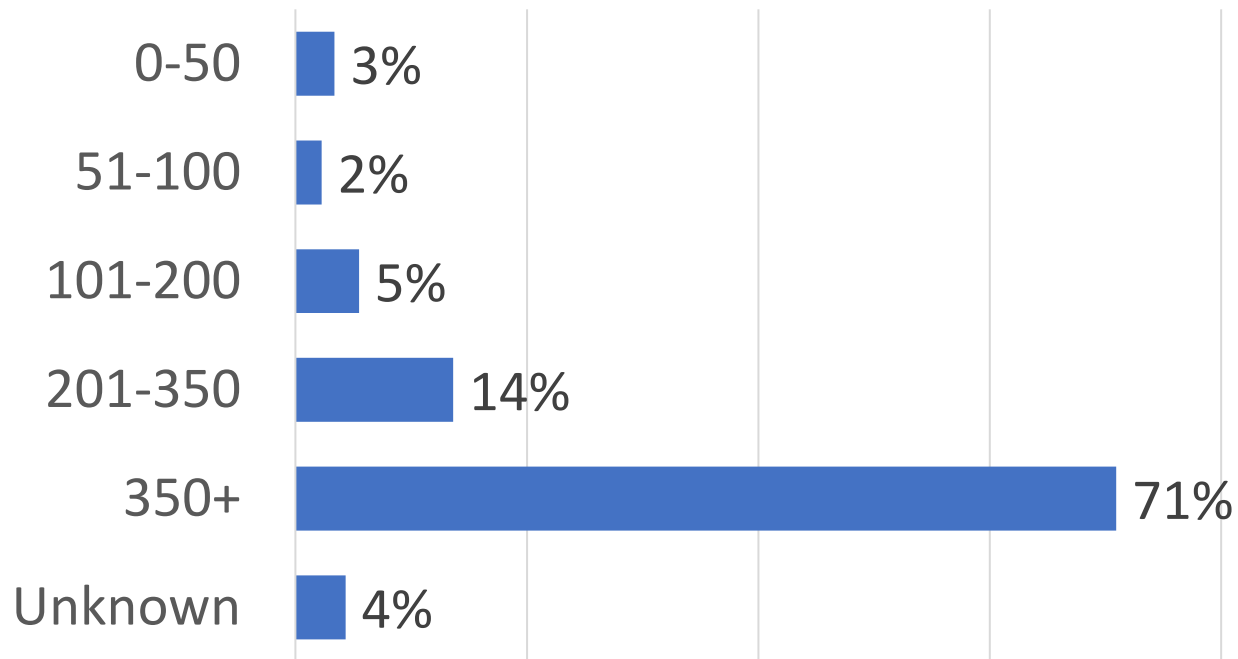
	Number	%
Gender		
Female (including trans woman)	180	31%
Male (including trans man)	402	68%
Declined/not answered	4	1%
Age		
Median	45	
Range	21-80	
Perinatally acquired	12	2%
Year of HIV Diagnosis		
2022	8	1%
2018-2021	64	11%
Between 6-10 years ago	144	26%
More than 10 years ago	343	58%
Not known	6	1%



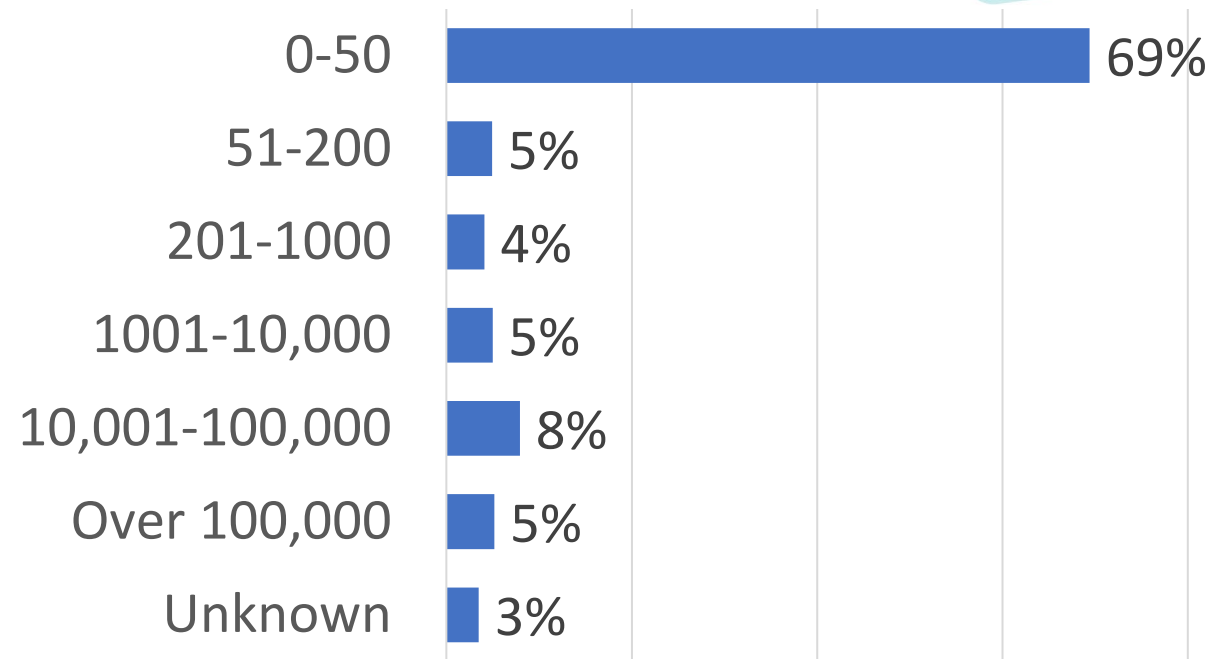
1 in 5 patients had a viral load >1000 copies/ml and 10% had a CD4 count consistent with advanced HIV at the point of disengagement

Was the patient on ART?	
Yes on ART	69%
Previously on ART	10%
Not on ART	19%
Not known	2%

CD4 (cells/mm³) when last measured

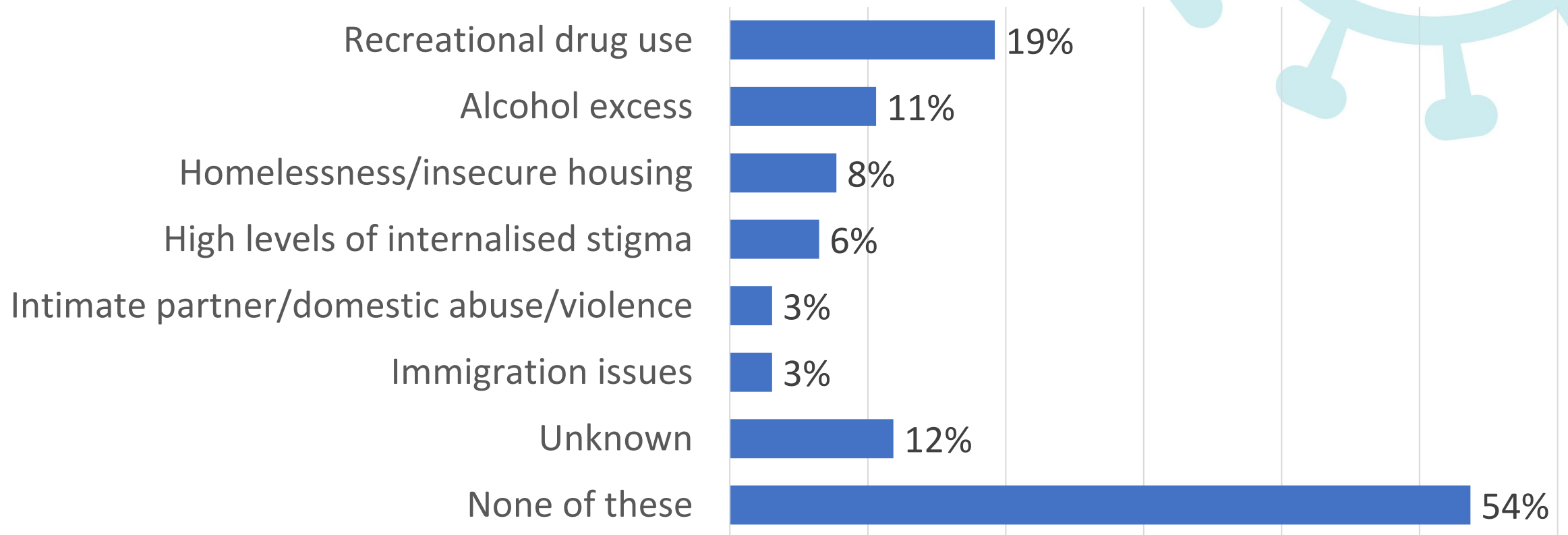


HIV viral load (copies/ml) when last measured

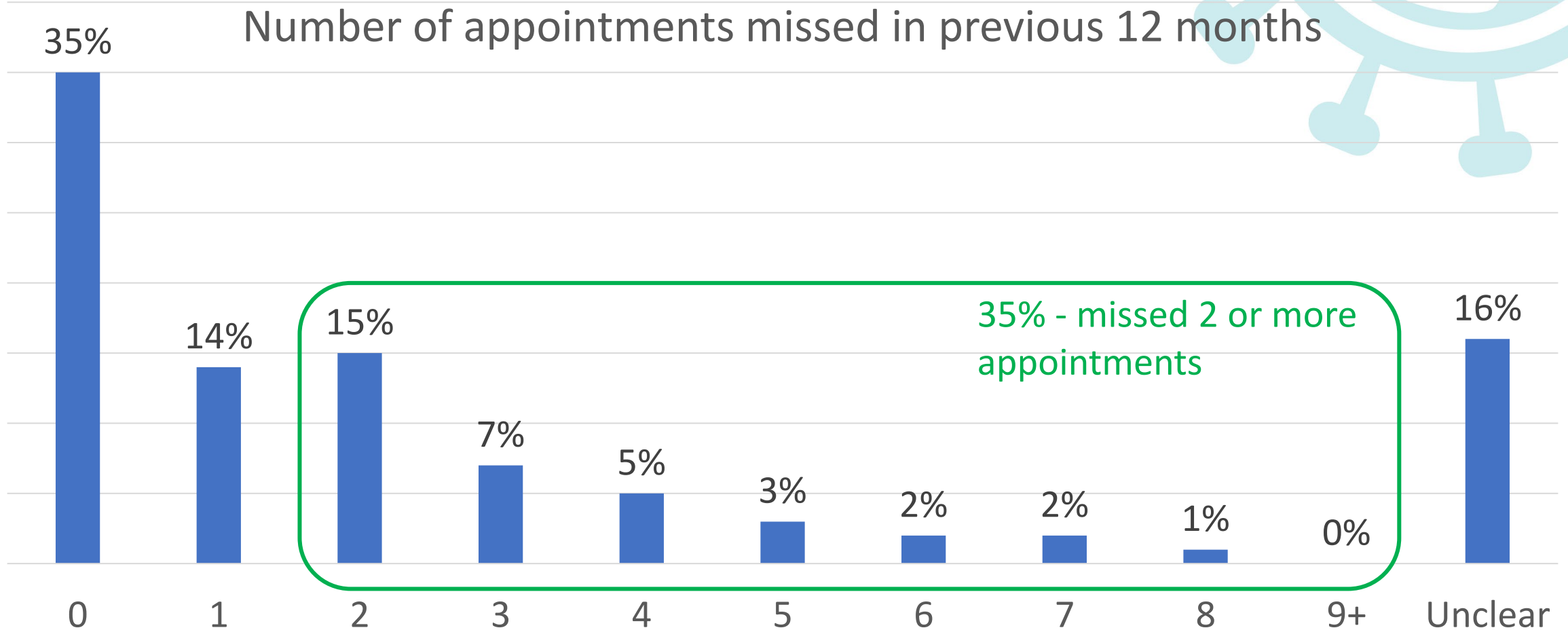


34% of patients had at least 1 psycho-social risk factor present at the time of disengagement

Psycho-social risk factors present at time of disengagement

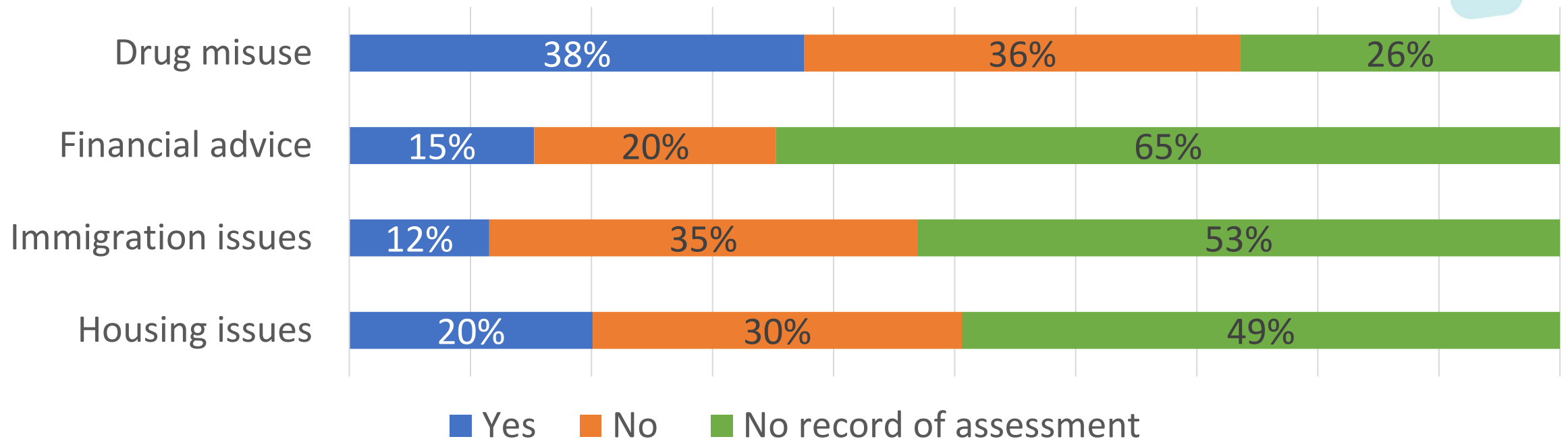


The majority of patients who disengage, had missed appointments in the year before their last attendance with 35% missing 2 or more appointments



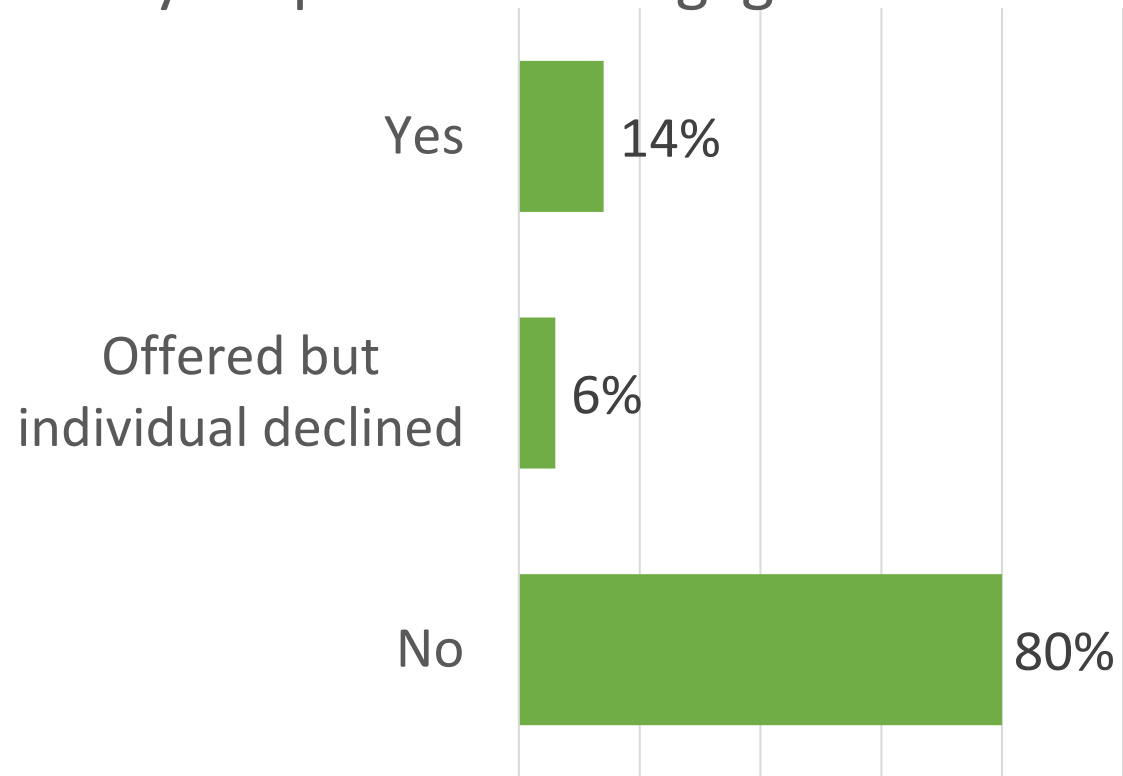
There was no documented referral or signposting to drug (62%), financial (85%), immigration (88%) or housing (79%) advice and support for patients for whom this was relevant

Evidence patient was referred or signposted to appropriate support

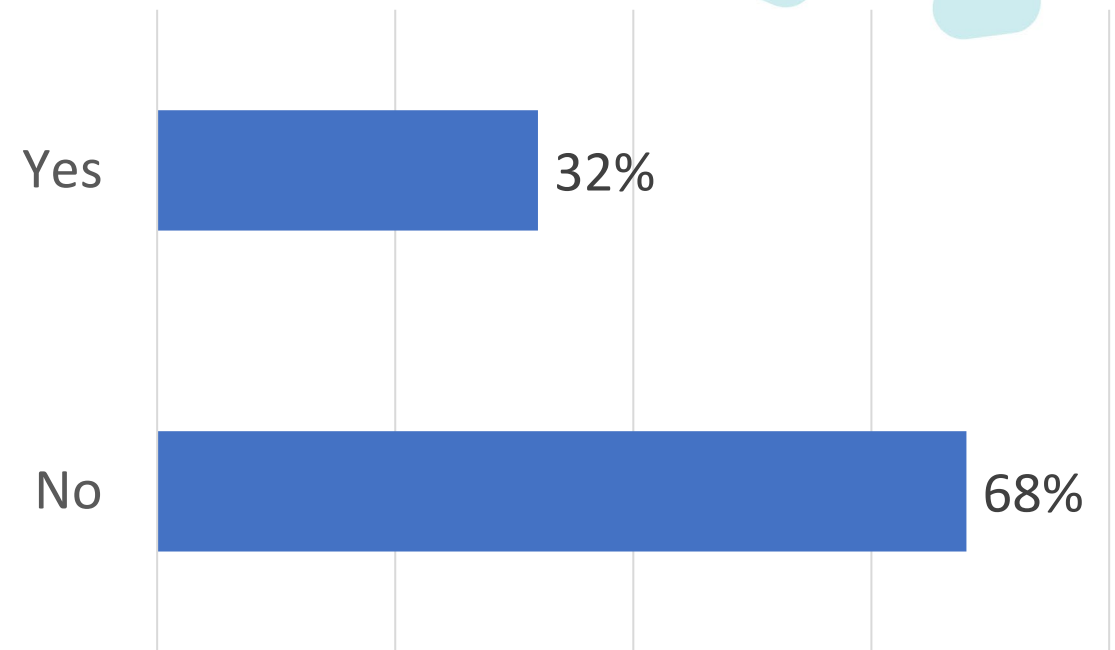


There was no documented referral to peer support (80%) or psychological support (68%) in the 12 months prior to disengagement

Referral to peer support in the year prior to disengagement



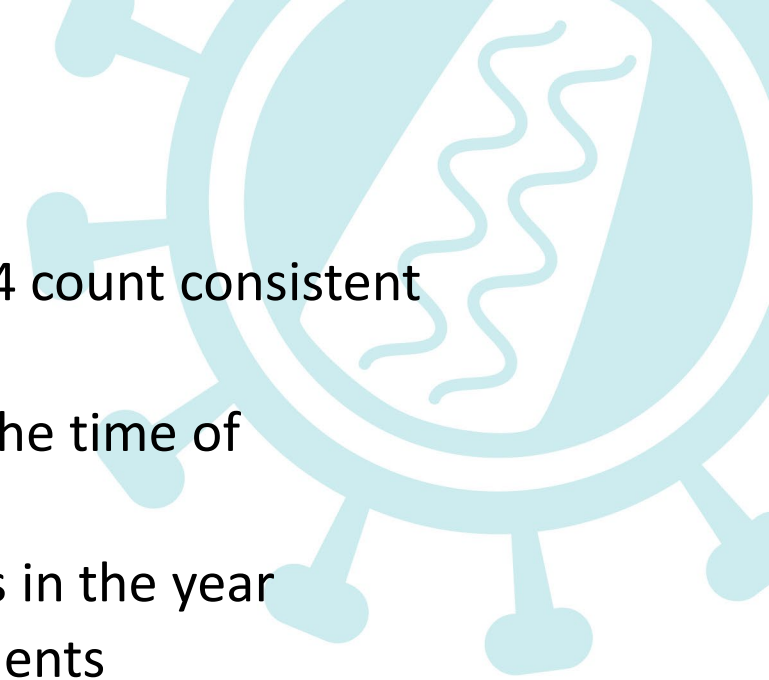
Referral to psychological support in the year prior to disengagement



Key conclusions

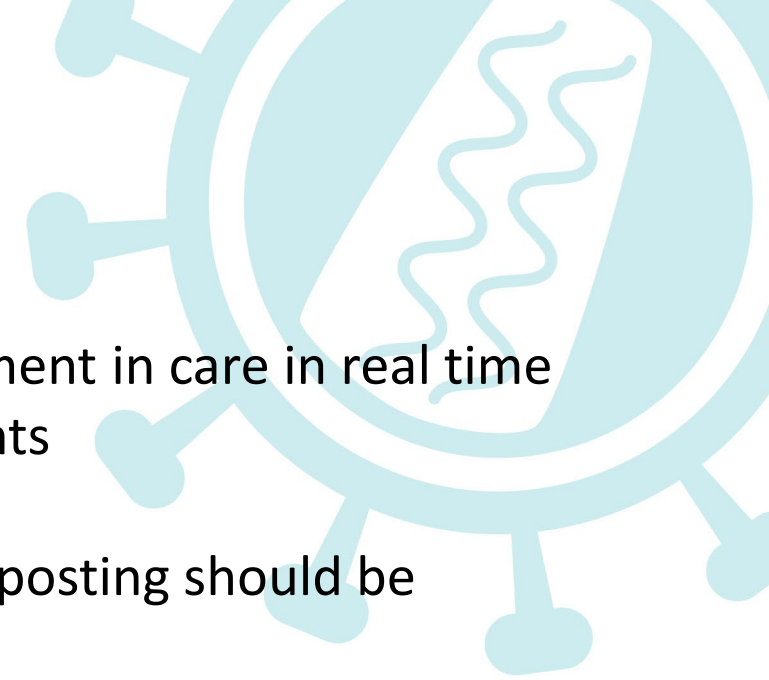
Outpatient case note review

- 1 in 5 patients had a viral load >1000 copies/ml and 10% had a CD4 count consistent with advanced HIV at the point of disengagement.
- 34% of patients had at least 1 psycho-social risk factor present at the time of disengagement
- The majority of patients who disengage, had missed appointments in the year before their last attendance with 35% missing 2 or more appointments
- There was no documented referral or signposting to drug (62%), financial (85%), immigration (88%) or housing (79%) advice and support for patients for whom this was relevant
- There was no documented referral to peer support (80%) or psychological support (68%) in the 12 months prior to disengagement
- 96% of patients had an attempt to re-engage them, the most common method was by phone, text, email or post



Recommendations

- All services should have mechanisms in place to monitor engagement in care in real time with enhanced support pathways for those who miss appointments
- When possible direct referral to support services rather than signposting should be utilised
- Efforts to re-engage those not in care should be personalised and repeated on at least 3 occasions at different time points
- All patients should be sent home with a discharge summary and a clear follow-up plan that is communicated to HIV outpatient service
- Services should regularly review engagement data as part of management/risk/quality/governance meetings



Acknowledgements

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BHIVA Audit and Standards Sub-Committee: A Brown, F Burns (chair), D Chadwick, E Cheserem, S Croxford, H Curtis, J English, A Freedman, C Humphreys, P Khan, R Kulasegaram, N LARBalestier, N Mackie, A Mammen-Tobin, V Martin, R Mbewe, F Nyatsanza, E Ong, O Olarinde, T Pillay, S Pires, R Raya, C Sabin, A Sullivan, A Williams, E Williams, F Windebank

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Questions?

