## **BHIVA Audit Questionnaire**

## Survey of arrangements for management of patients failing antiretroviral therapy (ART)

As a preliminary to the main questionnaire, please describe your department's access to the following specialists:

	Available in this department on at least a regular sessional basis	Available elsewhere within local HIV clinical network	Agreed or regular arrangement to obtain advice from outside local HIV network	Ad hoc only advice from outside local HIV network	Not sure
HIV specialist virologist with expertise in interpreting resistance patterns					
Other clinical virologist					
HIV specialist pharmacologist					
HIV specialist pharmacist					
HIV specialist nurse					
HIV specialist social worker					
Liaison psychiatry/ mental health specialist					

The remaining questions focus specifically on the aim of this survey, which is to gain a picture of clinic's arrangements for multidisciplinary assessment and management of patients who do not maintain full virological suppression on ART and/or who develop HIV drug resistance.

For the purpose of this survey:

- "First line failure" is when a patient shows persistently detectable HIV viral load (VL) on ART for the first time. The patient may have not achieved a log 1 drop in VL by 3 months, or may never have attained VL <50 despite having been on ART for >6 months, or may have shown a VL rebound after a period of undetectability. The patient need not be on his/her first ART regimen; this may have been changed for reasons other than virological failure, eg toxicity/intolerance.
- "Second or subsequent failure" is when a patient shows persistently detectable VL on ART, having done so before on one or more previous regimens.

Please estimate the number of cases per year of first line failure, and of s subsequent failure among patients cared for in your department (number of failure rather than number of patients):	
Estimated occasions of first line failure:	
Estimated occasions of second or subsequent failure:	

How would you manage the following clinical situations:

	Assess and manage patient without seeking advice from outside this department	Seek advice from external specialist, but assess and manage the patient within this department	Assess patient jointly with external specialist(s) before continuing to manage within this department	Refer for external assessment and choice of therapy, in the expectation that patient will be referred back to this department for ongoing care	Refer for assessment and ongoing care elsewhere	Not sure
First line failure with no or single class resistance						
Second or subsequent failure						

Who would routinely be involved/consulted when assessing a patient in the following clinical situations (tick all that apply):

First line failure with no or single class resistance:
HIV specialist consultant physician
HIV specialist clinical virologist with expertise in interpreting resistance patterns
Other clinical virologist
HIV specialist pharmacist
HIV specialist nurse
HIV specialist social worker
Liaison psychiatry/mental health worker
Pharmacologist
Other(s), please state:
Not sure
Second or subsequent failure:
Second or subsequent failure:  HIV specialist consultant physician
HIV specialist consultant physician HIV specialist clinical virologist with expertise in interpreting resistance
HIV specialist consultant physician HIV specialist clinical virologist with expertise in interpreting resistance patterns
HIV specialist consultant physician HIV specialist clinical virologist with expertise in interpreting resistance patterns Other clinical virologist
HIV specialist consultant physician HIV specialist clinical virologist with expertise in interpreting resistance patterns Other clinical virologist HIV specialist pharmacist
HIV specialist consultant physician HIV specialist clinical virologist with expertise in interpreting resistance patterns Other clinical virologist HIV specialist pharmacist HIV specialist nurse
HIV specialist consultant physician  HIV specialist clinical virologist with expertise in interpreting resistance patterns  Other clinical virologist  HIV specialist pharmacist  HIV specialist nurse  HIV specialist social worker
HIV specialist consultant physician HIV specialist clinical virologist with expertise in interpreting resistance patterns Other clinical virologist HIV specialist pharmacist HIV specialist nurse
HIV specialist consultant physician  HIV specialist clinical virologist with expertise in interpreting resistance patterns  Other clinical virologist  HIV specialist pharmacist  HIV specialist nurse  HIV specialist social worker
HIV specialist consultant physician  HIV specialist clinical virologist with expertise in interpreting resistance patterns  Other clinical virologist  HIV specialist pharmacist  HIV specialist nurse  HIV specialist social worker  Liaison psychiatry/mental health worker

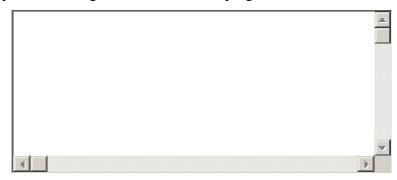
Within your department's team, who are the main professional(s) responsible for assessing and supporting adherence to treatment (tick all that apply)?
HIV specialist consultant physician
HIV specialist pharmacist
HIV specialist nurse
HIV specialist social worker
Other(s), please state:
Not sure
How would assessment usually be conducted for a patient with second or subsequent line failure?
Multidisciplinary meeting with patient present
Multidisciplinary meeting, patient not present
Teleconference, online group discussion or other non-face-to-face multidisciplinary forum
Individual conversations/correspondence between lead clinician and other relevant specialists
Other, please describe:
Not applicable, such patients would be referred elsewhere for assessment
Is there a <i>regular</i> arrangement for multidisciplinary discussion of patients failing ART and/or developing resistance?
Yes, within this department
Yes, across local clinical network
C No



If yes, please describe how this operates and the types of patient usually discussed:



Please describe any ways you feel arrangements for multidisciplinary review of patients failing ART and/or developing resistance could be improved:



Please describe any issues or problems with funding or commissioning advice regarding patients with complex ART failure and drug resistance.



If you seek specialist advice regarding such patients from *outside* your local clinical network, is there a mechanism for paying for this?

Yes, please describe:

No, advice is obtained on a

Do not require advice from outside local clinical network	goodwill basis only  Not sure
Roughly how often do you consult specialists for regarding the assessment of patients with comp	•
Please add any further comments if you would	like to do so:

Please click on "Submit form" to complete the questionnaire. Your answers are not saved until you do so.