Key findings and recommendations

In view of the COVID-19 pandemic, the BHIVA Clinical Audit and Standards Subcommittee did not produce an annual report for 2020. This report covers activities since 2019.

HIV and hepatitis C (HCV) co-infection audit: National results for outcomes specified in guidelines were as follows:

- Documented counselling regarding HCV transmission and safe sex for those with chronic HCV/HIV: 75.3%
- Anti-HBs screening in those with successful HBV immunisation: 91.2% done within past three years
- Staging of liver disease in those with chronic HCV/HIV: 60.1% ever done, 35.0% within past 18 months
- HCC screening for cirrhotic patients with HCV/HIV: 63.6% ultrasound and 59.1% alpha-fetoprotein within past nine months but based on only 22 cases.

Another key finding was that over half (54.7%) of individuals with untreated HCV co-infection were disengaged from care. Based on the audit results, services should:

- Continue to screen for HCV co-infection and re-infection in accordance with guidelines
- Facilitate HCV-related health promotion including counselling about risk factors and safer sex, harm reduction support, partner notification, and advice about alcohol
- Together with hepatology services, take all available measures to encourage engagement in care and uptake of HCV treatment among co-infected individuals, towards the aim of HCV micro-elimination within the HIV population
- Together with hepatology services, encourage fibrosis assessment and management of liver disease in accordance with guidelines
- If reporting via the HIV/AIDS Reporting System (HARS), ensure HCV status is correctly updated for individuals who clear this infection.

Survey of HIV services' responses to the COVID-19 pandemic: The pandemic had a substantial impact on HIV services and led to changes in care delivery, for example:

- Less frequent routine monitoring for some stable patients
- A shift towards remote/virtual consultation methods
- Taking bloods separately from clinician consultations, and in different locations
- Different methods of ART supply/delivery.

Some of these changes are likely to be maintained post-pandemic, but HIV services should:

- Enable access to face-to-face consultations for individuals whose needs cannot be met remotely
- While encouraging people living with HIV to register with and disclose their status to GPs, ensure appropriate care access for the minority who choose not to do so.

Further guidance from BHIVA may be of value as regards selection of individuals suitable for less frequent monitoring, including implications for U=U.

BHIVA HIV COVID-19 registry: A low current CD4+ T-cell count and a current AIDS diagnosis are associated with worse severity and poorer outcomes of COVID-19 in people with HIV, emphasising the need for clinical vigilance and rapid vaccination

HIV and hepatitis C (HCV) co-infection

A national audit of HIV and HCV co-infection was initially planned for 2020 but postponed until spring 2021 because of the pandemic. The aims were to audit relevant outcomes specified in BHIVA guidelines for the management of hepatitis viruses in adults infected with HIV 2013 and to better understand progress towards the micro-elimination target of curing all HCV in people living with HIV. A brief survey about clinic arrangements for managing co-infected individuals was completed by 95 specialist HIV services, and case-note review data was provided for 283 individuals with HIV and ongoing HCV co-infection. From the survey, an estimated 4.8% of people with HIV with a history of co-infection (i.e., HCV antibody positive) remained co-infected (i.e., with detectable RNA). Of this small minority with ongoing co-infection, 72.2% were approved for or receiving treatment, suggesting good progress towards micro-elimination despite the pandemic. However, in the case- note review, while a third (33.3%) of individuals with untreated co-infection were awaiting planned treatment, over half (54.7%) were not engaging in care, indicating the challenges for services in encouraging engagement and treatment uptake.

Individual feedback reports are circulated to participating services. National results were presented at the European AIDS Clinical Society conference in London in October 2021 and will be submitted for peer-reviewed publication.

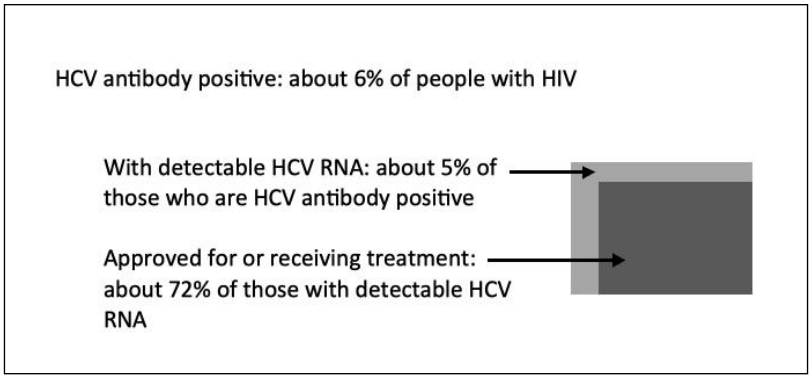

Figure 1: Progress towards micro-elimination: estimated HCV co-infection among people with HIV across 83 clinical services that provided data.

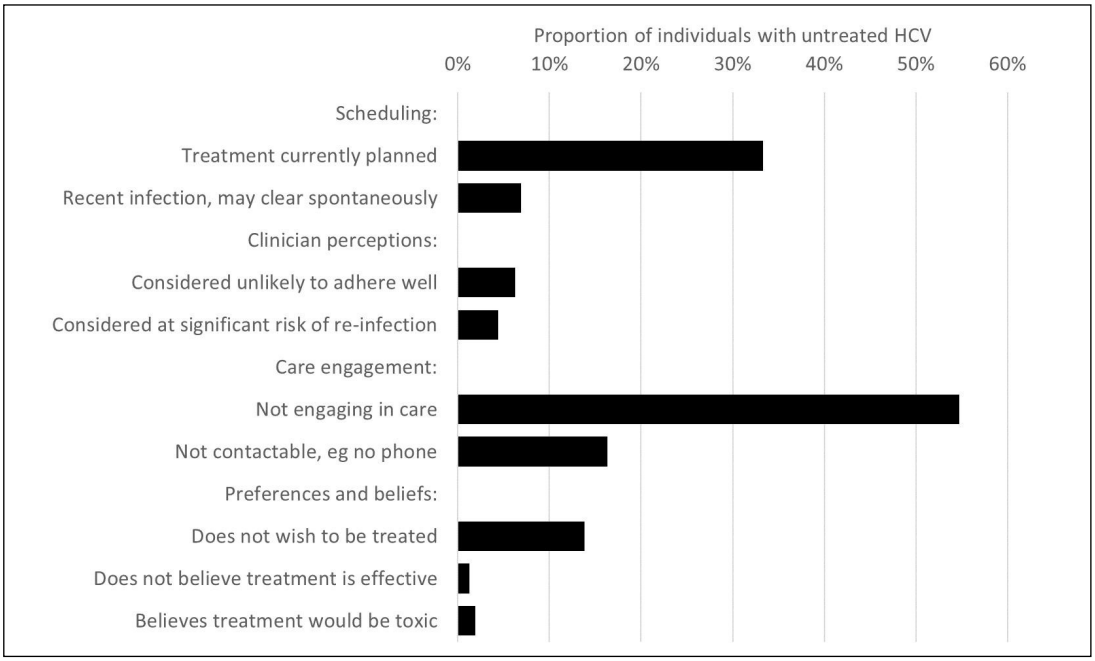

Figure 2: Reasons for non-treatment of HCV in audited individuals: more than one reason could be cited per person.

Other projects

COVID-19 registry

The audit system and processes were used for the BHIVA HIV COVID-19 registry. As no standards exist, this was not an audit project, but clinical services submitted retrospective case-note data on 1310 people with HIV who had COVID-19 up to March 2021, with the aim of describing COVID-19 outcomes and associated risk factors among those with HIV in the UK. This showed that in addition to several established demographic and clinical factors, a lower current CD4+ T-cell count and a current AIDS diagnosis were each independently associated with a severe presentation of COVID-19. A lower current CD4+ T-cell count was also associated with a poorer outcome, but this largely reflected severity of COVID-19 presentation. Preliminary findings were presented in April 2021 at the 5th BHIVA/British Association for Sexual Health and HIV Joint Conference, and results have been submitted for peer-reviewed publication.

HIV services' responses to the COVID-19 pandemic

In May–July 2021, 100 HIV specialist clinical services responded to a survey about how they adapted and responded to the covid-19 pandemic. A report of the findings is being circulated to participating services and made available to BHIVA members.

Other projects

"Your Guide to..." BHIVA Standards of Care

With the support of BHIVA and a grant from MAC VIVA GLAM, a group from the HIV community created "Your Guide to..." the BHIVA Standards of Care for People Living with HIV 2018. This looks at the standards from a patient perspective and highlights in plain language what a person living with HIV might reasonably expect to receive in terms of their care in the UK at all stages of their HIV journey. It was launched at the BHIVA Autumn Conference in November 2020 and is available online at: https://standards.bhiva.org/.

National HIV Mortality Review (NHMR)

The NHMR was set up at the end of 2019 as an ongoing collaboration between BHIVA and Public Health England, now the UK Health Security Agency. Its aims are to better understand causes of death and preventable mortality among people with HIV, to promote quality of care at the end of life, and to monitor progress towards the UNAIDS/Fast Track City Initiative target of zero HIV-related preventable deaths. Clinical services are invited to submit data on all deaths among people with HIV for expert review. Findings for the first year of NHMR, based on deaths occurring in 2019, were presented as a poster at the 5th BHIVA/British Association for Sexual Health and HIV Joint Conference.

Investigation of late HIV diagnoses

BHIVA is collaborating with the UK Health Security Agency (UKHSA) to collect summary reports of investigations into late diagnoses of HIV. The aim is to reduce the negative impacts of late diagnosis through improved targeting and offering of HIV testing. More detailed data may be collected in future, depending on results of a pilot being conducted in Southeast England.

Psychological support standards

BHIVA is collaborating with the British Psychological Society to update Standards for psychological support for adults living with HIV, originally produced by MEDFASH in 2011.

Wellbeing and patient-reported outcome measures (PROMs)

Work is continuing towards implementation of a PROM for assessing quality of life among people with HIV, led by Prof R Harding.

Publications

Publication and feedback are an essential part of the audit cycle, to enable clinicians and others to reflect on findings and change practice if necessary. The subcommittee sends each clinical service a confidential summary of its own results with aggregated data for comparison, as well as presenting national results at conferences and on the BHIVA website at www.bhiva.org

The subcommittee also seeks to publish its major findings as peer-reviewed articles, and to make these available on an open access basis where feasible. Articles include:

1. Kaide E, Curtis H, Freedman A, Croxford S, Burns F, Sabin CA, Chadwick D, Sullivan AK, on behalf of the BHIVA Audit and Standards Subcommittee. A National Audit of the Management Pathways for New HIV Diagnoses. *Int J STD & AIDS* 2021;**32**:710-717. doi.org/10.1177/0956462420987450
2. Ekong N, Curtis H, Ong E, Sabin CA, Chadwick D, on behalf of the BHIVA Audit and Standards Subcommittee. Monitoring of older HIV-1 positive adults by HIV clinics in the United Kingdom: a national quality improvement initiative. *HIV Med* 2020;**21**:409-417. doi.org/10.1111/hiv.12842
3. Parry S, Curtis H, Chadwick D, on behalf of the BHIVA Audit and Standards Subcommittee. Psychological wellbeing and use of alcohol and recreational drugs: results of the British HIV Association (BHIVA) national audit 2017. *HIV Med* 2019;**20**:424-427. doi:10.1111/hiv.12744
4. Byrne R, Curtis H, Sullivan A, Freedman A, Chadwick D, Burns F on behalf of the BHIVA Audit and Standards Subcommittee, 2018. A National Audit of late diagnosis of HIV: action taken to review previous healthcare among individuals with advanced HIV. https://www.bhiva.org/file/GjiksPVYUfveu/LateDiagnoses_Final.doc

5. Molloy A, Curtis H, Burns F, Freedman A and on behalf of the BHIVA Audit and Standards Subcommittee. Routine monitoring and assessment of adults living with HIV: results of the British HIV Association (BHIVA) national audit 2015. *BMC Infectious Diseases* 2017; **17:619**. doi:10.1186/s12879-017-2708-y

6. Michael S, Gompels M, Sabin C, Curtis H, May MT. Benchmarked performance charts to improve the effectiveness of feedback of audit data in HIV care. *BMC Health Services Research* 2017; **17**:506. doi:10.1186/s12913-017-2426-6

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9. Curtis H, Yin Z, Clay K, Brown AE, Delpech VC, Ong E on behalf of BHIVA Audit and Standards Subcommittee. People with diagnosed HIV infection not attending for specialist clinical care: UK national review. *BMC Infectious Diseases* 2015; **15**:315 doi:10.1186/s12879-015-1036-3

10. Delpech VC, Curtis H, Brown AE, Ong E, Hughes G, Gill ON. Are migrant patients really a drain on European health systems? (letter) *BMJ* 2013; **347**: f6444

11. Ellis S, Curtis H, Ong ELC on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit and Standards Subcommittee. A survey of HIV care in the UK: results of British HIV Association (BHIVA) National Audit 2010. *Int J STD AIDS*, 2013, **24(4)**, 329–331.

12. Ellis S, Curtis H, Ong ELC on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit and Standards Subcommittee. HIV diagnoses and missed opportunities: results of the British HIV Association (BHIVA) National Audit 2010. *Clin Med*, 2012, **12(5)**, 430–434.

13. Garvey L, Curtis H, Brook G for BHIVA Audit and Standards Subcommittee. The British HIV Association national audit on the management of subjects coinfected with HIV and hepatitis B/C. *Int J STD AIDS*, 2011, **22**, 173–176.

14. Backx M, Curtis H, Freedman A, Johnson M; BHIVA and BHIVA Clinical Audit Subcommittee. British HIV Association national audit on the management of patients co-infected with tuberculosis and HIV. *Clin Med*, 2011, **11(3)**, 222–226.

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21. Curtis H, Johnson MA, Brook MG. Re-audit of patients initiating antiretroviral therapy. *HIV Medicine*, 2006, **7**, 486.

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25. 25. Curtis H, Sabin CA, Johnson MA. Findings from the first national clinical audit of treatment for people with HIV. *HIV Medicine* **4(1)**; 11-17, 2003.

Further Information

Details of previous BHIVA audits together with specimen questionnaires, findings and reports, the list of articles and further resources are available on the BHIVA website www.bhiva.org/Clinical-Audits

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