HIV Partner Notification - Policy and Service Characteristics Questionnaire
Please complete the questionnaire from the perspective of the policy and delivery of HIV partner notification for your service as a whole. If you are unsure of your policy or practice in relation to any of the questions below, please discuss those points with the relevant staff; this is likely to be your lead clinician or Health Advisor (or equivalent) team.

Type of clinic. Please tick all that apply:

- GU /sexual health clinic (Level 3) [ ]
- HIV clinic [ ]
- Infectious Diseases Unit [ ]
- District general hospital [ ]
- Teaching hospital [ ]
- Community-based service (Level 2) [ ]
- Other [ ]

Please specify: __________________________________________

If your is a GU/Sexual Health service, please select your BASHH region and then your clinic from the menu below. Otherwise please select "Non-GUM eg infectious diseases". A new menu will then appear, and please select your clinic from that:

Region (BASHH branch):
Clinic:<br />After selecting, please click outside</em> box<br /> and check that correct clinic is showing

For GU services please record the following for 2011 (please exclude HIV related attendances if you also deliver HIV care):

- Total number of number of new episode attendances (ie include new patient and rebooked, exclude follow-up episodes) __________________________________________
- Total number of HIV tests __________________________________________
- Total number of new HIV diagnoses __________________________________________

For non-GU services for 2011:

- Total number of HIV positive patients accessing care within your service __________________________________________
- Number of new HIV diagnoses made in your service________________________________________
- Number of new HIV patients who were newly diagnosed elsewhere (eg local GU service, primary care etc) and transferred in for their first ‘HIV care’ __________________________________________
For all services please complete the remainder of the form
Do you deliver partner notification (PN) for HIV at your service?

Yes O
No O
Don’t know O

If NO, is this provided by another service?

Yes O
If yes, please state which: ________________________________
No O
Don’t know O

If PN for HIV is delivered at your clinic, who MAINLY delivers this?

HA O
Nurses O
Clinical Nurse Specialist O
Staff with dual HA/nurse role O
Doctors O
Other O
If other, please detail: ________________________________

Which other staff groups (in addition to above) are involved in delivering PN (please tick all that apply)?

HA [ ]
Nurses [ ]
Clinical Nurse Specialist [ ]
Staff with dual HA/nurse role [ ]
Doctors [ ]
Other [ ]
If other, please detail: ________________________________

Please state the number of whole time equivalents of staff working in your clinic, or tick if not known:

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>No of WTE</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health advisors</td>
<td></td>
<td>[ ]</td>
</tr>
<tr>
<td>Staff with dual nursing/HA role</td>
<td></td>
<td>[ ]</td>
</tr>
<tr>
<td>Administrative staff whose role includes</td>
<td></td>
<td>[ ]</td>
</tr>
<tr>
<td>supporting PN</td>
<td></td>
<td></td>
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Do you have a written policy or SOP (standard operating procedure) that specifically refers to HIV partner notification?

Yes - please send a copy to Ann.Sullivan@chelwest.nhs.uk O
No

No, we have a policy that we follow national guidelines in relation to PN

**Which type of PN do you offer/support (please tick all that apply):**

- Patient
- Provider
- Contract: ie the provider will inform the partner directly if the partner has not attended within an agreed/specified time frame
- GMFA website: an on line partner notification service provided by the health charity GMFA, accessed by the patient directly
- ePN: a web based service accessed by the health care worker to facilitate PN by SMS, currently only at pilot sites
- Other:

Please specify

**Which of the following do you use to deliver and support PN when appropriate/required (please tick all that apply):**

- Face to face consultation
- Telephone calls
- Post
- Text
- Email
- Home visits
- GP contact
- Liaison with HIV consultant/HIV team eg requesting they follow up PN - determining outcomes, encouraging delivery etc
- Liaison with other health services
- Other:

Please specify

**Follow up**

*Do you have a written policy on how long HIV PN should be followed up? (NB: this refers to how long you continue to address unresolved PN until it is decided to stop)*

- Yes - please send a copy to Ann.Sullivan@chelwest.nhs.uk
- No
- Don't know

**If yes, please state how long in years and months:**

- Years:
- Months:
- Comments:
Do you have a written policy regarding re-initiating HIV PN if history reveals a new sexual partner or a new STI is diagnosed?

Yes - please send a copy to Ann.Sullivan@chelwest.nhs.uk
No
Don’t know

Do you have a written policy for patients who refuse to meaningfully engage in PN or refuse to disclose?

Yes - please send a copy to Ann.Sullivan@chelwest.nhs.uk
No
Don’t know

If NO, do you have an agreed practice:

Yes: Please specify
No

If YES, please summarise below (NB: examples include discussion with consultant, discussion with lead of service, MDT meeting):

Policy:

What happens to PN when patient is transferred to HIV care, please tick all that apply?

- We are the same unit so PN continues as [ ] before
- Patient attends another service but our service continues to follow up PN [ ]
- We hand over to HIV team [ ]
- Decided on case by case basis and can include any of those ticked [ ]
- Other: [ ]
- Please specify

If PN is not continued by your service, is follow up communication of outcomes adequate

Yes
No:
Please comment especially if this has changed recently or you have encountered specific problems

Please add any additional comments below.
Comment:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please click on "Submit form". Your answers are not saved until you do.