BHIVA Audit Questionnaire

Survey of arrangements for management of patients failing anti-retroviral therapy (ART)

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

<table>
<thead>
<tr>
<th>Available in this department on at least a regular sessional basis</th>
<th>Available elsewhere within local HIV clinical network</th>
<th>Agreed or regular arrangement to obtain advice from outside local HIV network</th>
<th>Ad hoc only advice from outside local HIV network</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV specialist virologist with expertise in interpreting resistance patterns</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Other clinical virologist</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>HIV specialist pharmacologist</td>
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<tr>
<td>HIV specialist pharmacist</td>
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<td>HIV specialist nurse</td>
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<tr>
<td>HIV specialist social worker</td>
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<tr>
<td>Liaison psychiatry/mental health specialist</td>
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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 second or subsequent failure among patients cared for in your department (number of occasions 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:

<table>
<thead>
<tr>
<th>Assess and manage patient without seeking advice from outside this department</th>
<th>Seek advice from external specialist, but assess and manage the patient within this department</th>
<th>Assess patient jointly with external specialist(s) but continue to manage within this department</th>
<th>Refer for external assessment and choice of therapy, in the expectation that patient will be referred back to this department for ongoing care</th>
<th>Refer for assessment and ongoing care elsewhere</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>First line failure with no or single class resistance</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Second or subsequent failure</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
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</tr>
</tbody>
</table>
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:**
- [ ] 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_
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 *regular* arrangement for multidisciplinary discussion of patients failing ART and/or developing resistance?

- [ ] Yes, within this department
- [ ] Yes, across local clinical network
- [ ] No
Not sure

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

Roughly how often do you consult specialists from outside your local clinical network regarding the assessment of patients with complex ART failure and drug resistance?

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.