BHIVA Audit

The BHIVA 2023 audit aimed to get a UK-wide picture of HIV clinical services' engagement in care policies and practice. The audit comprised of three elements. A survey of HIV clinical services' policies and practice to support care engagement. A case-note review of inpatients living with HIV, focussed on circumstances resulting in admission and whether this was due to being undiagnosed or to being diagnosed but not engaged in HIV care. Lastly, a case-note review of outpatients living with HIV who had not been seen for over a year, focusing on the circumstances prior to disengagement and the efforts made to re-engage them back into care.

Key findings

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.
- Almost all 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 report having enhanced support for those with perinatally acquired HIV.

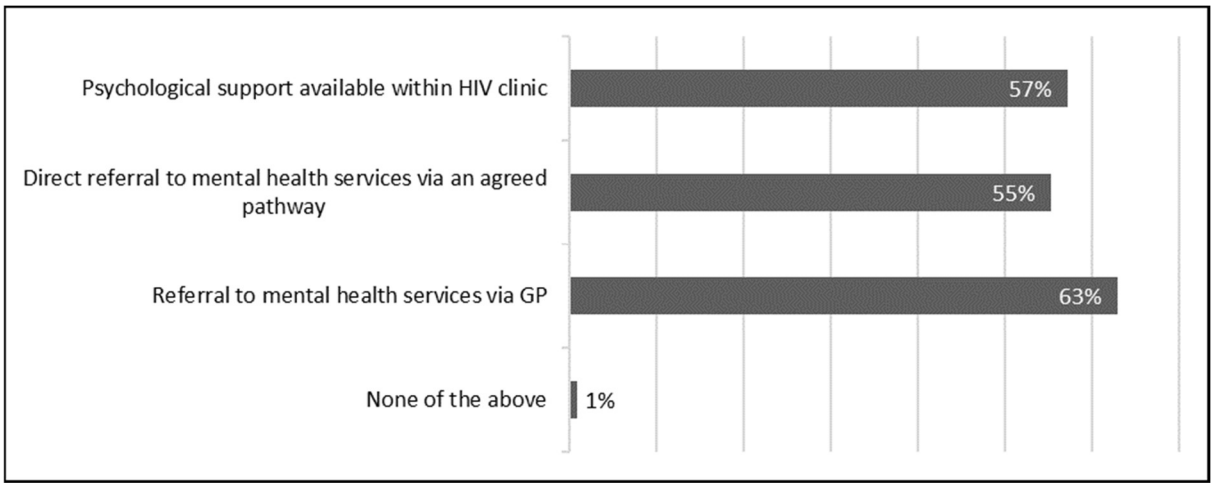

Figure 1: Just over half of clinics provide psychological support within the clinic itself. A similar proportion of clinics can make direct referrals to mental health services, with only 1% having no provision.

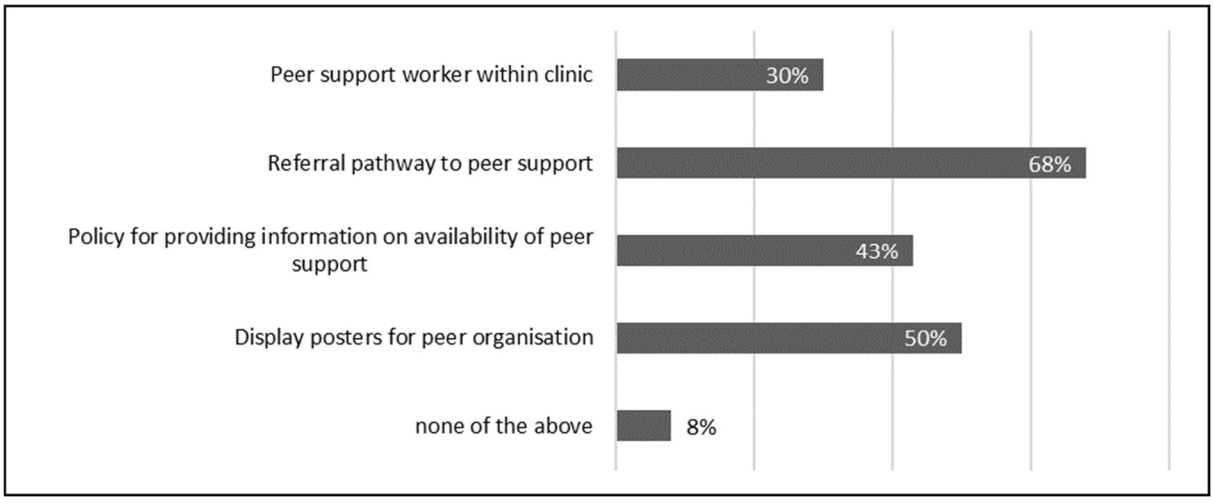

Figure 2: One third of services have a peer support worker available within the clinic itself, and almost 70% had a referral pathway to peer support, with half of services displaying posters; however, 8% had no provision for directing patients to peer support.

Inpatient case-note review

- 60% of admissions were either a new HIV diagnosis (22%) or someone with sub-optimal engagement (38%), with apparent missed opportunities for either earlier diagnosis or re-engagement.
- 90% of the admissions were unplanned: 29% were with an AIDS defining illness and 18% with symptomatic HIV. Almost half of admissions were not directly related to HIV status.
- 45% of admissions had at least one psycho-social risk factor present at the time of admission.
- Over 10% of admitted patients were discharged without a summary letter.
- 10% had not been seen since discharge; 5% missing their follow up and 5% having no follow up arranged.

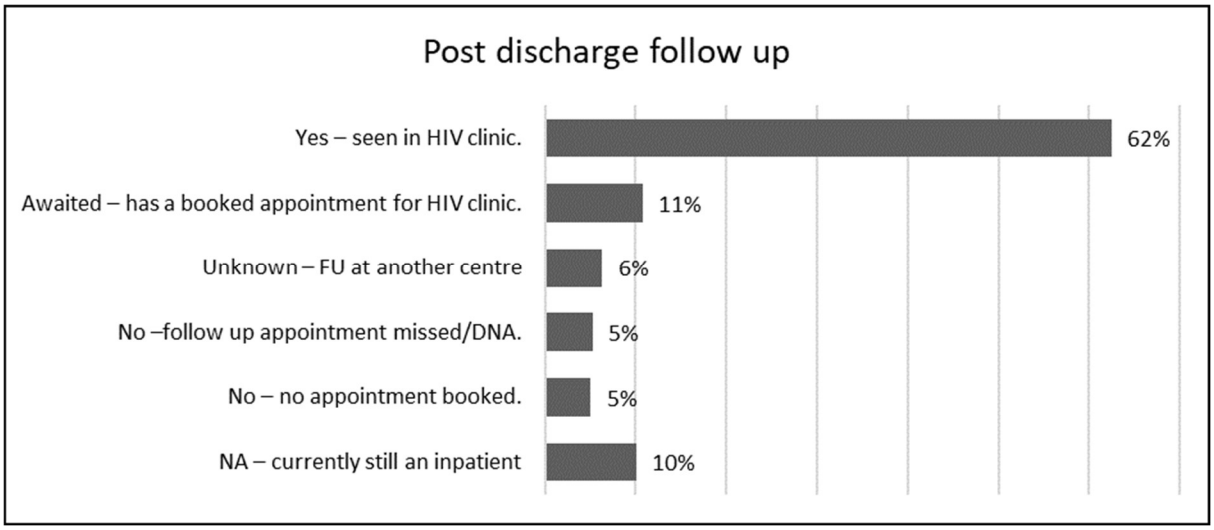

Figure 3: Following discharge, 62% had been seen in the HIV clinic, with a further 11% booked and awaiting an appointment, a further 10% remained in hospital at the time of the audit, 5% had failed attendance and 5% had no appointment booked.

Outpatient case-note review

- One in five people had a viral load >1000 copies/ml and 10% had a CD4 count consistent with advanced HIV at the point of disengagement.
- 34% of people not in care had at least one psycho-social risk factor present at the time of disengagement.
- Most people who disengage had missed appointments in the year before their last attendance with 35% missing two or more appointments.
- Prior to disengagement there was no documented referral or signposting to drug (62%), financial (85%), immigration (88%) or housing (79%) advice and support for most people for whom this was relevant.
- There was no documented referral for most people 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, using the following methods:
    - By phone, text, email, or post, 91%
    - Contacting the GP, 45%
    - Included in correspondence a named person for them to contact, 38%
    - Sending individualised letter and not a standard generic letter, 34%
    - Using NHS number to track if they have used NHS services elsewhere, 32%
    - Attempted a home visit, 9%

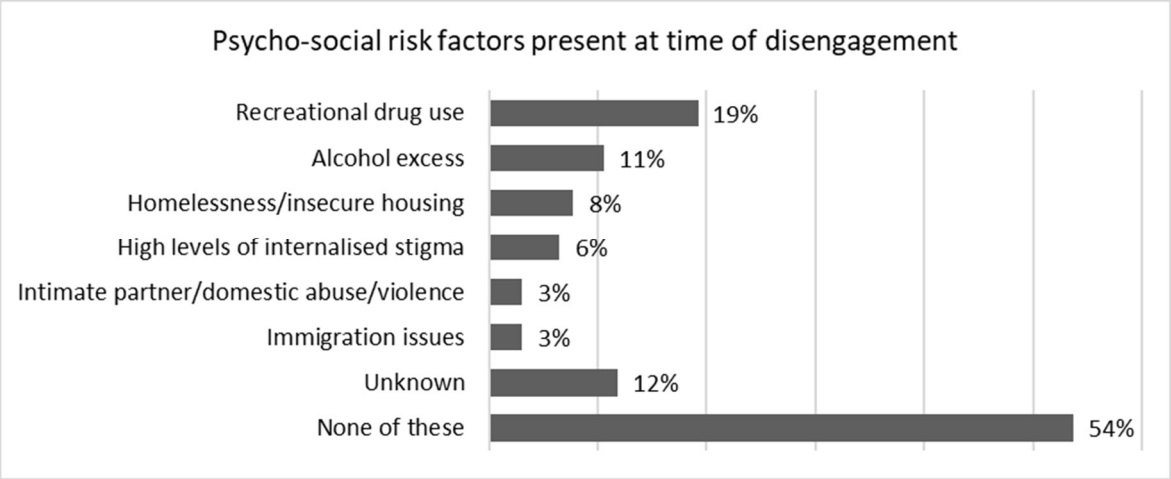

Figure 4: 34% of people not in care have at least one psycho-social risk factor present at the time of disengagement, with the most common being recreational drug or alcohol.

Total number of attempts	Number of individuals	% of individuals
0	9	2%
1	47	9%
2	53	10%
3	44	8%
4-10	271	50%
>10	115	21%
Grand total	**539**	**100%**

Figure 5: Contact with most individuals not in care, was attempted more than three times through various means such as phone calls, text messages, emails, and letters.

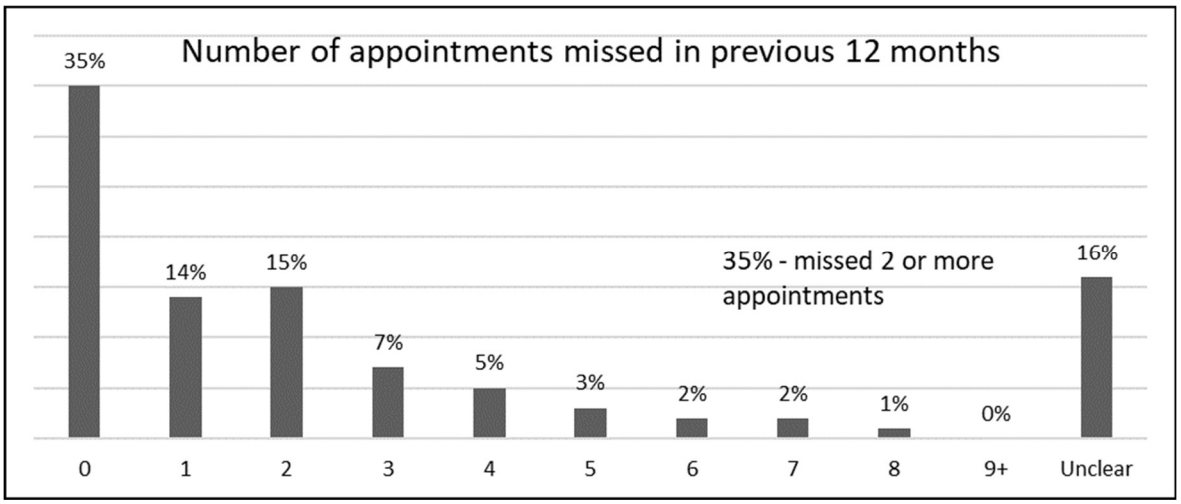

Figure 6: The majority of patients who disengage had missed appointments in the year before their last attendance, with 35% missing 2 or more appointments.

Recommendations

Based on these findings, the BHIVA Audit and Standards Subcommittee recommends:

- 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 three 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.

Plans for the 2024 BHIVA national audit

The 2024 BHIVA audit will concentrate on documentation of co-medications, especially within the aging cohort, and combined care for co-morbidities. The key areas of focus will include communication with GPs, new BHIVA guidance regarding statins and vaccinations.

Other projects

National HIV Mortality Review (NHMR)

BHIVA and the UK Health Security Agency (UKHSA) maintain an ongoing partnership to enhance comprehension of the factors contributing to death and preventable mortality in individuals with HIV. This collaboration aims to improve the quality of end-of-life care and monitor advancements toward achieving the UNAIDS/ Fast Track City Initiative target of zero HIV-related preventable deaths. Analysis of the 2022 data has been conducted, with plans to present the results at the BHIVA spring conference in 2024. Plans are underway to enhance the data collection form, with oversight from the National HIV Mortality Review Working Group.

Investigation of late HIV diagnoses

BHIVA strongly advises clinical services to submit summary reports of investigations into late diagnoses of HIV to the UK Health Security Agency. The aim is to minimise the detrimental effects of late diagnosis by improving the focus and availability of HIV testing services. A revised protocol, now in alignment with the updated PSIRF (Patient Safety Incident Response Framework), has been circulated. Following the successful pilot in Southeast England, the objective is to initiate the use of a new system for reporting late diagnoses in the coming year.

Patient-reported outcome measures (PROMs)

There are a wide variety of PROMs currently available for use – some are generic (e.g. EQ-5D-5L) and others are designed specifically for people living with HIV (e.g. Positive OUTCOMES). Choice of what specific PROM to use will depend on what services need to measure. The Positive OUTCOMES PROM, developed by Prof R Harding's team, was published last year[1]. Following a session at the BHIVA 2023 spring conference, the Audit and Standards Subcommittee support the use of the Positive OUTCOMES: HIV PROM for routine monitoring of PROMs in people living with HIV. This tool has been psychometrically validated and implementation guidance and an electronic version are currently being developed.

Revision of *Standards for psychological support for adults living with HIV*

BHIVA and the British Psychological Society are working together to revise *Standards for psychological support for adults living with HIV*. Previously the project group undertook a survey, with members of involved organisations about how they have used the existing standards and what changes they would like to see in an updated version. Progress has been delayed, and the ongoing work to update the standards will extend into the next year.

Opt-out consent for HIV testing

The planned survey for 2023 was paused, following concerns raised by partner professional bodies surrounding the terminology in the guidance. The guidance has now been completely re-written and is awaiting endorsement from the Royal College of Emergency Medicine. The survey, which would cover how testing was being implemented and any operational challenges, has been developed and piloted

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

Contact information

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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. Raya RP, Curtis H, Kulasegaram R, Cooke GS, Burns F, Chadwick D, Sabin CA, on behalf of the BHIVA Audit and Standards Sub-committee. The British HIV Association national clinical audit 2021: Management of HIV and hepatitis C coinfection. *HIV Med. 2022;* 1–9. doi: 10.1111/hiv.13417
2. Kaide E, Curtis H, Freedman A, Croxford S, Burns F, Sabin CA, Chadwick D, Sullivan AK, on behalf of the BHIVA Audit and Standards Sub-committee. A National Audit of the Management Pathways for New HIV Diagnoses. *Int J STD & AIDS* 2021; **32**:710-717. doi.org/10.1177/0956462420987450
3. Ekong N, Curtis H, Ong E, Sabin CA, Chadwick D, on behalf of the BHIVA Audit and Standards Sub-committee. 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
4. Parry S, Curtis H, Chadwick D, on behalf of the BHIVA Audit and Standards Sub-committee. 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
5. Byrne R, Curtis H, Sullivan A, Freedman A, Chadwick D, Burns F on behalf of the BHIVA Audit and Standards Sub-committee, 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
6. Molloy A, Curtis H, Burns F, Freedman A and on behalf of the BHIVA Audit and Standards Sub-Committee. 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
7. 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
8. Raffe S, Curtis H, Tookey P, Peters H, Freedman A, Gilleece Y and on behalf of the BHIVA Audit and Standards Sub-Committee. UK national clinical audit: management of pregnancies in women with HIV. *BMC Infectious Diseases* 2017;**17**:158. doi:10.1186/s12879-017-2255-6
9. Rayment M, Curtis H, Carne C et al on behalf of the members of the British Society for Sexual Health and HIV National Audit Group, and the BHIVA Audit and Standards Sub-committee. An effective strategy to diagnose HIV infection: findings from a national audit of HIV partner notification outcomes in sexual health and infectious disease clinics in the UK. *Sex Transm Infect* 2016;0:1–6. doi:10.1136/sextrans-2015-052532
10. Curtis H, Yin Z, Clay K, Brown AE, Delpech VC, Ong E on behalf of BHIVA Audit and Standards Sub-committee. 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
11. 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
12. Ellis S, Curtis H, Ong ELC on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit and Standards sub-committee. 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.
13. Ellis S, Curtis H, Ong ELC on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit and Standards sub-committee. HIV diagnoses and missed opportunities: results of the British HIV Association (BHIVA) National Audit 2010. *Clin Med*, 2012, **12(5)**, 430–434.
14. Garvey L, Curtis H, Brook G for BHIVA Audit and Standards Sub-Committee. 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.
15. Backx M, Curtis H, Freedman A, Johnson M; BHIVA and BHIVA Clinical Audit Sub-Committee. British HIV Association national audit on the management of patients co-infected with tuberculosis and HIV. *Clin Med*, 2011, **11(3)**, 222–226.
16. Rodger A J, Curtis H, Sabin C, Johnson M; British HIV Association (BHIVA) and BHIVA Audit and Standards Subcommittee. Assessment of hospitalizations among HIV patients in the UK: a national cross-sectional survey. *Int J STD AIDS*, 2010, **21**, 752–754.
17. Street E, Curtis H, Sabin CA, Monteiro EF, Johnson MA, on behalf of the British HIV Association (BHIVA) and BHIVA Audit and Standards Sub-Committee. British HIV Association (BHIVA) national cohort outcomes audit of patients commencing antiretrovirals from naïve. *HIV Medicine*, 2009, **10**, 337–342.
18. Lomax N, Curtis H, Johnson M on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit Sub-Committee. A national review of assessment and monitoring of HIV patients. *HIV Medicine*, 2009, **10**,125–128.
19. Lucas SB, Curtis H, Johnson MA, on behalf of the British HIV Association (BHIVA) and BHIVA Audit and Standards Subcommittee. National review of deaths among HIV infected adults. *Clinical Medicine*, 2008, **8**, 250–252.
20. Hart E, Curtis H, Wilkins E, Johnson M. On behalf of the BHIVA Audit and Standards Subcommittee. National review of first treatment change after starting highly active antiretroviral therapy in antiretroviral-naïve patients. *HIV Medicine*, 2007, **8**,186–191.

21. De Silva S, Brook MG, Curtis H, Johnson M. On behalf of the BHIVA Audit and Standards Subcommittee. Survey of HIV and hepatitis B or C co-infection management in the UK 2004. *Int J STD AIDS*, 2006, **17**, 799–801.

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

23. McDonald C, Curtis H, de Ruiter A, Johnson MA, Welch J on behalf of the British HIV Association and the BHIVA Audit and Standards Subcommittee. National review of maternity care for women with HIV infection. *HIV Medicine*, 2006, **7**, 275–280.

24. Sullivan AK, Curtis H, Sabin CA, Johnson MA. Newly diagnosed HIV infections: review in UK and Ireland. *BMJ*, 2005, **330**, 1301–1302.

25. Brook MG, Curtis H, Johnson MA. Findings from the British HIV Association's national clinical audit of first-line antiretroviral therapy and survey of treatment practice and maternity care, 2002. *HIV Medicine* 2004; **5(6)**: 415-20.

26. 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.

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References

1. Harding, R, Jones, CI, Bremner, S, et al; EMERGE Consortium, Horizon 2020. Positive Outcomes: Validity, reliability and responsiveness of a novel person-centred outcome measure for people with HIV. *HIV Med. 2022; 23: 673–683.* doi:10.1111/hiv.13224