Planning the new national HIV/STI audit programme

Consultation with HIV clinicians/BHIVA members

Background

2011: BHIVA and BASHH/MedFASH proposed HIV and STI audits within National Clinical Audit and Patient Outcomes Programme (NCAPOP):

- DoH decided to combine HIV/STI audit
- BHIVA/BASHH contracted to engage stakeholders and prepare new proposal
- This is a formal engagement meeting.

Process and timelines

- New HIV/STI topic proposal by Jan 2013
- Procurement from ?March 2013
- Operational from ?Jan 2014
- 3-5 years, perhaps renewable

Current project is to develop specification.

Contract to run programme will be put to tender.

Will supersede BHIVA and BASHH audits.

Requirements for NCAPOP audits

- Systematic year on year audit of key outcomes
- Use routinely collected data as far as possible (eg HARS – HIV/AIDS Reporting System)
- Results published at level of individual clinics/departments
- Include PROMs/PREMs wherever feasible.

Opportunities

- Involve wider range of providers – audit pathways and resist fragmentation
- HIV as a long term condition – link aspects of care across different settings
- Integrate outcomes measurement – eg CQINs
- Legacy – embed outcomes measurement into routine NHS data systems.

Prioritising HIV audit topics

Systematic year on year audit of key outcomes.

Certain to include:

- Timeliness of diagnosis (CD4)
- Use of ART when indicated
- Virological control on ART
- Once validated tools developed, patient-reported outcomes/ experience.

May include: other HIV topics

"Missed opportunities" – seen in other clinical settings pre-diagnosis

Time from diagnosis to seen in specialist services

Inpatient admissions – as marker of sub-optimal care elsewhere in pathway

Avoidance of drug interactions (eg statins)

Cardiovascular risk monitoring

Communication with GP

Retention in care

Prevention information given

Partner notification

Data sources and linkage

British HIV Association BHIVA

BASHH

"Missed opportunities" – seen in other clinical settings pre-diagnosis: HARS/HES/GPES

Time from diagnosis to seen in specialist services: HARS

Inpatient admissions – as marker of sub-optimal care elsewhere in pathway: HARS/HES

Avoidance of drug interactions (eg statins): HARS/GPES

Cardiovascular risk monitoring: HARS/GPES

Communication with GP: ?

Retention in care: HARS, supplement with HES/GPES

Prevention information given: ?

Partner notification: HARS

Data linkage using NHS number

Given sufficient lead-in time, would you be able to request consent to linkage from:

VOTE:

3 All HIV patients

2 New HIV patients only

1 No HIV patients

Your views

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