

Improving communication between Primary and Secondary Care for HIV positive patients

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Background

- A large proportion of HIV-related inpatient admissions at Lewisham are from those who have disengaged from HIV care and are often not known to the service
- Aim to conduct an audit of HIV patients in primary care to identify patients who are lost to follow up (LTFU)* from HIV services and living locally
- Highlight potential drug interactions with antiretrovirals (ARVs) in primary care and reduce the significant number of adverse drug interactions seen

**LTFU defined as those that had not been seen by their HIV treatment centre for > 12 months*

Methods

- GPs/trainees approached at 6 local primary care practices
- Audit of patients coded as diagnosed with HIV on EMIS (Electronic patient record system used in primary care)
- Where there was no letter in the preceding 12 months, efforts were made to establish whether:
 - the patient was still in care and then obtain an up-to-date letter from the HIV centre
 - the individual was LTFU and then try and re-engage them in HIV care
- The patient's ARVs were then uploaded on EMIS

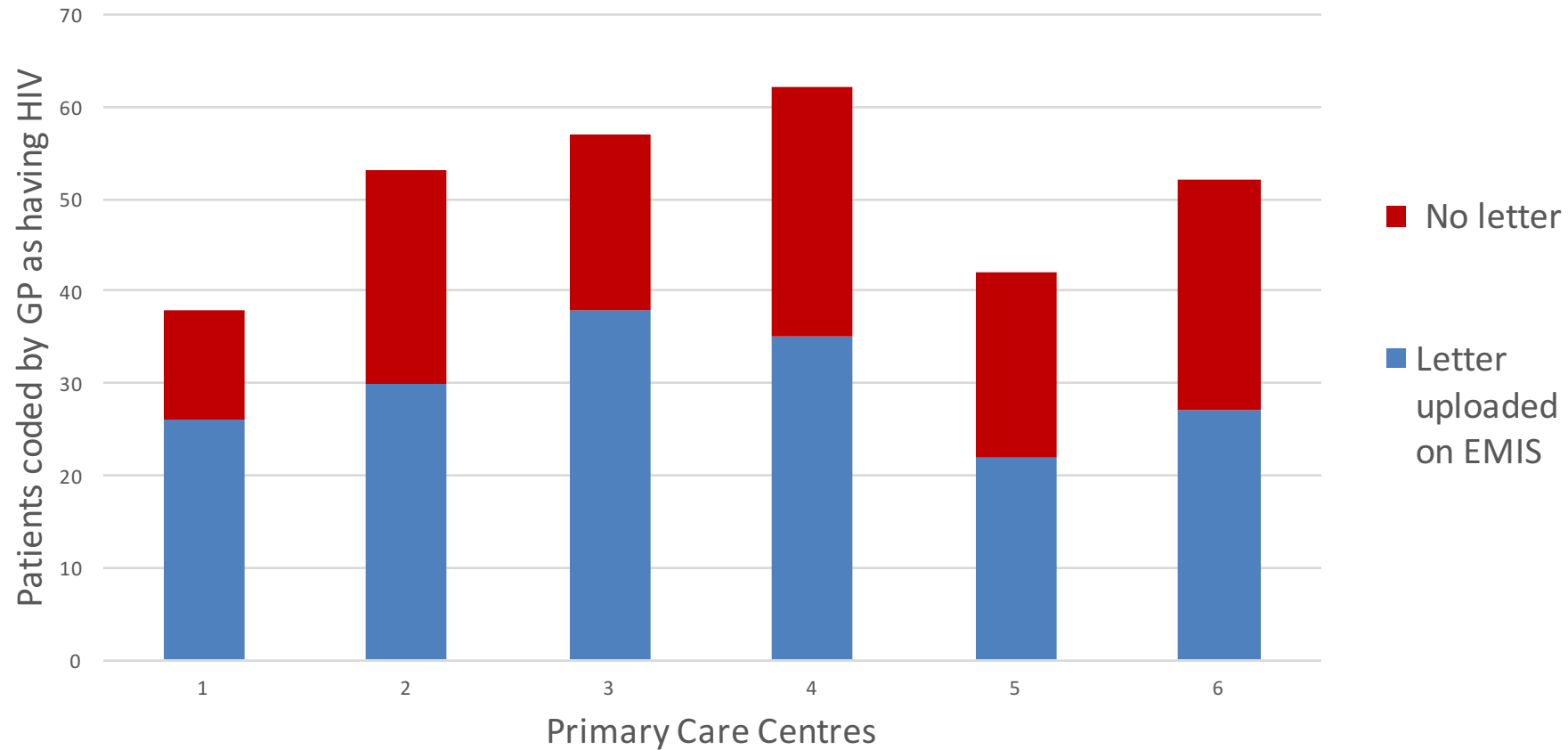
HIV prevalence at Primary Care sites

- Lew

Primary Care Centre	Size of Patient Cohort	No. of HIV positive patients & prevalence	No. of named HIV treatment centres	No. accessing local centre
1	7500	38 (0.5%)	9	19 (50%)
2	10000	53 (0.5%)	12	14 (50%)
3	16000	57 (0.4%)	10	22 (39%)
4	13500	62 (0.5%)	13	17 (27%)
5	12000	42 (0.4%)	5	21 (50%)
6	7750	52 (0.7%)	6	-

** 8.4 per 1000 pop of 15-59 year olds in Lewisham diagnosed with HIV (2017)*

Letter from HIV service to primary care in preceding 12 months



Results

- There were 9 (3%) patients identified as LTFU*
- The majority of patients without a recent letter were in care
- A number had not consented to their GPs knowing their diagnosis or had not informed their GP of their HIV centre
- ARVs were not routinely uploaded on EMIS (26% patients)
- A number of significant drug interactions were identified

** Likely to be higher, as data from other HIV treatment centres incomplete*

Project Limitations

- Coordination of communications across many HIV treatment centres was challenging
- 5/6 primary care clinicians involved in the audit moved jobs
- Follow up data incomplete
- Lack of dedicated funding

Conclusions

- Letters to Primary Care fell short of BHIVA standards (52-68% in 12 months vs 95% in 15 months)
- The patients in our hospital's catchment area access a large number of different HIV centres
- Primary care can be very useful in identifying patients that are LTFU
- The drug interactions capability of EMIS was not being fully utilised, by uploading ARVs onto EMIS potentially serious drug interactions may be averted
- Substantial benefits from the exercise – planning to re-audit those practices and extend the scope

Lab Reports - 399 Tasks - 4 (3)

Active TESTING, Test Patient (Mr)

Generic / Trade Switch Drug Information Medication Review Local Mixtures My Record

TESTING, Test Patient (Mr) Born 01-Jan-1930 (89y) Gender Male
Preferred Name Test EMIS No. 535463

Name Override Warnings

Selected Drug - **Seretide 100 Accuhaler (GlaxoSmithKline UK Ltd)**
Contains - Fluticasone Propionate 100 micrograms/dose Salmeterol Xinafoate 50 micrograms/dose (as base)

High Severity Warnings (1)

Drug to Drug Interaction Coadministration of Ritonavir with Corticosteroids (Inhaled) is not recommended unless the potential benefit to the patient outweighs the risk - increased risk of systemic corticosteroid-related adverse effects.
Consult product literature.
Ritonavir 100mg tablets

Low Severity Warnings (1)

Drug to Drug Interaction Manufacturer of ritonavir advises avoid concomitant use with salmeterol.
Ritonavir 100mg tablets

Override Do Not Use Drug

Add Another Issue Issue Later Cancel

01-Mar-2019 11:48	Non-consultation data (Suite 8 Waldron Health Centre SE14 6LD 02030493516)	COLEY, Dale (Mr)
Medication	Ritonavir 100mg tablets 600mg BD 168 tablet	
Comment	Test Patient Prescription of Ritonavir	

- Acute
- Ritonavir
- Allergies
- Summary
- Resource

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