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

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

* 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
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