

Don't forget the 'DNA' - descriptive analyses of female patients who do not attend HIV clinic appointments and their uptake of cervical smears

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Introduction

Failure to attend a hospital clinic appointment results in financial loss to the providing trust. More importantly, it often results in a missed opportunity to optimise a patient's care in line with the current British HIV Association (BHIVA) guidelines. Women who live with HIV (WLWH) are at an increased risk of cervical cancer as compared to their HIV negative counterparts. The National Health Service Screening Programme (NHSCSP) and the BHIVA guidelines recommend that WLWH should be screened annually between the ages of 25 and 65 years^{1,2}. The aim of the study is to explore the relationship, if any, between females who did not attend (DNA) their scheduled clinic appointments and their annual cervical smear uptake.

Methods

All female patients who DNA'd a weekly HIV clinic during the period January 2018 - January 2019 were identified using clinical coding on Lillie, ICE and ILAB. Data collected included age, ethnicity, number of missed appointments during this period, hospital admissions if any during the preceding 3 years and an up to date cervical smear, current anti-retroviral regimen and most recent viral load. The data was recorded and analysed using Microsoft Excel. Patients were categorised according to the frequency of missed appointments during this time period. The total and mean number of DNA's was calculated. The mean number of DNA's informed the categorization of the patients in this cohort (<4, 4 and >4 missed appointments).

Results

Number of Missed Appointments (15 January 2018-15 January 2019)	<4	4	>4	Total
% of patients (absolute number) N=46	61 (28)	9 (4)	30 (14)	100 (46)
% of eligible patients with an up to date cervical smear (absolute number) N=43	34.8 (15)	4.6 (2)	4.6 (2)	44 (19)
Number of patients with a detectable VL N=46	0	1	2	3
Number of hospital admissions	1	0	4	5

N=46

Median Age 42, Age Range 20-75 years

Ethnicity 71% Black African, 7% Indian, 13% White British, 9% White other

Conclusions

- Women of black ethnicity tend to make up the majority of female patients (71%) who do not attend HIV clinic appointments.
- There is a low uptake of cervical smears amongst the DNA cohort (44%).
- This cohort of patients does not have frequent hospital admissions (cumulatively, 5 hospital admissions during the analyses period) and thus, taking opportunistic cervical smears in an inpatient setting may not necessarily increase uptake.
- Most patients attend for a review after a missed appointment as reflected by the majority of the patients having an undetectable VL. This offers a potential role for onsite cervical screening at an HIV clinic appointment as an alternative to requiring an additional appointment in general practice to achieve cervical screening. There are a few barriers that limit the feasibility of this currently. Firstly cervical smears are not included in the HIV tariff. The service is a stand alone HIV service and additional training would be required.
- A recognised limitation was that some patients who are out of area, might have had their cervical smear but these would not be recorded as the results cannot be accessed by our service.
- This was a pilot study and whilst it shed some light on this cohort, we plan to study the entire cohort (2306 attendances to the HIV service during this time period and 499 appointments were missed) to fully inform on any interventions or pathways that could be established to increase cervical smear uptake.

References

1. Cervical Screening: programme overview

2. BHIVA/BASHH/FSRH guidelines for the sexual & reproductive health of people living with HIV