

# 26th Annual Conference of the British HIV Association 2020



# What happened with COVID-19? BHIVA/CHIVA/PHE survey results

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# Declaration of Interests relating to this presentation

- None

# The survey

TO EVALUATE THE  
IMPACT OF COVID-  
19 ON HIV  
SERVICES

SURVEY OF UK HIV  
CLINICS  
COMPLETED BY  
LEAD OR SENIOR  
CLINICIAN ONLINE

JULY/AUGUST 2020  
WITH ANSWERS  
BASED ON PEAK  
IMPACT OF 1<sup>ST</sup>  
WAVE

**THANK  
YOU!**

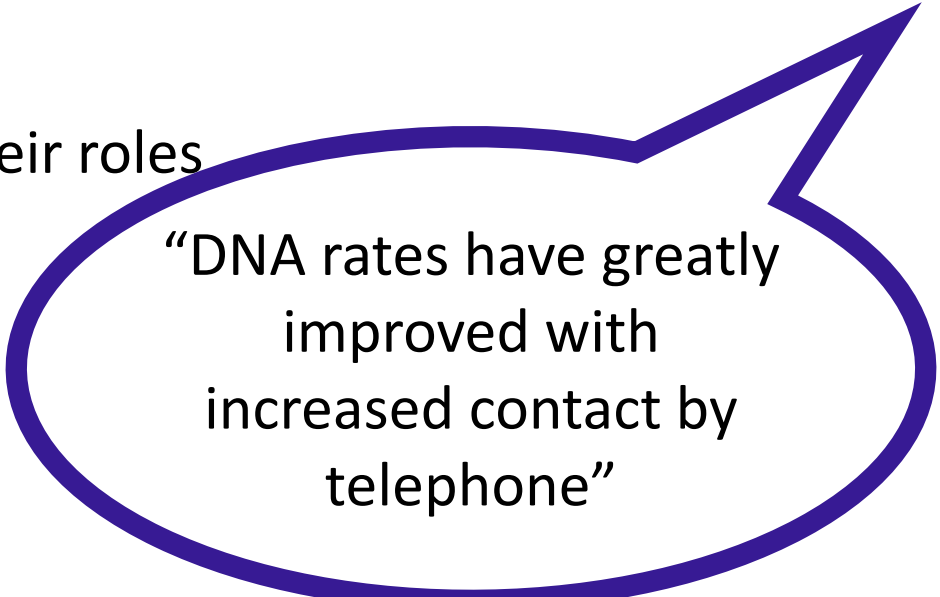
# Routine care

- Routine appointments
  - 53% continued as normal
  - 20% of services stopped routine appointments
- Prescribing
  - 90% continued as normal
- Redeployment

Consultants, and pharmacists mostly stayed in their roles  
Nurses & junior doctors were redeployed more



“Less treatment switches”



“DNA rates have greatly improved with increased contact by telephone”

# Routine monitoring

- Routine monitoring
  - 53% of services extended intervals to 9 months or more
- Viral load monitoring
  - 87% undertook less than a quarter of usual testing
- Safety investigations
  - 80% undertook less than a quarter of usual testing

“Despite partially supportive evidence we all feel we are carrying a low risk of harm from deferred routine bloods..”

“Less monitoring means a risk of unrecognised toxicity and treatment failure which will need to be evaluated”

# Urgent assessments

- Urgent physical assessments
  - 87% continued as normal
- Urgent mental health assessments
  - 61% continued as normal
- Assessment of new diagnoses
  - 92% reported carrying these out within two weeks
  - Remaining 8% reported fewer less diagnoses, delays from virology

“History taken remotely as much as possible to minimise time spent within the clinic, and limiting number of staff members that they will see on that visit”

“Many reports of low mood due to lockdown/concern about covid19 and HIV”

“Used video or GP reviews if urgent and unable to do in F2F clinic”

# Appointment types pre- & peak-COVID

FACE-TO-FACE APPOINTMENTS

TELEHEALTH APPOINTMENTS

Email consultations increased but rates relatively low

WhatsApp, Skype, Teams, Zoom & Attend Anywhere use were very low pre-COVID and increased slightly at peak-COVID

- >75% of appointments F2F
- <75% of appointments F2F

- >75% of appointments F2F
- <75% of appointments F2F



# Difficulties with communication

- Issues with NHS technology reported by 69%
  - 24% moderately to very frequently
- Technical & access issues for patients reported by 68%
  - 24% moderately to very frequently
- Issues with patients having confidential conversations in their homes reported by 78%
  - 24% moderately to very frequently

# Potential harm to patients

“Urgent referrals for homelessness”

“difficulty accessing food parcels/home delivery”

“Significant anxiety and considerable increase in referrals to hardship funds, food banks etc”

“increased alcohol intake during lockdown”

“employment concerns, social anxiety & domestic violence”

What do you think is the risk of patients suffering from avoidable harm due to altered accessibility of HIV services?

- Moderate 13%
- Minimal 81%
- None 5%

# Finally...some positives!

“benefits of flexible working and more flexible services for patients”

“opportunity to develop & maintain innovation through technology”

“Thanks for the valuable, timely & regular support & updates from BHIVA”

“Reiterated importance of partnerships across the HIV sector in coordination of services/support”

“Enhanced prescribing options include post and courier”

“BHIVA very helpful. Useful to share plans & communicate with other clinics”

# Key messages

- Large switch from F2F to virtual appointments
  - Internet platform usage was minimal
- Routine assessment delayed where safe to do so
- Urgent assessments were generally continued
- Negative impacts on mental health & need for improved services

Thank you

Questions?

