Key findings and recommendations

Routine monitoring of adults living with HIV throughout the COVID-19 pandemic

Whilst recognising that some data quality issues exist over this period, national results showed:

- By summer 2022, nearly all HIV clinical services had returned to face-to-face consultations. Telephone/audio consultation was also widely used, video much less so.
- Blood for HIV viral load (VL) and other routine monitoring was usually taken in the HIV clinic rather than elsewhere (e.g., generic phlebotomy, primary care), most commonly at but often ahead of consultation with an HIV specialist clinician.
- As expected, the number of VL tests, adherence assessment and mental health enquiries fell precipitately with the first pandemic peak in March/April 2020.
- Between July 2019–May 2022 monitoring intervals of longer than 14 months were uncommon, suggesting appropriate “catch up” post lockdown.
- ART interruptions and switches due to the pandemic were uncommon, affecting 2.8% and 2.1% of individuals respectively. A further 5.7% experienced difficulties in maintaining ART, some requiring effort from health services in switching to home delivery or finding new suppliers, and/or family/friends delivering medication to those abroad or away from home.
- 8.6% of individuals declined/postponed offered blood tests or face to face appointments because of concern about COVID-19 risk. Most of these people were not clinically extremely vulnerable (CEV).
- While 75.7% services can refer people for benefits/welfare advice, most clinics did not ask about financial concerns/income/benefits/housing in routine monitoring pro formas.
- After excluding individuals living alone, 70.0% did not have a recorded enquiry about intimate partner/domestic abuse.
- After excluding those for whom it was considered unnecessary, 38.2% did not have a recorded sexual health screen.
- As in previous audits, recording of influenza vaccination was low (44% for 2021–2022).
- Not every service ensured children are assessed/tested for vertical transmission in routine pro formas for newly diagnosed adults.

Based on these findings, the BHIVA Audit and Standards Subcommittee recommends that HIV clinical services should consider how to:

- Be prepared for future pandemics or sudden shocks, e.g., by:
  - Pre-identifying vulnerable individuals
  - Enabling access to different modes of consultation, venepuncture and medication supply
- Identify individuals experiencing financial hardship and refer them for appropriate support
- Routinely screen for intimate partner/domestic abuse
- Ensure assessment/testing of children with possible vertical exposure to HIV.
Routine monitoring of adults living with HIV throughout the COVID-19 pandemic

The BHIVA national clinical audit of routine HIV monitoring through the COVID-19 pandemic was undertaken during 2022. The audit aimed to get a national picture of how much routine HIV monitoring was disrupted by the pandemic, how clinical services worked to maintain care standards and current care delivery at the time of data collection (May–August 2022). A brief survey of clinic arrangements received 107 responses, and a case-note review of 20 adults (age 16 or over) living with HIV who had attended each service during July–December 2019 received 2219 responses from 117 services. The key findings and recommendations (above) were presented at the BHIVA Autumn Conference in November 2022 in London and will be submitted for peer reviewed publication. Individual feedback reports have been circulated to participating services.

Plans for the 2023 BHIVA national audit

The 2023 audit will focus on engagement in HIV care. This will involve a survey of HIV clinical services’ policies and practice to support care engagement and a case-note review of inpatients living with HIV, focussed on circumstances resulting in admission and, in particular, whether this was due to being undiagnosed or to being diagnosed but not in receipt of care.

Other projects

National HIV Mortality Review (NHMR)

There continues to be collaboration between BHIVA and the UK Health Security Agency to better understand causes of death and preventable mortality among people with HIV, to promote quality of care at the end of life, and to monitor progress towards the UNAIDS/Fast Track City Initiative target of zero HIV-related preventable deaths. To date regional reports have been produced for 2019 and 2020 deaths, with 2021 data analysis in progress. The 2020 findings were presented at the BHIVA Spring Conference in Manchester in April 2022.

Investigation of late HIV diagnoses

BHIVA strongly encourages clinical services to submit summary reports of investigations into late diagnoses of HIV to the UK Health Security Agency. The aim is to reduce the negative impacts of late diagnosis through improved targeting and offering of HIV testing. There has
been a pilot conducted in Southeast England, on the feasibility of reporting more detailed data, findings from this are being analysed.

Patient-reported outcome measures (PROMs)

The latest phase of work led by Prof R Harding towards implementing a PROM for assessing the quality of life among people with HIV has been published in *HIV Medicine*¹. This demonstrated the validity, reliability and responsiveness properties of the PROM tool, which is freely available for anyone to use. The Audit and Standards Subcommittee are reviewing the PROM tool for appropriateness to endorse and recommend for use in routine HIV outpatient settings. Further work is continuing with investigating how frequently and in what way people would like to complete the PROM.

Survey regarding service provision for people affected by cognitive impairment

The Audit and Standards Subcommittee agreed to support a clinic-level survey regarding the provision for people with HIV affected by cognitive impairment, conducted by a local clinician.

Revision of Standards for psychological support for adults living with HIV

BHIVA is collaborating with the British Psychological Society to update *Standards for psychological support for adults living with HIV*. The project group have undertaken a survey, with members of involved organisations, about how they have used the existing standards and what changes they would like to see in an updated version. The responses have been collated and will feed into the revision process. The project group aim to launch the revised standards around World Mental Health Day in October 2023.

Assumed consent for HIV testing

A member of the Audit and Standards Subcommittee is leading a group which aims to conduct a qualitative survey of emergency departments which have introduced HIV/hepatitis B&C screening with information provided via leaflets/posters rather than requiring direct consent from every individual. The survey would cover how testing was being implemented and any operational challenges. This would complement work being done by a Bristol group seeking patient views.

Publications

Publication and feedback are an essential part of the audit cycle, to enable clinicians and others to reflect on findings and change practice if necessary. The subcommittee sends each clinical service a confidential summary of its own results with aggregated data for comparison, as well as presenting national results at conferences and on the BHIVA website at [www.bhiva.org](http://www.bhiva.org).

The subcommittee also seeks to publish its major findings as peer-reviewed articles, and to make these available on an open access basis where feasible.

Articles include:


5. Byrne R, Curtis H, Sullivan A, Freedman A, Chadwick D, Burns F on behalf of the BHIVA Audit and Standards Sub-committee. 2018. A National Audit of late diagnosis of HIV: action taken to review previous healthcare among individuals with advanced HIV. [https://www.bhiva.org/file/GjiksPVYUfveu/LateDiagnoses_Final.doc](https://www.bhiva.org/file/GjiksPVYUfveu/LateDiagnoses_Final.doc)


17. Street E, Curtis H, Sabin CA, Monteiro EF, Johnson MA, on behalf of the British HIV Association (BHIVA) and BHIVA Audit and Standards Subcommittee. British HIV Association (BHIVA) national cohort outcomes audit of patients commencing antiretrovirals from naïve. HIV Medicine, 2009, 10, 337–342.


22. Curtis H, Johnson MA, Brook MG. Re-audit of patients initiating antiretroviral therapy. HIV Medicine, 2006, 7, 486.


BHIVA Audit and Standards Subcommittee

Chair (to November 2022)
Dr D Chadwick
James Cook University Hospital, Middlesbrough

Chair (from November 2022)
Prof F Burns
University College London

Vice Chair:
Dr A Sullivan
Chelsea and Westminster Hospital, London and UKHSA

Audit Co-ordinator
H Curtis PhD (to December 2022)
L Ralph (from January 2023)

Subcommittee members
Dr E Cheserem
North Middlesex University Hospital NHS Trust

Dr Sara Croxford
UK Health Security Agency (UKHSA)

Dr A Freedman
University Hospital of Wales, Cardiff

Dr L Haddow
Kingston Hospital NHS Foundation Trust

Dr E Kaide
Royal Liverpool University Hospital

Dr P Khan
London School of Hygiene and Tropical Medicine

Dr R Kulasegaram
Guy’s and St Thomas’ NHS Foundation Trust, London

Dr N Larbalestier
Guy’s and St Thomas’ NHS Foundation Trust, London

Dr N Mackie
Imperial College Healthcare NHS Trust, London

Dr A Mammen-Tobin
Leeds Teaching Hospitals NHS Trust

Dr V Martin
UK Health Security Agency (UKHSA)

Ms R Mbewe
UK Community Advisory Board

Dr F Nyatsanza
Cambridgeshire Community Services NHS Trust

Dr O Olarinde
Royal Hallamshire Hospital, Sheffield

Dr E Ong
Royal Victoria Infirmary, Newcastle

Dr T Pillay
Children’s HIV Association (CHIVA)

Ms S Pires
HIV Pharmacy Association

Ms R Raya
University College London

Prof C Sabin
University College London

Dr A Williams
Children’s HIV Association (CHIVA)

Dr E Williams
Sheffield Teaching Hospitals NHS Foundation Trust

Dr F Windebank
York Teaching Hospital NHS Foundation Trust

Further information
Details of previous BHIVA audits together with specimen questionnaires, findings and reports, the list of articles and further resources are available on the BHIVA website www.bhiva.org/Clinical-Audits

Contact information
BHIVA Audit Co-ordinator, Lucie Ralph Email: audit@bhiva.org

BHIVA Secretariat
Medivents Ltd, Devonshire Business Centre, Works Road, Letchworth SG6 1GJ
Email: bhiva@bhiva.org · Web: www.bhiva.org

References