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Key audit findings and recommendations

BHIVA's 2011 audit once again achieved record participation, with 155 sites submitting data on 12,975 patients. It showed excellent outcomes of HIV treatment, with 93.6% of patients attending for care and 87.9% of patients overall considered to have good outcomes. There was variation between sites, but this might be attributed to patient factors and does not necessarily reflect care quality. Reporting of cardiovascular risk monitoring and assessment of adherence was variable and at some sites quite poor.

An accompanying survey found few sites had written policies on psychological and adherence support, though most had a lead person responsible for psychological support. Mental health/psychiatry services were described as harder to access and of less satisfactory quality than other services for people with HIV.

HIV services should:

- Review their individual audit findings and if necessary take action – especially in relation to cardiovascular risk monitoring, adherence assessment and support, and psychological care for people with HIV.

Commissioners should:

- Require HIV services to participate in audit programmes and assess outcomes on an ongoing basis.
- Work with providers to ensure access to high-quality mental health services for people with long-term medical conditions including HIV.

Treatment outcomes

The main aim of the 2011 audit was to assess outcomes for patients with established HIV infection both in and out of care:

- The primary outcome was a composite measure of appropriate use and monitoring of antiretroviral treatment (ART), with cardiovascular risk monitoring and recording of adherence also assessed as secondary outcomes.
- A further aim was to test the feasibility of assessing outcomes at the level of individual sites, in preparation for the new NCAPOP audit (see below).
- An accompanying survey described provision of psychological care and adherence support, recognising that poor adherence or attendance is a significant factor in outcomes.

Sites provided audit data during October–December 2011 for adults who had been seen in their clinic for HIV care during 2009. Audited patients had thus been

diagnosed with HIV for at least 18 months. Of 12,975 patients for whom data was submitted, 1683 were excluded from outcome assessment because they were known to have transferred their care to another clinic, left the UK or died. The remaining 11,292 (87.0%) patients were audited, and 10,308 (79.4%) were still in care and had been seen during 2011 at the original clinic.

Nationally, 9928 (87.9%) of 11,292 audited patients were assessed as having good outcomes. Among the 10,308 who attended for care in 2011 this figure was 9649 (93.6%). There was substantial variation between sites (see Figure 1) although this may have been due to patient factors and data quality issues as well as quality of care delivery. Problems with data quality reflect the fact that participants found the audit burdensome, reinforcing the need to use routinely collected data for the NCAPOP project. Testing of an alternative, simpler, outcome measure gave markedly different results at site level.

There was good reporting of lipid measurement within the previous 3 years (97.6% of patients attending for care and on ART) but recording of blood pressure measurement and adherence assessment was poorer (90.7% and 91.1% of eligible attending patients, respectively) and highly variable. Some sites had no record of blood pressure measurement within the previous 15 months for more than 50% of attending patients.

The survey found that only 11% had a written policy of provision of psychological support for people with HIV, and 24% had one on adherence support. However, 84% had a designated person with lead responsibility for psychological support. Mental health/psychiatry services were rated as less satisfactory than other services for people with HIV (Figure 2), and also harder to access, with only 20% of sites describing access as excellent. This is of concern as mental health problems are common among people with HIV and liable to affect their ability to self-manage and adhere to ART.

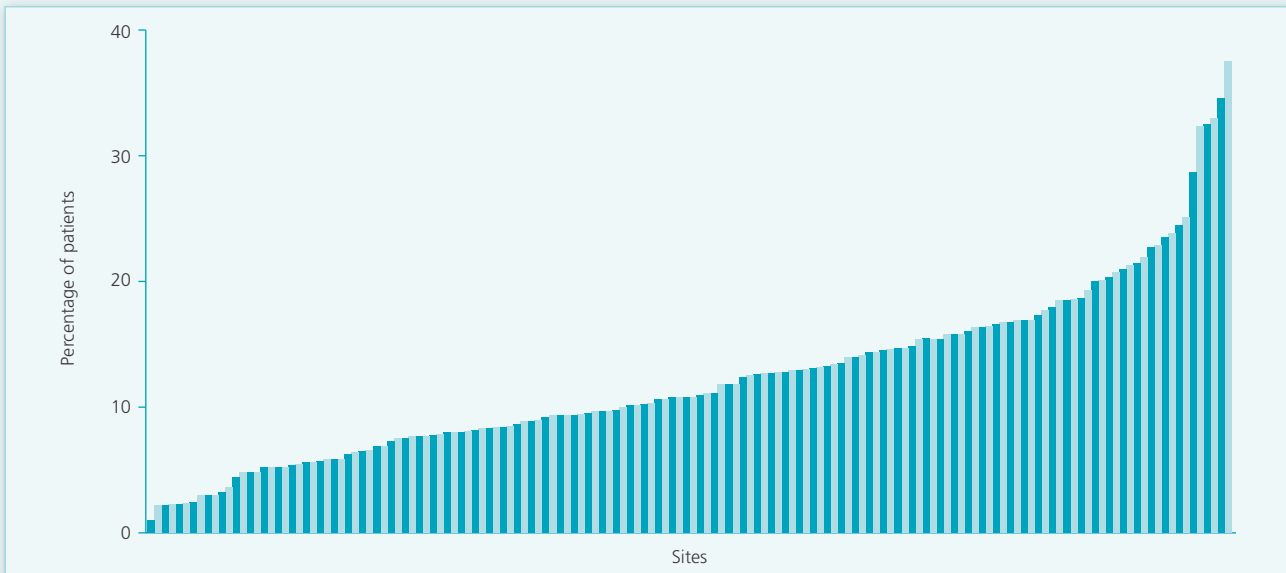


Figure 1: Proportion of patients in and out of care with poor outcomes; each column represents one participating site.

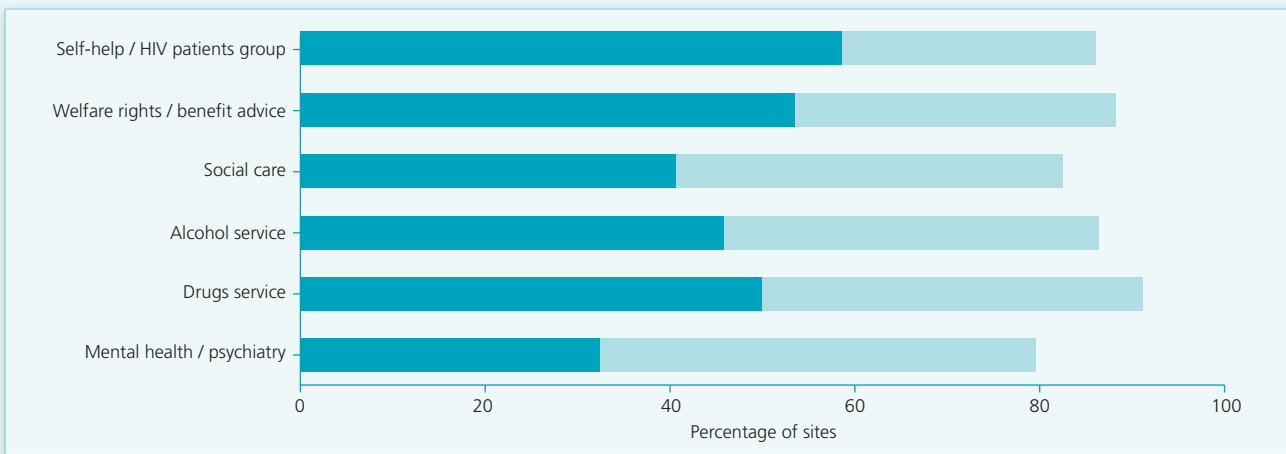


Figure 2: Proportion of sites rating local services for people with HIV as excellent (■), or fair (■) in terms of quality.

Future BHIVA audits and NHS Clinical Evidence Accreditation

The BHIVA Audit and Standards Subcommittee has planned its 2012–13 audit project, which will focus on people with diagnosed HIV infection who are not attending for care, and on clinic policy and practice to support retention in care. This is being conducted in collaboration with the Health Protection Agency. During 2012 BHIVA achieved NHS Clinical Evidence accreditation for its guideline development process. This

requires new guidelines to be audited within 2 years of production. As the NCAPOP project will cover audit of the main treatment guidelines, future BHIVA audits will focus on auditing guidelines for more specialised aspects of care, starting in 2013 with HIV in pregnancy. This is likely to involve dissemination of a self-audit tool to clinical services, with BHIVA collating results nationally.

National Clinical Audit and Patient Outcomes Programme

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is a set of centrally-funded national audit projects that measure patient outcomes and provide local trusts with benchmarked reports. NCAPOP is steered by the National Clinical Audit Advisory Group (NCAAG) and procured by the Healthcare Quality Improvement Partnership (HQIP) on behalf of the Department of Health.

In 2011, following separate proposals from BHIVA and the British Association for Sexual Health and HIV (BASHH) with the Medical Foundation for AIDS and Sexual Health (MedFASH), NCAAG decided there should be a new single NCAPOP audit covering sexually transmitted infections and HIV. HQIP has commissioned BHIVA and BASHH to work together to prepare a proposal setting out the scope for this new audit. The audit project itself is expected to be

procured during 2013 and operational for 3 to 5 years from 2014.

Accordingly, BHIVA, BASHH and MedFASH are meeting a range of stakeholders to prioritise topics for the new audit, which will include timeliness of HIV diagnosis, appropriate use of ART, and virological outcomes of ART. Where feasible, the audit will use routine data sources including the HIV and AIDS Reporting System (HARS) which the Health Protection Agency is developing to replace the Survey of Prevalent HIV Infections Diagnosed (SOPHID) and new diagnosis reporting. BHIVA sees considerable advantages in linking HARS data with the Hospital Episodes Statistics and the forthcoming General Practice Extraction Service to assess outcomes across care pathways, and is exploring information governance for this.

Audit publications

Publication and feedback is an essential part of the audit cycle, to enable clinicians and others to reflect on findings and change practice if necessary. The BHIVA Audit and Standards 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

The Subcommittee also seeks to publish its major findings in appropriate peer-reviewed journals. Articles to date include:

1. Ellis S, Curtis H, Ong ELC on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit and Standards Subcommittee. A survey of HIV care in the UK: results of British HIV Association (BHIVA) National Audit 2010. *Int J STD AIDS* accepted for publication.
2. Ellis S, Curtis H, Ong ELC, on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit and Standards Subcommittee. HIV diagnoses and missed opportunities: results of the British HIV Association (BHIVA) National Audit 2010. *Clin Med*, 2012, **12**, 430–434.
3. Garvey L, Curtis H, Brook G for BHIVA Audit and Standards Subcommittee. The British HIV Association national audit on the management of subjects co-infected with HIV and hepatitis B/C. *Int J STD AIDS*, 2011, **22**, 173–176.
4. Backx M, Curtis H, Freedman A, Johnson M; BHIVA and BHIVA Clinical Audit Subcommittee. British HIV Association national audit on the management of patients co-infected with tuberculosis and HIV. *Clin Med*, 2011, **11**, 222–226.
5. Rodger AJ, Curtis H, Sabin C, Johnson M; British HIV Association (BHIVA) and BHIVA Audit and Standards Subcommittee. Assessment of hospitalizations among HIV patients in the UK: a national cross-sectional survey. *Int J STD AIDS*, 2010, **21**, 752–754.
6. 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.
7. Lomax N, Curtis H, Johnson M on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit Subcommittee. A national review of assessment and monitoring of HIV patients. *HIV Medicine*, 2009, **10**, 125–128.
8. Lucas SB, Curtis H, Johnson MA, on behalf of the British HIV Association (BHIVA) and BHIVA Audit and Standards Subcommittee. National review of deaths among HIV-infected adults. *Clinical Medicine*, 2008, **8**, 250–252.
9. Hart E, Curtis H, Wilkins E, Johnson M, on behalf of the BHIVA Audit and Standards Subcommittee. National review of first treatment change after starting highly active antiretroviral therapy in antiretroviral-naïve patients. *HIV Medicine*, 2007, **8**, 186–191.
10. De Silva S, Brook MG, Curtis H, Johnson M, on behalf of the BHIVA Audit and Standards Subcommittee. Survey of HIV and hepatitis B or C co-infection management in the UK 2004. *Int J STD AIDS*, 2006, **17**, 799–801.

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11. Curtis H, Johnson MA, Brook MG. Re-audit of patients initiating antiretroviral therapy. *HIV Medicine*, 2006, **7**, 486.
12. McDonald C, Curtis H, de Ruiter A, Johnson MA, Welch J on behalf of the British HIV Association and the BHIVA Audit and Standards Subcommittee. National review of maternity care for women with HIV infection. *HIV Medicine*, 2006, **7**, 275–280.
13. Sullivan AK, Curtis H, Sabin CA, Johnson MA. Newly diagnosed HIV infections: review in UK and Ireland. *BMJ*, 2005, **330**, 1301–1302. ■

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Other activities

Standards for HIV care

Work to prepare new standards updating the 2007 Standards for HIV Clinical Care has continued during the year with a view to publication in late 2012.

Primary care

A working group including patient representatives and members of the Royal College of General Practitioners Sex Drugs and HIV Group has continued during the year. This has included preparing guidance on specialist communication with GPs and a NAM Publications booklet for people with HIV on how to make effective use of primary care.

Climate™ HIV care record system

The BHIVA Audit and Standards Subcommittee is represented on a steering group supported by NHS Innovations, which has developed the Climate™ HIV clinical record system initially produced at North Middlesex Hospital for roll-out to other NHS providers on a non-profit basis.

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 at:

www.bhiva.org/AuditandClinicalStandards.aspx

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