Survey of networks and arrangements for HIV clinical care

Please ensure that you have read the invitation letter before completing this survey. When you have finished and submitted this form, you will be given a link to enter patient data for the accompanying "snapshot" inpatient audit and/or your contact details. If you have any queries about how to complete this form, then please do not hesitate to contact BHIVA’s audit co-ordinator Hilary Curtis, hilary@regordane.net, 020 7624 2148.

If you have a resume code after previously starting this questionnaire and saving your progress, then please scroll down to the bottom of the page and click “Resume progress” to continue from where you left off.

Please remember that your data is not submitted and recorded by BHIVA until you click the "Submit form" button at the bottom of the page.

A. About your centre

Where is your clinical centre located?

- East Midlands Strategic Health Authority (SHA)
- East of England SHA
- London SHA
- North East SHA
- North West SHA
- South Central SHA
- South East Coast SHA
- South West SHA
- West Midlands SHA
- Yorkshire and the Humber SHA
- Wales
- Not sure
- Northern Ireland
- Scotland
- Northern Ireland
- Not sure

How many patients are currently receiving care for HIV at your clinical centre?

- 1-50
- 51-100
- 101-200
- 201-500
- 501-1000
- 1001 or more
- Not sure

Please enter the actual number of HIV patients who have attended your centre for care at least once in the past six months. This enables us to estimate the proportion of the UK HIV population covered by the audit:


B. "Snapshot" review of inpatients
On which day during the week commencing 00 0000 2007 are you reviewing inpatients with HIV at your hospital for the accompanying BHIVA inpatient audit?

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday
- [ ] Not taking part because no HIV inpatients during week of 00 0000 2007
- [ ] Not taking part for other reasons

Please estimate the total number of adult inpatient admissions for HIV-related conditions at your centre during the past year:

Enter estimated number: __________

C. HIV clinical care in your area

Does your department form part of a managed clinical network for HIV care?

- [ ] Yes, with formal network agreement(s)
- [ ] Yes, informal or loose network
- [ ] No
- [ ] Not sure

If yes, please give name of network: ____________________________

If your department forms part of a managed clinical network, have you shared and discussed your results from previous BHIVA national audits with other members of this network?

- [ ] Yes
- [ ] No
- [ ] Not sure
- [ ] Not applicable

Which of these descriptions best fits your department?

- [ ] Outpatient HIV unit
- [ ] Provider within an HIV centre offering complex and inpatient care
- [ ] Neither of these descriptions fits
- [ ] Not sure

Where would different types of routine and more specialised care be provided for your department’s HIV patients (please tick the first column that applies for each item)? Please base your answers on planned care arrangements, not on unplanned or emergency care.

<table>
<thead>
<tr>
<th>Service</th>
<th>This hospital, via dedicated HIV team or separate HIV clinic/unit</th>
<th>This hospital, via a joint clinic/service between HIV and other specialist services</th>
<th>This hospital, but not as specialised HIV service</th>
<th>Other provider within the managed clinical network</th>
<th>Other provider outside the managed clinical network</th>
<th>If other provider, please state (optional)</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine outpatient HIV follow-up and care</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Inpatient care for opportunistic infections and other common manifestations of HIV disease</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hepatology/management of HIV and hepatitis B/C co-infection</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Negative pressure facilities for TB</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Oncology for HIV related cancers</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Neurology/neurosurgery
Endocrinology
Renal medicine
Haematology/haemato-oncology
Liaison psychiatry and mental health care
Dermatology
Otorhinolaryngology
Gastroenterology including endoscopy
Lipid, hypertension and cardiovascular medicine
Full range of imaging and pathology services
Interpretation of HIV drug resistance patterns
HIV specialist pharmacy
Ophthalmology
Dental/oral medicine
GUM screening
Obstetrics and gynaecology
Neonatal care of infants born to women with HIV
Paediatric HIV care
Bone marrow transplantation
Palliative care medicine
Dietetics
Clinical psychology
Physiotherapy
Occupational therapy
Social care

Do clinicians at your unit or centre provide specialist advice to colleagues caring for people with HIV at other units?
- [ ] Yes, we provide advice around the clock, 24/7
- [ ] Yes, but not 24/7
- [ ] No
- [ ] Not sure

Is your department a referral centre to which other HIV care units refer patients for more specialised assessment or care?
- [ ] Yes, for specialised inpatient and outpatient care
- [ ] Yes, for specialised outpatient care only
- [ ] Yes, for specialised inpatient care only
- [ ] No, do not receive incoming referrals from other HIV care units
- [ ] Not sure

Does your department have facilities for day case/ambulatory care for HIV patients?
- [ ] Yes, good day case facilities
- [ ] Yes, but insufficient or unsatisfactory
- [ ] No
- [ ] Not sure
In the last 12 months, have you been aware of patients with HIV-related disease for whom there has been clinically significant delay or failure in (tick all that apply):

- Testing for and diagnosing HIV infection
- Making a clinical diagnosis in patients presenting with HIV-related disease
- Informing you of your patient's admission to the hospital
- Transferring as an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)
- Discharging back from a specialised unit to the referring unit for ongoing care
- Discharging to supported care in the community

If you ticked any of the boxes, please comment in this box on the length and reasons for delay, and any specific issues of concern.

Are you aware of HIV inpatients at other hospitals who are currently waiting to be transferred to your centre?

- No, we do not receive incoming inpatient transfers for HIV care
- No, we do receive inpatient transfers but are not aware of any inpatients currently awaiting transfer to this centre
- Yes, we are aware of inpatients awaiting transfer to this centre

Enter number currently waiting, if known:

If you are aware of inpatients awaiting transfer, please comment in this box on the reasons for this.

What is your local ambulance service's policy regarding where to take patients needing emergency care for acute HIV-related illness?

- There is a specific policy that some or all patients requiring emergency care for HIV disease should be brought to this hospital
- There is a specific policy that patients requiring emergency care for HIV disease should be taken to other hospital(s)
- There is no specific policy for HIV, but patients may be brought here as the nearest available hospital with an A&E department
- Patients would not be brought here as there is no A&E department
- Not sure
Please rate your satisfaction with arrangements for HIV clinical care in your area and add any comments you wish to make:

<table>
<thead>
<tr>
<th>Category</th>
<th>Very satisfied</th>
<th>Broadly satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working of clinical networks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clarity and effectiveness of patient pathways and referral arrangements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall care arrangements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note that patient data will always remain anonymised, and no individual centres will be identified in any presentation of the survey findings.

Please also indicate your opinion on how future BHIVA audits should be conducted:

- BHIVA's audit co-ordinator does not need to be blinded to the identity of participating centres, but this information must be anonymised in any published reports.
- BHIVA's audit co-ordinator should remain blinded to the identity of participating centres.
- Not sure or no opinion

D. Audit protocol and blinding

Since the start of its audit programme, BHIVA has followed a protocol whereby clinical centres taking part in audit studies are identified by a code number. Only BHIVA secretariat staff can match codes to centres, so BHIVA's audit sub-committee and co-ordinator (who is not based at the secretariat) cannot link audit data to individual participating centres.

However, as this survey is directly concerned with mapping clinical networks and care arrangements, analysis would be hampered by not knowing the location of respondents. BHIVA's audit sub-committee has therefore agreed that unless an individual centre opts out, the results of this survey only will be analysed by named centres rather than codes.

Please note that patient data will always remain anonymised, and no individual centres will be identified in any presentation of the survey findings.

☐ Please tick this box if you wish your department to opt out from being identified by name in the analysis of this survey only.

Please comment in this box.

As in previous audits, BHIVA will release raw data to regional audit groups for them to conduct further analyses, unless individual centres opt out. The data supplied by BHIVA is identified only by centre code, although it is up to the regional group whether to ask centres to identify themselves by name as well.

☐ Please tick if you wish your department to opt out of releasing data to your local regional audit group.
Please state if your centre belongs to one of the following regional audit groups:

- Pan-Thames (covering London and much of South-East England)
- Thames Valley
- Trent
- West Midlands
- Yorkshire

If your centre forms part of a regional audit group not listed above, and the group would be interested in having access to BHIVA audit data, then please contact Hilary Curtis.

When you have finished please click the "Submit form" button to complete the questionnaire and record your data.

If you have not completed but wish to save your work to return to later, please click on "Save progress". You will then be given a resume code which you must retain in order to access the answers you have already entered. If you lose your resume code you will need to start the questionnaire again from scratch.

If you have a resume code and want to retrieve answers you have already entered, then please click on "Resume progress".