1. Is your service an:

Outpatient HIV unit  O
HIV centre  O
Neither description fits  O
Not sure  O

2. How many adult patients (age 16 or over) with HIV currently receive care at your clinic/service?

100 or fewer  O
101-200  O
201-500  O
501-1000  O
1001 or more  O
Not sure  O

3. If possible, please enter the actual number of adult 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:

________________________________________

4. Does your service have a written policy regarding provision of psychological support for people with HIV?

Yes  O
No  O
Not sure  O
If yes, when was it last updated?  

5. Does your service have a written policy regarding support for treatment adherence for people with HIV?

Yes  O
No  O
Not sure  O
If yes, when was it last updated?  

6. Is there a designated person within the HIV care team with specific lead responsibility for psychological support?

Psychologist  O
Mental health nurse  O
Liaison psychiatrist  O
Physician  O
Other nurse  O
7. Which other members of the HIV care team are involved in provision of psychological support (please tick all that apply):

- Psychologist [ ]
- Mental health nurse [ ]
- Liaison psychiatrist [ ]
- Physician [ ]
- Other nurse [ ]
- Social worker [ ]
- Voluntary/patient representative [ ]
- Other, please state: __________________________________________

8. How many clinic sessions are routinely booked per week for psychological support for people with HIV?

Enter number of sessions: __________________________________________

9. How would you describe the accessibility of the following services to patients with HIV:

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent, easy to access</th>
<th>Fair, some problems</th>
<th>Service exists but is hard to access</th>
<th>Service largely unavailable</th>
<th>Please comment as fully as possible:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health/psychiatry</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Drugs service</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Alcohol service</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Social care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Welfare rights/benefits advice</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Self-help/HIV patients group</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

10. What is your policy as regards assessing a patient’s ability to adhere to ART at each of the following time points?

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Assess routinely</th>
<th>Assess if concerns are raised</th>
<th>Would not normally assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>When initiating ART</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>If VL not adequately suppressed</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>When changing ART with fully suppressed VL</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Routine clinic visit if receiving ART</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
11. What is your policy as regards assessing a patient’s psychological well-being in general at each of the following time points?

<table>
<thead>
<tr>
<th>At HIV diagnosis</th>
<th>Assess routinely</th>
<th>Assess if concerns are raised</th>
<th>Would not normally assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>When initiating ART</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>If VL not adequately suppressed</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>When changing ART with fully suppressed VL</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Routine clinic visit</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Annually if receiving ART</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Annually if not receiving ART</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Around onset of symptomatic illness</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

12. Please comment on your views on the effectiveness of this provision:

Comment

________________________________________
________________________________________
________________________________________
________________________________________

13. Are there other services you would like to be able to offer to support psychological well-being and/or adherence and clinical attendance?

Please describe:

________________________________________
________________________________________
________________________________________
________________________________________

14. What specific support are you able to offer to patients having difficulty in adhering to ART and/or attending clinic appointments? (please tick all that apply)

- Information resources (eg NAM booklets/publications) [ ]
- Text reminder service [ ]
- Aids/reminder tools such as pill-box or alarm [ ]
- Home/outreach visit by eg nurse specialist [ ]
- Peer support/buddying [ ]
- Other, please describe: ____________________________________________
15. Have you conducted a survey of patients’ satisfaction with HIV care provided through your department?

Yes O
No O
Not sure O

If yes, please state when last such survey undertaken:

16. How would you describe the quality of the care provided for HIV patients by the following services:

<table>
<thead>
<tr>
<th>Service</th>
<th>Excellent, good quality care</th>
<th>Fair, some concerns</th>
<th>Significant concerns</th>
<th>Please comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health/psychiatry</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Drugs service</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Alcohol service</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
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<tr>
<td>Social care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Welfare rights/benefits advice</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Self-help/HIV patients group</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

17. Are you able to refer HIV patients directly to the following services without GP referral?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>Only in restricted circumstances</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health/psychiatry</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Drugs service</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Alcohol service</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Self-help/HIV patients group</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

18. Does your department have a procedure for regular review of patients who have a detectable HIV viral load (when expected to be suppressed)?

Yes O
No, please comment on why not: O

19. If yes, how does your department generate a list of patients on ART who have a detectable viral load?

Clinic database query O
Virology database query checked against O clinical notes
20. What is the process for review of patients with detectable VL (when expected to be suppressed)?

Formal discussion in consultant-led meeting to identify action plan
Cases are discussed informally with a consultant
Clinicians individually review the patient's notes
No standard process, it varies
Other, please describe:

21. How frequently is this review conducted?

Weekly or more
Less than weekly, but at least monthly
Less than monthly but at least every six months
Less than every six months
Not applicable/no regular review
Not sure
Part 2: Patient case-note review

Generated on 9/14/2011 7:56:55 AM

1. What is the patient's sex?

- Male  O
- Female O
- Transgendered O

2. What is the patient's age?

- 16-19  O
- 20-29  O
- 30-39  O
- 40-49  O
- 50-59  O
- 60 or over O
- Not known O

3. What is the patient's ethnic group?

- White O
- Black-African O
- Other O
- Not known O

4. By what route was HIV probably acquired?

- Sex between men O
- Sex between men and women O
- Injecting drug use O
- Blood/blood products O
- Vertical transmission O
- Other O
- Not known O

5. When was this patient last seen for a consultation in your clinic? Please select month AND year:

Month: ____________________________
Year: ____________________________

6. What is the patient’s current status in relation to your clinic/department (please select first answer that applies)?

- The patient has transferred his/her care to a different UK clinic/department O
- The patient has left the UK O
- The patient has died O
- We are not aware that the patient has transferred to a different clinic/department, left the UK or died,
but s/he has been lost to follow-up from our care
The patient remains under our care  O
Not sure  O

7. Has the patient ever been prescribed anti-retroviral therapy (ART)? NB this question requires an answer.

Yes  O
No  O
Not known  O

8. If yes, please give month and year when ART was first prescribed:

Month: __________________________________________
Year: __________________________________________

9. Does the patient have a current ART prescription? NB this question requires an answer.

Yes  O
No  O
Not sure  O

10. When was the sample taken for the patient's most recently recorded viral load (VL) measurement?

Day __________________________________________
Month __________________________________________
Year __________________________________________

11. What assay was used?

Roche v1.5 US (<50)  O
Cobas v1.5 US (<50)  O
Abbott ultra-sensitive  O
Roche Taqman1 (<40)  O
Roche Taqman2 (<20)  O
Other or in-house  O
Not known  O

12. What was the result in copies/ml?

Undetectable  O
Detectable but under 100  O
101-200  O
201-1000  O
1001-10,000  O
>10,000  O
Not available  O

13. When was the sample taken for the patient's most recently recorded CD4 T-lymphocyte count?
14. **What was the result in cells/mm³?**

<table>
<thead>
<tr>
<th>Range</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>O</td>
</tr>
<tr>
<td>51-200</td>
<td>O</td>
</tr>
<tr>
<td>201-350</td>
<td>O</td>
</tr>
<tr>
<td>351-500</td>
<td>O</td>
</tr>
<tr>
<td>&gt;500</td>
<td>O</td>
</tr>
<tr>
<td>Not available</td>
<td>O</td>
</tr>
</tbody>
</table>
Guidance:
The questions you see on this page vary depending on answers already given. If you are asked for reasons, please answer as fully as you can because this may affect your site's performance rating.

15. You have said that this patient has been prescribed ART in the past but does not have a current prescription. Why is this?
   
   Previous prescription was for short term ART for prevention of mother-child transmission only
   Previous prescription was for short term ART around seroconversion only
   Other reason, please specify: ________________________________

16. You have said that this patient has a current ART prescription but had detectable VL when last measured. Why is this?
   
   Very low VL detected on sensitive assay, not considered clinically relevant
   Under investigation - probable blip
   Started or re-started ART within past six months, VL not yet fully suppressed
   If, <i>re</i>-started, please give date of re-start: ________________________________
   ART is monotherapy for prevention of mother-child transmission
   Other reason, please specify: ________________________________

17. You have said that this patient had a CD4 count of 350 cells/mm³ or less when last measured, but does not have a current ART prescription. Why is this?
   
   Please state reason ________________________________

18. Has the patient's blood pressure been recorded within the past 15 months?
   
   Yes O
   No O
   Not sure O

19. Have lipids been measured within the past 3 years (either in clinic or by GP)?
   
   Yes O
   No O
   Not sure O

20. Has any information about the patient's adherence to ART been recorded in notes within the past 15 months?
Yes  O
No  O
Not sure  O

21.  If yes, what was the outcome of the assessment?

Patient adheres well, no concern  O
Some concern regarding adherence  O
Not sure  O

22.  You have said that this patient was last seen in clinic during [autogenerated]. Why has the patient not been seen more recently?

Stable, well patient - clinic policy to review infrequently  O
Other reason, please specify: ____________________________________________

23.  Please add any further comment you wish regarding this patient:

Comment
________________________________________
________________________________________
________________________________________
________________________________________

Please click on "Review and submit" to check your answers (if you wish, please print a copy for your records). You then need to scroll down and click on "Submit form". Your answers are not saved until you do so.