

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 proformas.
- 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 proformas 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.

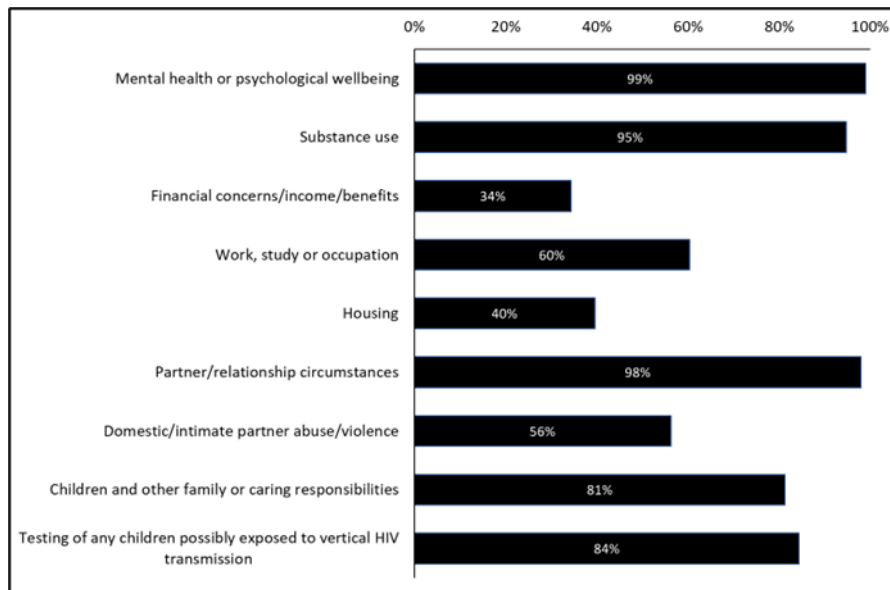


Figure 1: Topics included as standard procedure, or in the proforma or checklist for routine review of people with HIV among 96 (89.7%) of services.

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.

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:

1. Raya RP, Curtis H, Kulasegaram R, Cooke GS, Burns F, Chadwick D, Sabin CA, on behalf of the BHIVA Audit and Standards Sub-committee. The British HIV Association national clinical audit 2021: Management of HIV and hepatitis C coinfection. *HIV Med.* 2022; 1- 9. doi: 10.1111/hiv.13417
2. Kaide E, Curtis H, Freedman A, Croxford S, Burns F, Sabin CA, Chadwick D, Sullivan AK, on behalf of the BHIVA Audit and Standards Sub-committee. A National Audit of the Management Pathways for New HIV Diagnoses. *Int J STD & AIDS* 2021;**32**:710-717. doi.org/10.1177/0956462420987450
3. Ekong N, Curtis H, Ong E, Sabin CA, Chadwick D, on behalf of the BHIVA Audit and Standards Subcommittee. Monitoring of older HIV-1 positive adults by HIV clinics in the United Kingdom: a national quality improvement initiative. *HIV Med* 2020;**21**:409-417. doi.org/10.1111/hiv.12842
4. Parry S, Curtis H, Chadwick D, on behalf of the BHIVA Audit and Standards Sub-committee. Psychological wellbeing and use of alcohol and recreational drugs: results of the British HIV Association (BHIVA) national audit 2017. *HIV Med* 2019;**20**:424-427. doi:10.1111/hiv.12744
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
6. Molloy A, Curtis H, Burns F, Freedman A and on behalf of the BHIVA Audit and Standards Subcommittee. Routine monitoring and assessment of adults living with HIV: results of the British HIV Association (BHIVA) national audit 2015. *BMC Infectious Diseases* 2017;**17**:619. doi:10.1186/s12879-017-2708-y
7. Michael S, Gompels M, Sabin C, Curtis H, May MT. Benchmarked performance charts to improve the effectiveness of feedback of audit data in HIV care. *BMC Health Services Research* 2017;**17**:506. doi:10.1186/s12913-017-2426-6

8. Raffe S, Curtis H, Tookey P, Peters H, Freedman A, Gilleece Y and on behalf of the BHIVA Audit and Standards Sub-Committee. UK national clinical audit: management of pregnancies in women with HIV. *BMC Infectious Diseases* 2017;**17**:158. doi:10.1186/s12879-017-2255-6
9. Rayment M, Curtis H, Carne C et al on behalf of the members of the British Society for Sexual Health and HIV National Audit Group, and the BHIVA Audit and Standards Sub-committee. An effective strategy to diagnose HIV infection: findings from a national audit of HIV partner notification outcomes in sexual health and infectious disease clinics in the UK. *Sex Transm Infect* 2016;0:1–6. doi:10.1136/sextrans-2015-052532
10. Curtis H, Yin Z, Clay K, Brown AE, Delpech VC, Ong E on behalf of BHIVA Audit and Standards Sub-committee. People with diagnosed HIV infection not attending for specialist clinical care: UK national review. *BMC Infectious Diseases* 2015; **15**:315 doi:10.1186/s12879-015-1036-3
11. Delpech VC, Curtis H, Brown AE, Ong E, Hughes G, Gill ON. Are migrant patients really a drain on European health systems? (letter) *BMJ* 2013; **347**:f6444
12. Ellis S, Curtis H, Ong ELC on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit and Standards sub-committee. A survey of HIV care in the UK: results of British HIV Association (BHIVA) National Audit 2010. *Int J STD AIDS*, 2013, **24(4)**, 329–331.
13. Ellis S, Curtis H, Ong ELC on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit and Standards sub-committee. HIV diagnoses and missed opportunities: results of the British HIV Association (BHIVA) National Audit 2010. *Clin Med*, 2012, **12(5)**, 430–434.
14. Garvey L, Curtis H, Brook G for BHIVA Audit and Standards Sub-Committee. The British HIV Association national audit on the management of subjects coinfecting with HIV and hepatitis B/C. *Int J STD AIDS*, 2011, **22**, 173–176.
15. Backx M, Curtis H, Freedman A, Johnson M; BHIVA and BHIVA Clinical Audit Sub-Committee. British HIV Association national audit on the management of patients co-infected with tuberculosis and HIV. *Clin Med*, 2011, **11(3)**, 222–226.
16. Rodger A J, 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.
17. Street E, Curtis H, Sabin CA, Monteiro EF, Johnson MA, on behalf of the British HIV Association (BHIVA) and BHIVA Audit and Standards Sub-Committee. British HIV Association (BHIVA) national cohort outcomes audit of patients commencing antiretrovirals from naïve. *HIV Medicine*, 2009, **10**, 337–342.
18. Lomax N, Curtis H, Johnson M on behalf of the British HIV Association (BHIVA) and BHIVA Clinical Audit Sub-Committee. A national review of assessment and monitoring of HIV patients. *HIV Medicine*, 2009, **10**, 125–128.
19. 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.
20. 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.
21. 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.
22. Curtis H, Johnson MA, Brook MG. Re-audit of patients initiating antiretroviral therapy. *HIV Medicine*, 2006, **7**, 486.
23. 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.
24. Sullivan AK, Curtis H, Sabin CA, Johnson MA. Newly diagnosed HIV infections: review in UK and Ireland. *BMJ*, 2005, **330**, 1301–1302.
25. Brook MG, Curtis H, Johnson MA. Findings from the British HIV Association's national clinical audit of first-line antiretroviral therapy and survey of treatment practice and maternity care, 2002. *HIV Medicine* 2004; **5(6)**: 415-20.
26. Curtis H, Sabin CA, Johnson MA. Findings from the first national clinical audit of treatment for people with HIV. *HIV Medicine* **4(1)**; 11-17, 2003.

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

1. Harding, R, Jones, CI, Bremner, S, et al; EMERGE Consortium, Horizon 2020. Positive Outcomes: Validity, reliability and responsiveness of a novel person-centred outcome measure for people with HIV. *HIV Med.* 2022; 23: 673–683. doi:10.1111/hiv.13224