British HIV Association
CLINICAL AUDIT REPORT 2015–2016

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Key findings and recommendations

Routine monitoring and investigation of adults with HIV

During 2015 BHIVA audited adherence to guidelines on routine monitoring and investigation of adults with HIV. Data were collected for 8258 individuals from 123 clinic sites using a self-audit spreadsheet tool, and showed good practice in monitoring antiretroviral treatment (ART) but much greater variability in areas such as cardiovascular risk, bone health and seasonal flu vaccine (see below). There was also a wide variation in recording of baseline resistance testing although some individuals may have initiated ART before this was introduced.

Recommendations are as follows:

- Clinical services should review and develop protocols and systems to prompt both performance and recording of recommended interventions;
- Efforts should be made to obtain and retain resistance data for all HIV patients, e.g. by requesting this information from previous care providers;
- Clinical attention should focus on CVD and smoking-related disease as major health concerns for people with HIV.

Late and missed diagnoses

Late diagnosis of HIV remains a major problem, and is associated with increased mortality, poorer response to treatment and higher healthcare costs. In 2016 the Subcommittee audited recording of previous engagement with healthcare among late diagnosed individuals. While it was found that most participating services had not undertaken an organised, systematic 'look back' review, in individual cases recording of previous healthcare use was generally good. Among 773 adults, with CD4 cell counts under 200 cells/mm3, when diagnosed in 2015–2016, 33.2% (257) had earlier missed opportunities for diagnosis documented in the record and a further 12.9% (100) had missed opportunities that were not documented but identified in retrospect at audit. Thus in total 46.2% (357) could have been diagnosed sooner. Missed opportunities were mainly due to clinicians not offering HIV testing rather than the individual declining. Some form of follow-up action had been taken in two-thirds of cases with documented missed opportunities.

Based on more detailed findings BHIVA recommends that:

- All HIV services should adopt a systematic approach to reviewing previous healthcare use among late diagnosed individuals and acting on the findings;
- This should be based on patient-reported history, plus if possible records held within the organisation and/or information obtained from other secondary care services;
- Although not studied explicitly, it seems reasonable to encourage multi-organisation or regional reviews;
- Commissioner involvement in, including HIV testing in contracts, pathways and protocols may be particularly effective for quality improvement, along with measures such as presentation at grand rounds, informal discussion and changes in junior doctor induction.

In parallel with this work, a proposal was submitted to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) for a study of late HIV diagnoses. It was hoped that this would enable data to be sought directly from a broad range of clinical settings, but the proposal was declined.

Other work

Dashboard development

The subcommittee has collaborated with S Michael, M May and M Gompels of Bristol University who undertook further analyses of the monitoring audit data, and showed that adjusting site-level outcomes for patient case mix (age, sex, ethnicity, HIV exposure) made little difference to the results. They then used principal component analysis to group the audit outcomes in a meaningful way as the basis for an easily viewable performance dashboard.

Future national audit programme

Recording of psychological well-being and alcohol and other substance use has been selected as the main audit topic for 2017. The Subcommittee has agreed that three-yearly auditing is appropriate for routine monitoring and investigation, therefore, this will be re-audited in 2018.

Patient reported measures of care quality

Following a stakeholder engagement and scoping exercise led by BHIVA, Dr R Harding has initiated an academic project to develop patient-reported outcome measures (PROMs) for assessing quality of care for people living with HIV. This work is supported by the MAC AIDS Fund and St Stephen's AIDS Trust.

National Clinical Audit and Outcomes Programme

A one-year feasibility study led by MEDFASH in collaboration with BHIVA, Public Health England and British Association for Sexual Health and HIV (BASHH) has been successfully concluded and its report submitted to the Healthcare Quality Improvement Partnership. The report evaluates and makes recommendations for the design of a future national clinical audit of healthcare for chlamydia, gonorrhoea, syphilis and HIV (excluding ongoing care for diagnosed HIV). A decision is awaited as to whether an STI/HIV audit will be commissioned as part of the National Clinical Audit and Outcomes Programme.

Standards for HIV partner notification

Following the 2013 audit conducted jointly by BHIVA and BASHH, definitions and standards for HIV partner notification have been developed by BASHH, BHIVA, the Society of Sexual Health Advisors and National AIDS Trust.[1]

Definitions of audit outcomes

In the course of the 2015 monitoring audit some ambiguities were found in interpreting outcomes in BHIVA guidelines. These may also affect planning of local audits. The Subcommittee suggests that for audit purposes individuals under the care of a specialist HIV service should be defined as those who have attended, even if only for bloods, within the preceding 18 months unless positively known to have transferred their care to a different provider or left the UK. Where an outcome is based on an investigation being performed every six months or every year, to allow for fluctuations in appointment dates this should be considered achieved if done within the preceding nine or 15 months respectively. The Subcommittee will continue to review auditable outcomes as guidelines are developed and updated.

Audit participation and consolidation of HIV service provision

In view of consolidation and re-organisation of specialist HIV services, the Audit and Standards Subcommittee is conducting a survey of relationships between provider organisations and individual clinic sites. This is intended to facilitate future audit projects by clarifying the scope of policy and management arrangements, and where appropriate enabling audit results to be sent to individuals responsible for overall HIV clinical governance at the provider level as well as to local clinic leads.

1. Reference: AK Sullivan, M Rayment, Y Azad, G Bell, H McClean, V Delpech, J Cassell, H Curtis, M Murchie, C Estcourt. HIV partner notification for adults: definitions, outcomes and standards. http://www.bhiva.org/documents/Publications/HIV_Partner_Notification_Standards_2015.pdf

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 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 (www.bhiva.org).

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

1. 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

2. 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

3. 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

4. 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.

5. 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.

6. Garvey L, Curtis H, Brook G for BHIVA Audit and Standards Sub-Committee. The British HIV Association national audit on the management of subjects coinfected with HIV and hepatitis B/C. Int J STD AIDS, 2011, 22, 173–176.

7. 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

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

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

15. 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.

16. Sullivan AK, Curtis H, Sabin CA, Johnson MA. Newly diagnosed HIV infections: review in UK and Ireland. BMJ, 2005, 330, 1301–1302.

17. 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.

18. 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.

Seasonal flu vaccination

A survey was conducted in 2016 to follow up the monitoring audit finding that despite a 95% guideline target, only 21.1% of individuals with HIV were reported to have received a seasonal flu vaccine with a further 36.2% being advised to obtain this from a GP. This found that most HIV specialist services take action to enable patients to access flu vaccine, but individuals who attend outside the season could easily be missed. For example, only 44% of responding services routinely inform GPs of vaccine eligibility for newly diagnosed individuals (subject to patient consent). Whereas 87% advise individuals about flu vaccine if they attend for clinician review during the season, only 57% include this in their protocol all year round. Encouragingly, 20% of services reported recent quality improvement, and over half of these said they had been influenced by the monitoring audit. In terms of further improvement BHIVA recommends HIV services should:

- Mention flu vaccine eligibility routinely in GP letters (e.g. a footnote in a standard template);
- Include asking about flu vaccine in Electronic Patient Records/proformas for annual clinician review;
- Consider auditing recording of advice to patients about flu vaccine.

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/auditandclinicalstandards.aspx

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