## Survey of networks and arrangements for HIV clinical care

Please ensure that you have read the [add link] invitation letter [/add link] 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 questionnare 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?						
Cast Midlands Strategic Health Authority (SHA)	East of England SHA	○ London SHA				
O North East SHA	North West SHA	○ South Central SHA				
O South East Coast SHA	South West SHA	○ West Midlands SHA				
O Yorkshire and the Humber SHA	○Wales	Scotland				
O Northern Ireland	O 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 past six months. This enables us to estimate the six months.	-					

B. "Snapshot" review of inpatients

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On which day during the week hospital for the accompanying				you review	ing inpat	ients with HIV at your
Monday	○ Tue:	sday				
<ul><li>Wednesday</li></ul>	○Thui	rsday				
Friday	○Satu	ırday				
Sunday	○ Not	taking part bed	cause no HI	V inpatients	during we	eek of 00 0000 2007
O Not taking part for other reaso	ns					
Please estimate the total number during the past year:	per of adu	ılt inpatient a	dmissions	for HIV-re	lated con	ditions at your centre
Enter estimated number:						
C. HIV clinical care in your a	rea					
Does your department form pa	art of a ma	anaged clinic	al network	for HIV ca	ıre?	
Yes, with formal network agre	` , _	Yes, informa	al or loose n	etwork OI	No ONot	sure
If your department forms part of from previous BHIVA national Ores One One Sure One	audits wit	h other mem				discussed your results
Which of these descriptions be	est fits you	ır departmen	t?			
Outpatient HIV unit	O Prov	rider within an	HIV centre o	offerina con	nplex and	inpatient care
Neither of these descriptions f	_					
·						
Where would different types or patients (please tick the <i>first</i> coarrangements, not on unplann	olumn tha	t applies for e	each item)'		-	•
		This hospital, via a joint clinic/service between HIV and other specialist services	This hospital, but not as specialised HIV service		Other provider outside the managed clinical network	If other provider, Not please state (optional) sure
Routine outpatient HIV follow-up and care	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Inpatient care for opportunistic infections and other common manifestations of HIV disease						0
Hepatology/management of HIV and hepatitis B/C co-infection	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Respiratory medicine			$\bigcirc$			
Negative pressure facilities for TB	$\bigcirc$					
Oncology for HIV related cancers	$\circ$			0		

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Neurology/neurosurgery							
Endocrinology							
Renal medicine							
Haematology/haemato-oncology							
Liaison psychiatry and mental health care	$\bigcirc$	0	$\bigcirc$	$\bigcirc$			
Dermatology							
Otorhinolaryngology							
Gastroenterology including endoscopy					$\bigcirc$		
Lipid, hypertension and cardiovascular medicine			0	$\bigcirc$			
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			$\bigcirc$	$\bigcirc$			
Paediatric HIV care							
Bone marrow transplantation							
Palliative care medicine							
Dietetics							
Clinical psychology							
Physiotherapy							
Occupational therapy							
Social care				$\bigcirc$			
Do clinicians at your unit or centrunits?	e provi	de specialist a	advice to d	colleagues	caring f	for people with HIV	at other
Yes, we provide advice around the	he clock	, 24/7 OYes, k	out not 24/7	7 ○No ○	Not sure		
Is your department a referral cer assessment or care?	ntre to w	hich other HI'	V care un	its refer pa	atients fo	or more specialised	
<ul> <li>Yes, for specialised inpatient and outpatient care</li> <li>Yes, for specialised outpatient care only</li> <li>No, do not receive incoming referrals from other HIV care units</li> <li>Not sure</li> </ul>							
Does your department have facil		-	-		-		
○ Yes, good day case facilities ○ Yes, but insufficient or unsatisfactory ○ No ○ Not sure							

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Clinically signification  Testing for an Making a clinical Making	conths, have you been aware of patients with HIV-related disease for whom there has been cant delay or failure in (tick all that apply):  Indicated diagnosing HIV infection  Indicated disease of your patients presenting with HIV-related disease  Indicated disease of your patient's admission to the hospital  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  Indicated disease of your patient's admission to the hospital  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a specialised unit to the referring unit for ongoing care  It is an inpatient from a specialised unit to the referring unit for ongoing care  It is an inpatient from a specialised unit to the referring unit for ongoing care  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre (your hospital or elsewhere)  It is an inpatient from a local hospital to a more specialised HIV centre
No, we do no	of HIV inpatients at other hospitals who are currently waiting to be transferred to your centre? It receive incoming inpatient transfers for HIV care seive inpatient transfers but are not aware of any inpatients currently awaiting transfer to this centre aware of inpatients awaiting transfer to this centre.  If you are aware of inpatients awaiting transfer, please comment in this box on the reasons for this.
There is a spread of the sprea	cal ambulance service's policy regarding where to take patients needing emergency care for ed illness?  ecific policy that some or all patients requiring emergency care for HIV disease should be brought to this ecific policy that patients requiring emergency care for HIV disease should be taken to other hospital(s) pecific policy for HIV, but patients may be brought here as the nearest available hospital with an A&E d not be brought here as there is no A&E department

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Please rate your satisfaction with arrangements for HIV	clinical care in your area	a and add any comments
ou wish to make:		

	Very satisfied	Broadly satisfied	Neutral	Dissatisfied
Working of clinical networks				
Clarity and effectiveness of patient pathways and referral arrangements				$\bigcirc$
Overall care arrangements				
Please comment in this box.				
Since the start of its audit programme, BHIVA has followed a audit studies are identified by a code number. Only BHIVA se BHIVA's audit sub-committee and co-ordinator (who is not baindividual participating centres.  However, as this survey is directly concerned with mapping clanalysis would be hampered by not knowing the location of retherefore agreed that unless an individual centre opts out, the named centres rather than codes.	ecretariat staf sed at the sed inical network espondents. I	f can match c cretariat) cann ks and care and BHIVA's audit	odes to condition of link and the comments of	entres, so udit data to ents, imittee has
Please note that patient data will always remain anonymised, any presentation of the survey findings.	and no indivi	dual centres v	vill be ide	entified in
Please tick this box if you wish your department to opt out from boonly.	eing identified l	by name in the	analysis o	f this survey
Please also indicate your opinion on how future BHIVA audits	should be co	nducted:		
BHIVA's audit co-ordinator does not need to be blinded to the ide must be anonymised in any published reports.	entity of particip	ating centres, b	out this info	ormation
BHIVA's audit co-ordinator should remain blinded to the identity of	of participating	centres.		
O Not sure or no opinion				
As in previous audits, BHIVA will release raw data to regional analyses, unless individual centres opt out. The data supplied although it is up to the regional group whether to ask centres	d by BHIVA is	indentified or	nly by cei	ntre code,
Please tick if you wish your department to opt out of releasing date	ta to your local	regional audit (	group	

Resume progress Save progress Submit form Change my answers