

**THIS IS A SPECIMEN FORM -
FOR INFORMATION ONLY AND NOT FOR COMPLETION
THE ACTUAL FORM IS AT:
<https://www.surveys.hilarycurtis.com/fs-hivpnpolicy.aspx>**

HIV Partner Notification - Policy and Service Characteristics Questionnaire

Please complete the questionnaire from the perspective of the policy and delivery of HIV partner notification for your service as a whole. If you are unsure of your policy or practice in relation to any of the questions below, please discuss those points with the relevant staff; this is likely to be your lead clinician or Health Advisor (or equivalent) team.

Type of clinic. Please tick all that apply:

- GU /sexual health clinic (Level 3)
- HIV clinic
- Infectious Diseases Unit
- District general hospital
- Teaching hospital
- Community-based service (Level 2)
- Other

Please specify: _____

If yours is a GU/Sexual Health service, please select your BASHH region and then your clinic from the menu below. Otherwise please select "Non-GUM eg infectious diseases". A new menu will then appear, and please select your clinic from that:

Region (BASHH branch): _____

Clinic: After selecting, please click outside box and check that correct clinic is showing

For GU services please record the following for 2011 (please exclude HIV related attendances if you also deliver HIV care):

Total number of number of new episode attendances (ie include new patient and rebooked, exclude follow-up episodes) _____

Total number of HIV tests _____

Total number of new HIV diagnoses _____

For non-GU services for 2011:

Total number of HIV positive patients accessing care within your service _____

Number of new HIV diagnoses made in your service _____

Number of new HIV patients who were newly diagnosed elsewhere (eg local GU service, primary care etc) and transferred in for their first 'HIV care' _____

appointment</i>

For all services please complete the remainder of the form
Do you deliver partner notification (PN) for HIV at your service?

- Yes
- No
- Don't know

If NO, is this provided by another service?

- Yes
- If yes, please state which: _____
- No
- Don't know

If PN for HIV is delivered at your clinic, who MAINLY delivers this?

- HA
- Nurses
- Clinical Nurse Specialist
- Staff with dual HA/nurse role
- Doctors
- Other
- If other, please detail: _____

Which other staff groups (in addition to above) are involved in delivering PN (please tick all that apply)?

- HA
- Nurses
- Clinical Nurse Specialist
- Staff with dual HA/nurse role
- Doctors
- Other
- If other, please detail: _____

Please state the number of whole time equivalents of staff working in your clinic, or tick if not known:

	No of WTE	Don't know
Health advisors	_____	<input type="checkbox"/>
Staff with dual nursing/HA role	_____	<input type="checkbox"/>
Administrative staff whose role includes supporting PN	_____	<input type="checkbox"/>

Do you have a written policy or SOP (standard operating procedure) that specifically refers to HIV partner notification?

- Yes - please send a copy to Ann.Sullivan@chelwest.nhs.uk

- No
- No, we have a policy that we follow national guidelines in relation to PN

Which type of PN do you offer/support (please tick all that apply):

- Patient
- Provider
- Contract: ie the provider will inform the partner directly if the partner has not attended within an agreed/specified time frame
- GMFA website: an on line partner notification service provided by the health charity GMFA, accessed by the patient directly
- ePN: a web based service accessed by the health care worker to facilitate PN by SMS, currently only at pilot sites
- Other:
- Please specify _____

Which of the following do you use to deliver and support PN when appropriate/required (please tick all that apply):

- Face to face consultation
- Telephone calls
- Post
- Text
- Email
- Home visits
- GP contact
- Liason with HIV consultant/HIV team eg requesting they follow up PN - determining outcomes, encouraging delivery etc
- Liason with other health services
- Other:
- Please specify _____

Follow up

Do you have a written policy on how long HIV PN should be followed up? (NB: this refers to how long you continue to address unresolved PN until it is decided to stop)

- Yes - please send a copy to Ann.Sullivan@chelwest.nhs.uk
- No
- Don't know

If yes, please state how long in years and months:

Years: _____

Months: _____

Comments: _____

Do you have a written policy regarding re-initiating HIV PN if history reveals a new sexual partner or a new STI is diagnosed?

- Yes - please send a copy to Ann.Sullivan@chelwest.nhs.uk
- No
- Don't know

Do you have a written policy for patients who refuse to meaningfully engage in PN or refuse to disclose?

- Yes - please send a copy to Ann.Sullivan@chelwest.nhs.uk
- No
- Don't know

If NO, do you have an agreed practice:

- Yes:
- Please specify _____
- No

If YES, please summarise below (NB: examples include discussion with consultant, discussion with lead of service, MDT meeting):

Policy: _____

What happens to PN when patient is transferred to HIV care, please tick all that apply?

- We are the same unit so PN continues as before
- Patient attends another service but our service continues to follow up PN
- We hand over to HIV team
- Decided on case by case basis and can include any of those ticked
- Other:
- Please specify _____

If PN is not continued by your service, is follow up communication of outcomes adequate

- Yes
- No:
- Please comment especially if this has changed recently or you have encountered specific problems _____

Please add any additional comments below.

Comment:

Please click on "Submit form". Your answers are not saved until you do.

SPECIMEN ONLY