

BHIVA Audit Questionnaire

Survey of arrangements for management of patients failing anti-retroviral therapy (ART)

As a preliminary to the main questionnaire, please describe your department's access to the following specialists:

	Available in this department on at least a regular sessional basis	Available elsewhere within local HIV clinical network	Agreed or regular arrangement to obtain advice from outside local HIV network	Ad hoc only advice from outside local HIV network	Not sure
HIV specialist virologist with expertise in interpreting resistance patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other clinical virologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV specialist pharmacologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV specialist pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV specialist nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV specialist social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaison psychiatry/ mental health specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The remaining questions focus specifically on the aim of this survey, which is to gain a picture of clinic's arrangements for multidisciplinary assessment and management of patients who do not maintain full virological suppression on ART and/or who develop HIV drug resistance.

For the purpose of this survey:

Who would routinely be involved/consulted when assessing a patient in the following clinical situations (tick all that apply):

First line failure with no or single class resistance:

- HIV specialist consultant physician
- HIV specialist clinical virologist with expertise in interpreting resistance patterns
- Other clinical virologist
- HIV specialist pharmacist
- HIV specialist nurse
- HIV specialist social worker
- Liaison psychiatry/mental health worker
- Pharmacologist
- Other(s), please state:
- Not sure

Second or subsequent failure:

- HIV specialist consultant physician
- HIV specialist clinical virologist with expertise in interpreting resistance patterns
- Other clinical virologist
- HIV specialist pharmacist
- HIV specialist nurse
- HIV specialist social worker
- Liaison psychiatry/mental health worker
- Pharmacologist
- Other(s), please state:
- Not sure

Within your department's team, who are the main professional(s) responsible for assessing and supporting adherence to treatment (tick all that apply)?

HIV specialist consultant physician

HIV specialist pharmacist

HIV specialist nurse

HIV specialist social worker

Other(s), please state:

Not sure

How would assessment usually be conducted for a patient with second or subsequent line failure?

Multidisciplinary meeting with patient present

Multidisciplinary meeting, patient not present

Teleconference, online group discussion or other non-face-to-face multidisciplinary forum

Individual conversations/correspondence between lead clinician and other relevant specialists

Other, please describe:

Not applicable, such patients would be referred elsewhere for assessment

Is there a *regular* arrangement for multidisciplinary discussion of patients failing ART and/or developing resistance?

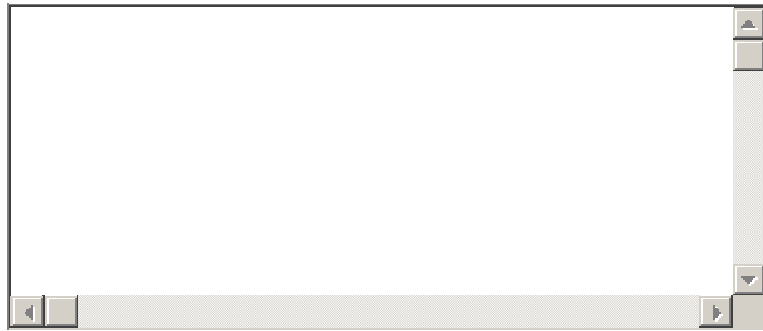
Yes, within this department

Yes, across local clinical network

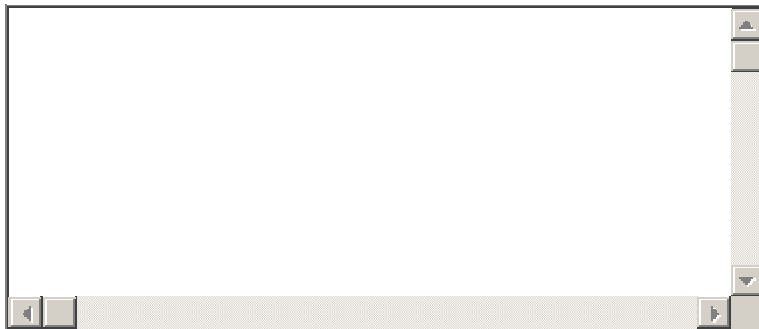
No

Not sure

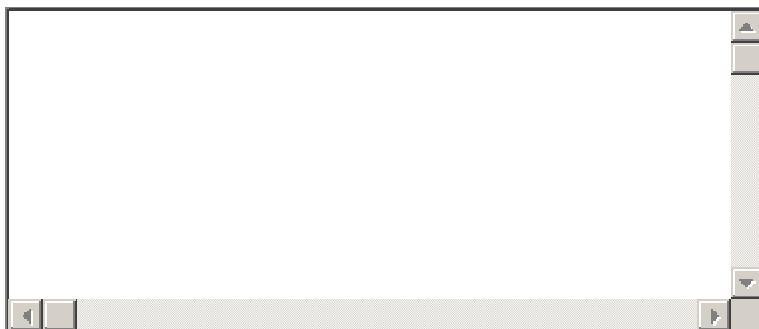
If yes, please describe how this operates and the types of patient usually discussed:

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Please describe any ways you feel arrangements for multidisciplinary review of patients failing ART and/or developing resistance could be improved:

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Please describe any issues or problems with funding or commissioning advice regarding patients with complex ART failure and drug resistance.

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If you seek specialist advice regarding such patients from *outside* your local clinical network, is there a mechanism for paying for this?

Yes, please describe:

No, advice is obtained on a

goodwill basis only

Do not require advice from outside local clinical network

Not sure

Roughly how often do you consult specialists from *outside* your local clinical network regarding the assessment of patients with complex ART failure and drug resistance?

Please add any further comments if you would like to do so:

Please click on "Submit form" to complete the questionnaire. Your answers are not saved until you do so.