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Key findings and recommendations

BHIVA's main audit for 2017 focused on assessment of psychological status and substance use, including chemsex among adults attending for HIV care. It found a wide variation between services in the proportion of patients who had been asked about their psychological well-being/mental health and substance use, and also a wide variation in reported psychological status among those who had been asked. It concluded that mental ill-health and substance-use problems are likely to be under-recognised in routine clinical practice.

Based on the audit findings, HIV services are recommended to review their own results and to:

- identify a clinical lead for psychological support;
- develop agreed care pathways;
- prospectively look for possible psychological support needs on a routine basis, via a standard clinic proforma or procedure;
- adopt a systematic approach to alcohol and recreational drugs assessment and support, including chemsex.

Commissioners are recommended to encourage provision of mental health, alcohol and drug support and development of care pathways. BHIVA is recommended to explore the scope for improved guidance on methods of routine assessment of psychological well-being and substance use, which might include specific tools.

Assessment of psychological well-being and substance use

The main audit project for 2017 focused on management of psychological support needs and substance use among people with HIV. The aim was to assess adherence to BHIVA's monitoring guidelines which recommend regular review of mental health, alcohol and recreational drug use and to Standards of Care for People Living with HIV 2013 which propose auditable outcomes including:

- Screening for psychological and cognitive difficulties at least once a year;
- Where needs are identified, onward referral for intervention and/or cognitive rehabilitation;
- Agreed referral pathways for four levels of psychological support;
- An identified clinical lead for psychological support for each HIV service.

The audit comprised a survey of HIV services' provision and care pathways for psychological support and substance use together with a case-note review of 40 adult patients per service. This covered whether psychological well-being/mental health had been asked about

or assessed within the last 18 months and, if problems were identified, whether support was offered or provided. Survey responses were received from 112 HIV services, together with case-note reviews for 4486 adults who had attended for HIV care during 2016 and/or 2017.

Main findings were that:

- 49% of HIV services had an identified clinical lead for psychological support;
- Documented care pathways for mental health, alcohol and drugs were reported by 53%;
- 38% and 36% of HIV services respectively, but more than 80% of services can refer patients directly;
- In the case-note review, rates of routine assessment within the previous 18 months were 66.0% for psychological well-being/mental health, 68.0% for alcohol use, 58.4% for recreational drugs and 16.8% (26.5% of men who have sex with men [MSM]) for chemsex. These rates varied very widely but were higher at services

which reported in the survey that they included the relevant assessment in a clinic proforma or standard procedure;

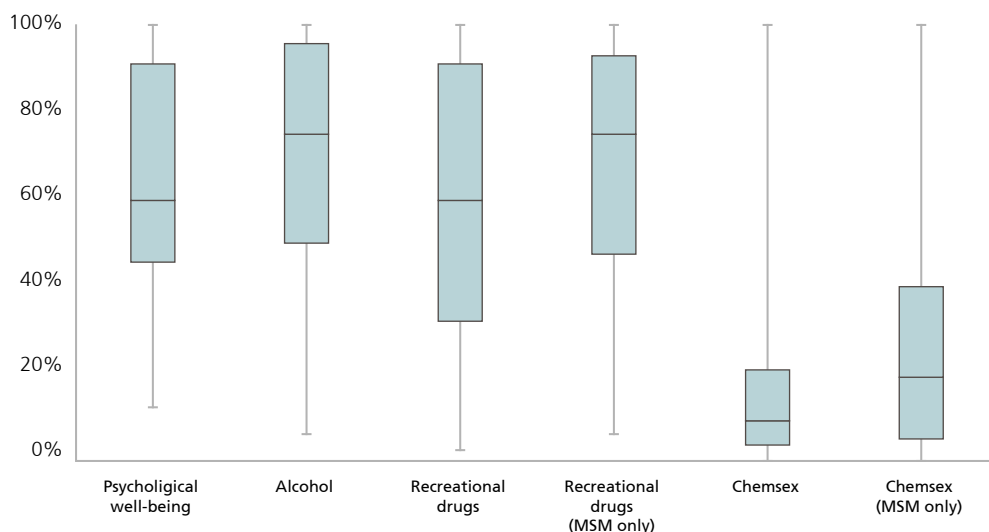
- Among individuals whose psychological status was assessed, 5.1% were likely to have a diagnosable psychiatric illness and a further 14.6% had a significant level of distress or psychological support need. Again, this varied widely but sites which had an identified a clinical lead for psychological support or which routinely used a standard assessment tool, identified higher levels of need. Tools most commonly reported for routine assessment were the Patient Health Questionnaire 9, Generalised Anxiety Disorder Questionnaire 7 and the Hospital Anxiety and Depression Scale;
- Among those asked about alcohol use, 8.4% of individuals were identified as having problematic use;
- Among those asked, 13.2% reported recreational drug use other than chemsex, and 13.0% (18.6% for MSM) reported chemsex. Among users, 35.5%

and 53.1% were considered to have a problem for recreational drugs other than chemsex, and for chemsex respectively;

- Nearly all individuals identified as having psychological needs were offered or were already receiving support as were around 90% of individuals with recreational drug or chemsex problems, whereas the figure for those with problematic alcohol use was only 69%. However, these findings could be artefactual as respondents completing the audit may have interpreted offer or provision of support as evidence of need.

Overall, this audit showed a wide variation between services in assessment of psychological status and substance use among adults with HIV, and in levels of identified need among those who were assessed. Services with standard clinic proformas/procedures achieved higher assessment rates and those routinely using assessment tools identified higher levels of need, which appeared more consistent with rates expected from comparison with other studies.

Figure: Variation between HIV services in proportion of individuals asked about psychological well-being and substance use within previous 18 months: box plot shaded area indicates interquartile range for site-level outcomes with median as horizontal bar, and whiskers extending to minimum and maximum values.



Standards of care for people living with HIV

Work is ongoing to update the BHIVA Standards of Care for People Living with HIV, last revised in 2013, to include the latest recommendations for HIV care and address changing UK health and social care arrangements. A wide consultation process is being undertaken, including stakeholder meetings held in London and Manchester. The new standards are due for publication during the first half of 2018. This project is supported by the MAC AIDS Fund.

Investigation of late HIV diagnoses

Following the 2016 audit, which found that 46% of adults diagnosed with advanced HIV (CD4 <200 cells/mm³) had earlier missed opportunities for diagnosis, a proposal is being developed for a standardised national process for investigating late HIV diagnoses. This would ensure serious incident reviews with root cause analysis are conducted where clear harm results from late diagnosis and missed opportunities for testing are likely, with 'lighter touch' serious learning events where harm is less severe. Work to design and implement relevant quality measures is ongoing.

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 at www.bhiva.org

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

1. Molloy A, Curtis H, Burns F, Freedman A 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 Infect Dis* 2017; **17**: 619. doi: 10.1186/s12879-017-2708-y
2. 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 Serv Res* 2017; **17**: 506. doi: 10.1186/s12913-017-2426-6
3. Raffe S, Curtis H, Tookey P, Peters H, Freedman A, Gilleece Y on behalf of the BHIVA Audit and Standards Subcommittee. UK national clinical audit: management of pregnancies in women with HIV. *BMC Infect Dis* 2017; **17**: 158. doi: 10.1186/s12879-017-2255-6
4. Rayment M, Curtis H, Carne C et al. on behalf of the members of the BASHH National Audit Group, and the BHIVA Audit and Standards Subcommittee. 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* 2017; **93**(2): 94–99. doi: 10.1136/sextrans-2015-052532
5. Curtis H, Yin Z, Clay K, Brown AE, Delpuch VC, Ong E on behalf of the BHIVA Audit and Standards Subcommittee. People with diagnosed HIV infection not attending for specialist clinical care: UK national review. *BMC Infect Dis* 2015; **15**: 315. doi: 10.1186/s12879-015-1036-3
6. Delpuch 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
7. Ellis S, Curtis H, Ong ELC on behalf of BHIVA and the BHIVA Clinical Audit and Standards Subcommittee. 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.
8. Ellis S, Curtis H, Ong ELC on behalf of BHIVA and the BHIVA Clinical Audit and Standards Subcommittee. HIV diagnoses and missed opportunities: results of the British HIV Association (BHIVA) National Audit 2010. *Clin Med* 2012; **12**(5): 430–434.
9. Garvey L, Curtis H, Brook G on behalf of the BHIVA Audit and Standards Subcommittee. The British HIV Association national audit on the management of subjects co-infected with HIV and hepatitis B/C. *Int J STD AIDS* 2011; **22**: 173–176.
10. Backx M, Curtis H, Freedman A, Johnson M on behalf of BHIVA and the BHIVA Clinical Audit Subcommittee. British HIV Association national audit on the management of patients co-infected with tuberculosis and HIV. *Clin Med* 2011; **11**(3): 222–226.
11. Rodger A J, Curtis H, Sabin C, Johnson M on behalf of BHIVA and the 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.
12. Street E, Curtis H, Sabin CA, Monteiro EF, Johnson MA on behalf of BHIVA and the BHIVA Audit and Standards Subcommittee. British HIV Association (BHIVA) national cohort outcomes audit of patients commencing antiretrovirals from naïve. *HIV Med* 2009; **10**: 337–342.
13. Lomax N, Curtis H, Johnson M on behalf of BHIVA and the BHIVA Audit and Standards Subcommittee. A national review of assessment and monitoring of HIV patients. *HIV Med* 2009; **10**: 125–128.
14. Lucas SB, Curtis H, Johnson MA on behalf of BHIVA and the BHIVA Audit and Standards Subcommittee. National review of deaths among HIV infected adults. *Clin Med* 2008; **8**: 250–252.
15. 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 Med* 2007; **8**: 186–191.
16. 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.
17. Curtis H, Johnson MA, Brook MG. Re-audit of patients initiating antiretroviral therapy. *HIV Med* 2006; **7**: 486.
18. McDonald C, Curtis H, de Ruiter A, Johnson MA, Welch J on behalf of BHIVA and the BHIVA Audit and Standards Subcommittee. National review of maternity care for women with HIV infection. *HIV Med* 2006; **7**: 275–280.
19. Sullivan AK, Curtis H, Sabin CA, Johnson MA. Newly diagnosed HIV infections: review in UK and Ireland. *BMJ* 2005; **330**: 1301–1302.
20. 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 Med* 2004; **5**(6): 415–20.
21. Curtis H, Sabin CA, Johnson MA. Findings from the first national clinical audit of treatment for people with HIV. *HIV Med* 2003; **4**(1): 11–17.

Other work

2018 audit of monitoring of older adults with HIV

The main audit planned for 2018 will be an assessment of adherence to guidelines on routine monitoring for adults with HIV over the age of 50. This will include potential for drug interactions alongside screening for diabetes, cardiovascular and fracture risks.

Cardio-vascular risk assessment self-audit tool

A spreadsheet tool has been made available online to enable HIV services to self-audit assessment of 10-year cardiovascular disease risk among adults with HIV.

European AIDS Clinical Society (EACS) Conference

BHIVA hosted a special session on Standards of Care jointly with EACS at the latter's 2017 conference, which featured examples of audit programmes from around Europe.

Patient-reported measures of care quality

An academic project is progressing to develop patient-reported outcome measures for assessing quality of care for people with HIV, led by Dr R Harding. This follows from BHIVA scoping work and is supported by the MAC AIDS Fund and the St Stephen's AIDS Trust.

National Clinical Audit and Outcomes Programme

The Healthcare Quality Improvement Partnership published a feasibility study for a new national clinical audit of chlamydia, gonorrhoea, syphilis and HIV conducted by MEDFASH in collaboration with BHIVA, Public Health England and the British Association for Sexual Health and HIV (BASHH) but declined to commission further work due to financial constraints.

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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