**BASHH national clinical audit 2024 of first-time sexual health service attendees who do not have an HIV test: information on how to participate**

**Data collection now open**

Data collection is now open for the 2024 BASHH national audit of first time sexual health service attendees who do not have an HIV test, and will remain so until 14th June 2024.

The aim of the audit is to understand how sexual health services handle people who don’t have an HIV test at their first visit, explores why they don’t get tested and what arrangements are in place for the follow up of this group of individuals. The audit will comprise of 2 elements. A survey of Sexual Health Services’ policies and practices for managing people who do not have an HIV test at their first attendance and a case-note review of those not tested at first attendance, who they are, coding, reasons for not testing and follow up.

**How to participate**

Services providing sexual health HIV testing are invited to take part in the audit. The text of the questionnaires can be found in the appendices below, to aid in preparation and data-gathering. After reviewing these, please participate as follows:

1. **Survey of Sexual health clinical services** ([appendix 1](#_Appendix_1)) – please complete once for each sexual health service.

**Online questionnaire**: [https://bashhauditco-ordinator.limesurvey.net/677252?lang=en](https://bashhauditco-ordinator.limesurvey.net/677252?lang=en%20)

1. **Case-note review** ([appendix 2](#_Appendix_2))

**Online questionnaire**: [https://bashhauditco-ordinator.limesurvey.net/125147?lang=en](https://bashhauditco-ordinator.limesurvey.net/125147?lang=en%20)

Please select individuals for inclusion in the following way:

* The last 40 individuals who attended your clinic for the first time, face to face between February 2023 – January 2024, who didn’t receive an HIV test, as follows:
  + 10 MSM
  + 10 heterosexual cis men
  + 10 black African women
  + 10 woman who are not Black African
* If fewer than 40 individuals, please include them all.

Exclusions:

EXCLUDE any episode of care which included a test for HIV (T4, T7 or P1A)

EXCLUDE anyone known to have HIV (SHHAPT codes H, H1/H1A/H1B, H2)

EXCLUDE anyone attending only for SRH

We have requested the different categories to ensure we get equal representation from the main demographic and key populations who may not test, and potentially for different reasons.

Please note that the software treats each individual separately. It does not link the forms together or recognise when the full sample has been submitted. You do not need to submit all your data at the same time. Each individual form must be completed in one sitting without a break, which might cause the software to time out. But in between individual cases you can break off and use the link again later to re-access the system.

**For your own records**: Immediately after submission, the software will give an option to save/print the completed form if you wish to do so. To download a completed form you need to click the “print” link before selecting any other link, eg before returning to the start to enter data for a different patient.

**Queries**

Please contact BASHH’s audit co-ordinator Lucie Ralph, [nag@bashh.org](mailto:nag@bashh.org), for any queries relating to participation in the audit or use of the online software.

# Appendix 1

NB: The following text is extracted from the online questionnaire, to assist in preparing data for submission. The online format differs from that shown here. Click [here](#_top) to return to main page.

**BASHH national clinical audit 2024 of first-time sexual health service attendees who do not have an HIV test – Clinic Survey**

Welcome to the 2024 BASHH national audit of first-time sexual health service attendees who do not have an HIV test. The aim of the audit is to understand how sexual health services handle people who don’t have an HIV test at their first visit, explores why they don’t get tested and what arrangements are in place for the follow up of this group of individuals. The audit will comprise of 2 elements. A survey of Sexual Health Services’ policies and practices for managing people who do not have an HIV test at their first attendance and a case-note review of those not tested at first attendance, who they are, coding, reasons for not testing and follow up.

This is the clinic survey – please complete once for each sexual health service.

Please direct any queries to BASHH’s clinical audit co-ordinator Lucie Ralph, [nag@bashh.org](mailto:nag@bashh.org)

**Clinic survey**

### What is your clinic policy regarding who should be offered an HIV test on first attendance?

Choose one of the following answers

* All patients regardless of risk or reason for attendance
* all patients regardless of risk attending for an STI concern (i.e not routinely for all SRH/nonSTI concern patients)
* only patients meeting certain criteria; belonging to key population, describing certain behaviours, following risk assessment
* Don’t know
* Other

### How does your service provide or arrange sampling for HIV testing for individuals with STI-related health needs?

Select all that apply

* Venepuncture in clinic
* Venepuncture elsewhere, eg phlebotomy service
* Fingerprick in clinic
* Oral sampling in clinic
* Provided in clinic with a sampling kit to be used and returned at that visit
* Provided in clinic with a sampling kit to be taken away and returned at a later date
* Other:

### Does your service provide self-sampling kits to be returned directly to the service (this does not include external online providers e.g. SHL, SH24)?

Choose one of the following answers

* Yes
* No
* Don’t know

### When your service provides self-sampling kits, does everybody routinely get the full four tests (chlamydia, gonorrhoea, syphilis and HIV) or is it dependent on a risk based assessment?

*Only answer this question if the following conditions are met:*

*Answer was 'Yes' at question (Does your service provide self-sampling kits to be returned directly to the service (this does not include external online providers e.g. SHL, SH24)?)*

Choose one of the following answers

* Routinely gets the full four (chlamydia, gonorrhoea, syphilis and HIV)
* Risk based assessment
* Based on patient preference
* Other
* Don’t know

### In this scenario how is the HIV test coded?

*Only answer this question if the following conditions are met:*

*Answer was 'Risk based assessment' at question (When your service provides self-sampling kits, does everybody routinely get the full four tests (chlamydia, gonorrhoea, syphilis and HIV) or is it dependent on a risk based assessment?)*

Choose one of the following answers

* Not indicated P1C
* Declined P1B
* Not offered
* Other
* Don’t know

### If an individual is provided with a self-sampling kit for chlamydia, gonorrhoea, syphilis and HIV and returns a sample for chlamydia/gonorrhoea but not for syphilis/HIV, what is the clinic policy on how the HIV test is coded?

*Only answer this question if the following conditions are met:*

*Answer was ‘provides sampling kit’* *at question (How does your service provide or arrange sampling for HIV testing for individuals with STI-related health needs?)*

Choose one of the following answers

* HIV test offered and declined (SHHAPT code: P1B)
* Not done
* Don’t know
* Other

### In the following scenarios, is there a mechanism for recalling or referring individuals to other services when:

Please choose the appropriate response for each item: Yes for all/Yes but only those assessed as higher risk/No/Don’t know

* An HIV test was offered but the individual declined
* HIV testing was considered not appropriate
* HIV testing was not offered

### Is it your service’s policy:

Please choose the appropriate response for each item: Yes, this is policy/Not formal policy but usually done/No/Don’t know

* To record reason/s for any GUM attender not offered HIV testing?
* To record reason/s for any GUM attender considered not appropriate for HIV testing?
* To record reasons/ given by GUM attender declining an HIV test?

### Does your service have any of the following processes in place for those who decline HIV testing:

Please choose the appropriate response for each item: Yes/No/Don’t know

* To flag the record of any GUM attender who declines HIV testing with need for this to be discussed at next attendance?
* To advise any GUM attender who declines HIV testing in clinic to seek this from a community/voluntary provider
* To contact GUM attenders who decline HIV testing (eg phone call from health advisor or other clinician)?
* Regularly to review uptake and reasons for not testing for HIV in MDT or similar?

### Does your service produce regular internal reports/KPIs on HIV testing performance?

Choose one of the following answers

* Yes
* No
* Don’t know

### Does your service have a policy to regularly review your HIV testing uptake coverage among GUM attenders?

Choose one of the following answers

* Yes, this is policy
* Not formal policy but usually done
* No
* Don’t know

### Does your service have key performance indicators (KPIs) or targets for improving uptake of HIV testing?

Choose one of the following answers

* Yes
* No
* Don’t know

### Please state to which population group(s) (eg MSM, minority ethnic communities, all groups) these targets apply:

Only answer this question if the following conditions are met:

Answer was 'Yes' at question (Does your service have key performance indicators (KPIs) or targets for improving uptake of HIV testing?)

Please write your answer here:

### Please comment, if you wish, on arrangements for HIV testing and any measures your service has taken to improve uptake and/or recording of this:

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# Appendix 2

NB: The following text is extracted from the online questionnaire, to assist in preparing data for submission. The online format differs from that shown here. Click [here](#_top) to return to main page.

**BASHH national clinical audit 2024 of first-time sexual health service attendees who do not have an HIV test – Case note audit**

Welcome to the 2024 BASHH national audit of first-time sexual health service attendees who do not have an HIV test. The aim of the audit is to understand how sexual health services handle people who don’t have an HIV test at their first visit, explores why they don’t get tested and what arrangements are in place for the follow up of this group of individuals. The audit will comprise of 2 elements. A survey of Sexual Health Services’ policies and practices for managing people who do not have an HIV test at their first attendance and a case-note review of those not tested at first attendance, who they are, coding, reasons for not testing and follow up.

This is the case note audit

For the case-note audit, please select individuals for inclusion in the following way:

* The last 40 individuals who attended your clinic for the first time, face to face between February 2023 – January 2024, who didn’t receive an HIV test, as follows:
  + 10 MSM
  + 10 heterosexual cis men
  + 10 black African women
  + 10 woman who are not Black African
* If fewer than 40 individuals, include them all.

Exclusions:

* EXCLUDE any episode of care which included a test for HIV (T4, T7 or P1A)
* EXCLUDE anyone known to have HIV (SHHAPT codes H, H1/H1A/H1B, H2)
* EXCLUDE anyone attending only for SRH

Please direct any queries to BASHH’s clinical audit co-ordinator Lucie Ralph, [nag@bashh.org](mailto:nag@bashh.org)

**Case note audit**

### Current gender of individual:

Please choose **only one** of the following:

* Male (including trans)
* Female (including trans)
* Non-binary or other
* Not recorded/declined to say

### Is the individual’s current gender the same as their birth sex?

Please choose **only one** of the following:

* Yes
* No (trans or gender non-conforming/non-binary)
* Not recorded

### Is this individual?

*Only answer this question if the following conditions are met:*

*Answer was 'Male (including trans)' at question (Current gender of individual:)*

Choose one of the following answers

* MSM (including bisexual or non-gay identified)
* Heterosexual
* Not recorded

### Age of individual at time of first visit/attendance for this episode of care:

Please choose **only one** of the following:

* Under 16
* 16-19
* 20-24
* 25-29
* 30-34
* 35 or older
* Not recorded

### Ethnicity of individual (letters denote standard NHS codes):

Please choose **only one** of the following:

* A White - British
* B White - Irish
* C White - Any other White background
* D Mixed - White and Black Caribbean
* E Mixed - White and Black African
* F Mixed - White and Asian
* G Mixed - Any other mixed background
* H Asian or Asian British - Indian
* J Asian or Asian British - Pakistani
* K Asian or Asian British - Bangladeshi
* L Asian or Asian British - Any other Asian background
* M Black or Black British - Caribbean
* N Black or Black British - African
* P Black or Black British - Any other Black background
* R Other Ethnic Groups - Chinese
* S Other Ethnic Groups - Any other ethnic group
* Zor99 Not stated or Not known

### Is this individual known to have:

Please choose the appropriate response for each item: Yes/No/Not recorded

* One or more partners with diagnosed HIV infection?
* A history of injecting recreational drugs?
* A history of sex work (ie providing sexual services for money)?
* One or more partners from a high HIV prevalence group (ie from a high prevalence country, or with a history of injecting recreational drugs, or [for female individuals] a bisexual male)

### Did any of these partner(s) have detectable HIV viral load?

*Only answer this question if the following conditions are met:*

*Answer was 'Yes' at question (Is this individual known to have: (One or more partners with diagnosed HIV infection?))*

Choose one of the following answers

* Yes
* No
* Not known
* Not recorded

### What was recorded about HIV testing during the relevant episode of care?

Please choose **only one** of the following:

* An HIV test was offered but the individual declined
* HIV testing was considered not appropriate
* HIV testing was not offered
* It is unclear whether an HIV test was offered

### Was the attendance/episode of care primarily for contraception/reproductive care, with no STI-related concerns?

*Only answer this question if the following conditions are met:*

*Answer was 'Female (including trans)' at question (Current gender of individual:)*

Choose one of the following answers

Please choose **only one** of the following:

* Yes
* No
* Unsure
* Not applicable

### What reasons were recorded for why HIV testing was declined?

*Only answer this question if the following conditions are met:*

*Answer was 'An HIV test was offered but the individual declined' at question (What was recorded about HIV testing during the relevant episode of care?)*

Select all that apply

* Recent previous test
* Needlephobia/declined blood test
* Deferred by patient to allow for window period
* Patient did not think they had been at risk
* Patient did not want an HIV test due to stigma/fear of testing positive/other negative HIV related beliefs
* No reason recorded
* Other:

### What reasons were recorded for why HIV testing was considered not appropriate at this visit?

*Only answer this question if the following conditions are met:*

*Answer was 'HIV testing was considered not appropriate ' at question (What was recorded about HIV testing during the relevant episode of care?)*

Select all that apply

* Recent previous test
* Only risk was exposure to known partner confirmed as negative for HIV
* Deferred by clinician to allow for window period
* Patient deemed not at risk of having undiagnosed HIV
* No reason recorded
* Other:

### If not offered (no HIV test related code), are there any documented reasons as to why?

*Only answer this question if the following conditions are met:*

*Answer was 'HIV testing was not offered' at question (What was recorded about HIV testing during the relevant episode of care?)*

Choose one of the following answers

* Not recorded
* Other

### When was the last recorded previous test for HIV? State number of months between this previous test and the attendance/episode of care in which testing was not done:

Only answer this question if the following conditions are met:

Answer was ‘recent previous test’ at question (What reasons were recorded for why HIV testing was declined/considered not appropriate at this visit?)

Please write your answer here:

### If deferred to allow for window period] Was there an earlier risk of HIV exposure, previous to the current window period, that was not covered by a previous HIV test?

*Only answer this question if the following conditions are met:*

*Answer was at question ' deferred to allow for window period' (What reasons were recorded for why HIV testing was declined/considered not appropriate at this visit?)*

Choose one of the following answers

* Yes
* No
* Not recorded

### What SHHAPT code was recorded regarding HIV testing for the relevant episode of care?

Choose one of the following answers

* P1B HIV test offered and declined
* P1C HIV test not appropriate
* REF3 Recent access to an online testing service
* None of the above
* Not applicable

### Which clinician(s) spoke with the individual during the relevant face to face episode of care (tick all that apply)?

Select all that apply

* Doctor
* Nurse
* Health advisor
* Health care assistant
* Pharmacist
* Other:

### What actions were undertaken relating to this episode of care (either during the appointment or subsequently)?

Select all that apply

* Advised to rebook clinic appointment/reattend at future agreed time point to test (to cover WP)
* Advised to seek HIV testing from another source (community provider, primary care)
* Advised to obtain self-sampling kit from online service
* Provided with self sampling kit
* Record flagged with need to discuss HIV testing at next attendance
* None
* Other:

### What actions were planned or recorded by the service in relation to HIV testing?

Select all that apply

* Patient ‘diaried’ to check reattends to test at future time point as advised (in order to recall if DNAs) (to cover WP)
* Health advisor or other clinician to call patient to discuss need for HIV testing
* Patient to be re-called for HIV testing at a later date
* Offer of testing after future episode of risk
* Offer of annual or more frequent testing, as indicated
* None
* Other:

### Any other comments:

Please write your answer here:

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