

HIV and AIDS Reporting System (HARS)

Alison Brown

HARS/PbR Roadshows

Cuong Chau

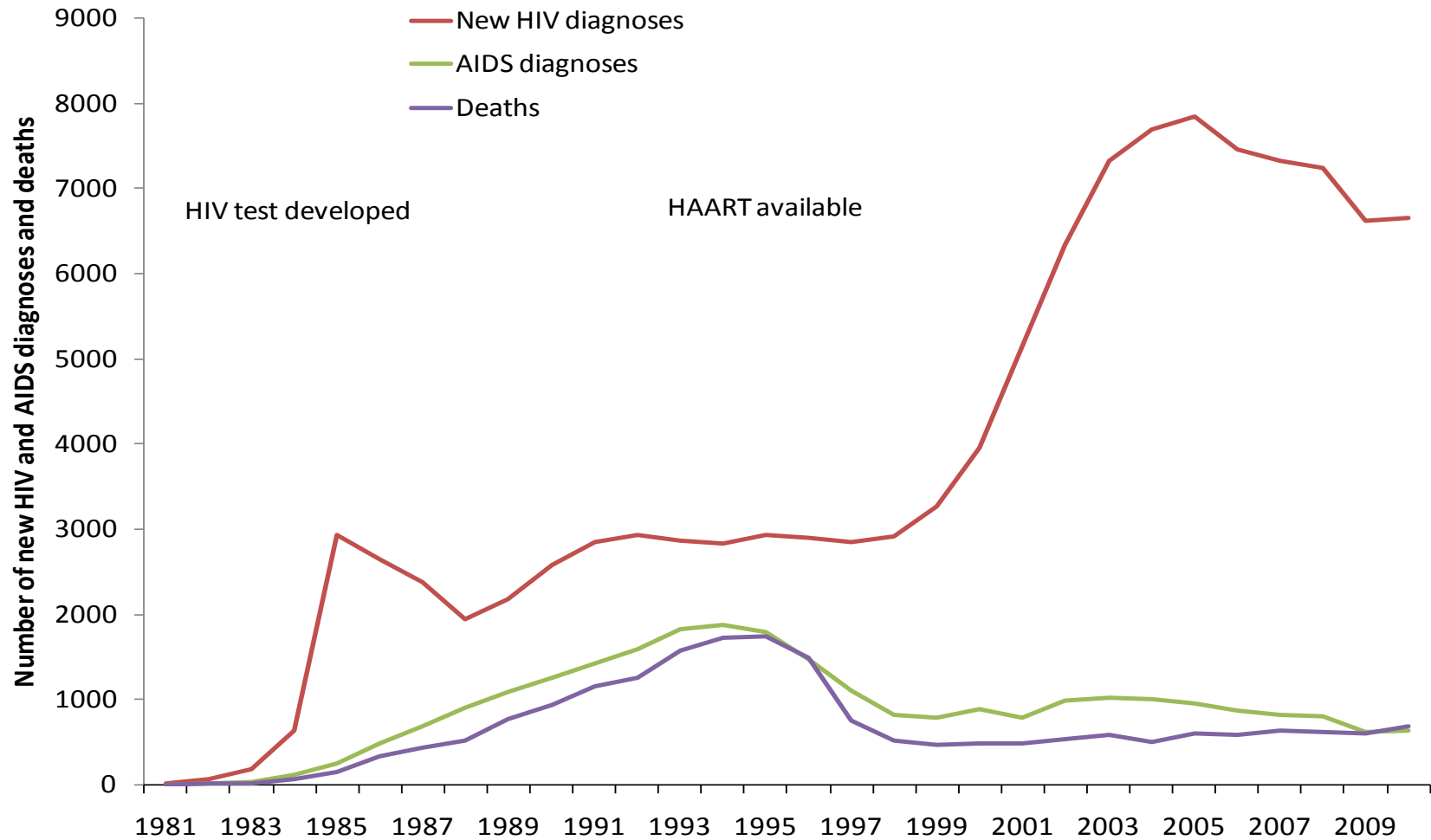
Meaghan Kall

Valerie Delpech

Today's objectives

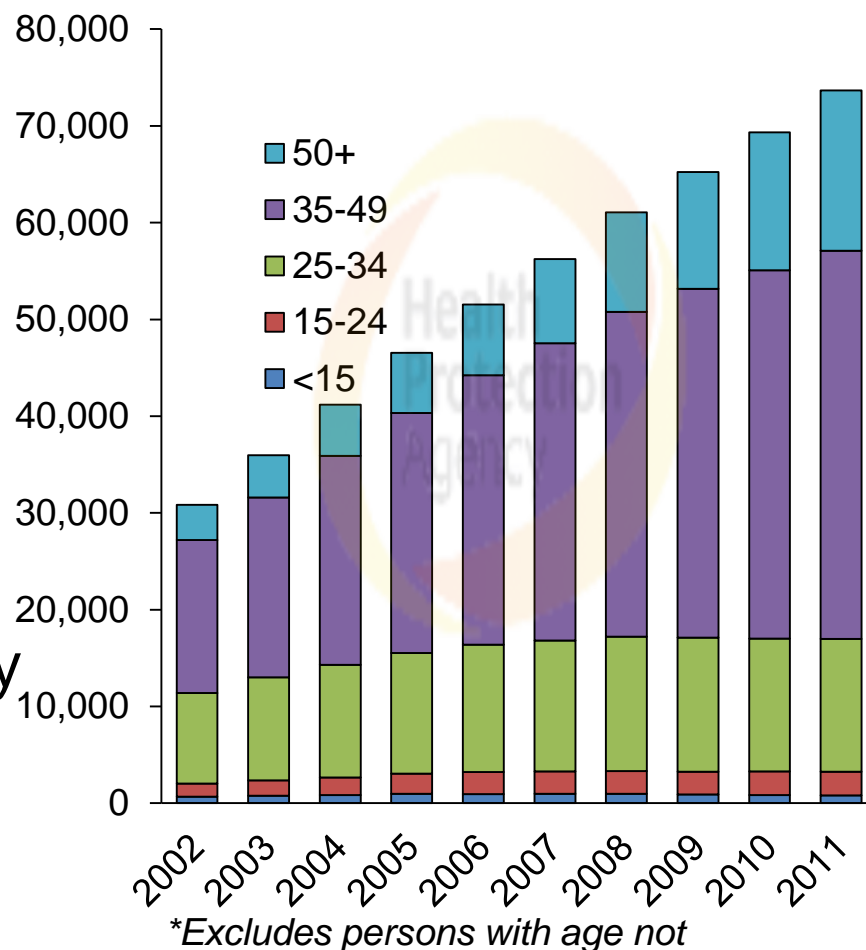
1. The importance of good quality HIV data
- 2.
3. Why change to HARS?
4. HARS dataset and specification
5. Validation process
6. Implementation

Annual new HIV and AIDS diagnoses and deaths: UK, 1981-2010



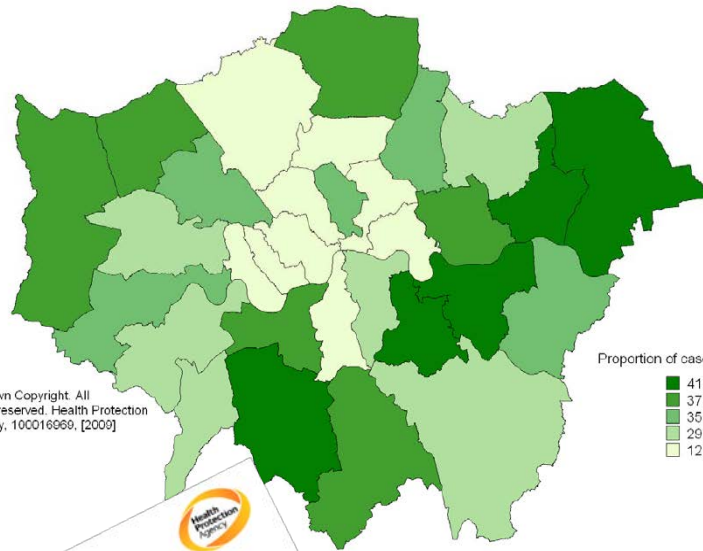
UK HIV epidemic – 30 years on

- 6,630 newly diagnosed
- 50% diagnosed late
- 500 deaths
- 70,000 accessing care
- 100,000 with HIV by 2012
- Near-normal life expectancy
- Epidemic is diversifying

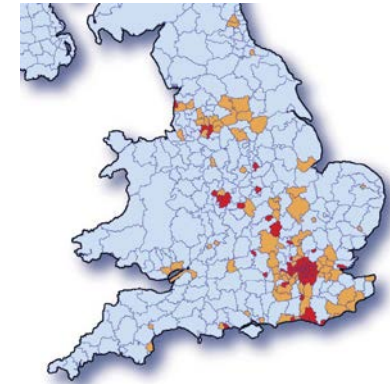


Public Health Outcome Framework

Reducing late diagnoses:



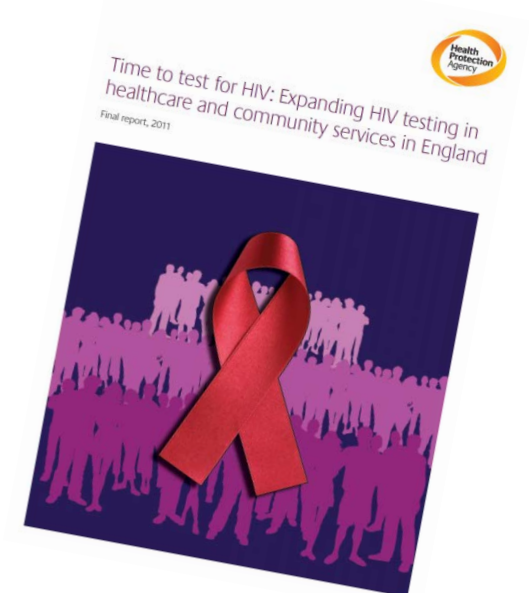
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Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas



Sexually transmitted infections in men who have sex with men in the UK: 2011 report



Public Health Surveillance



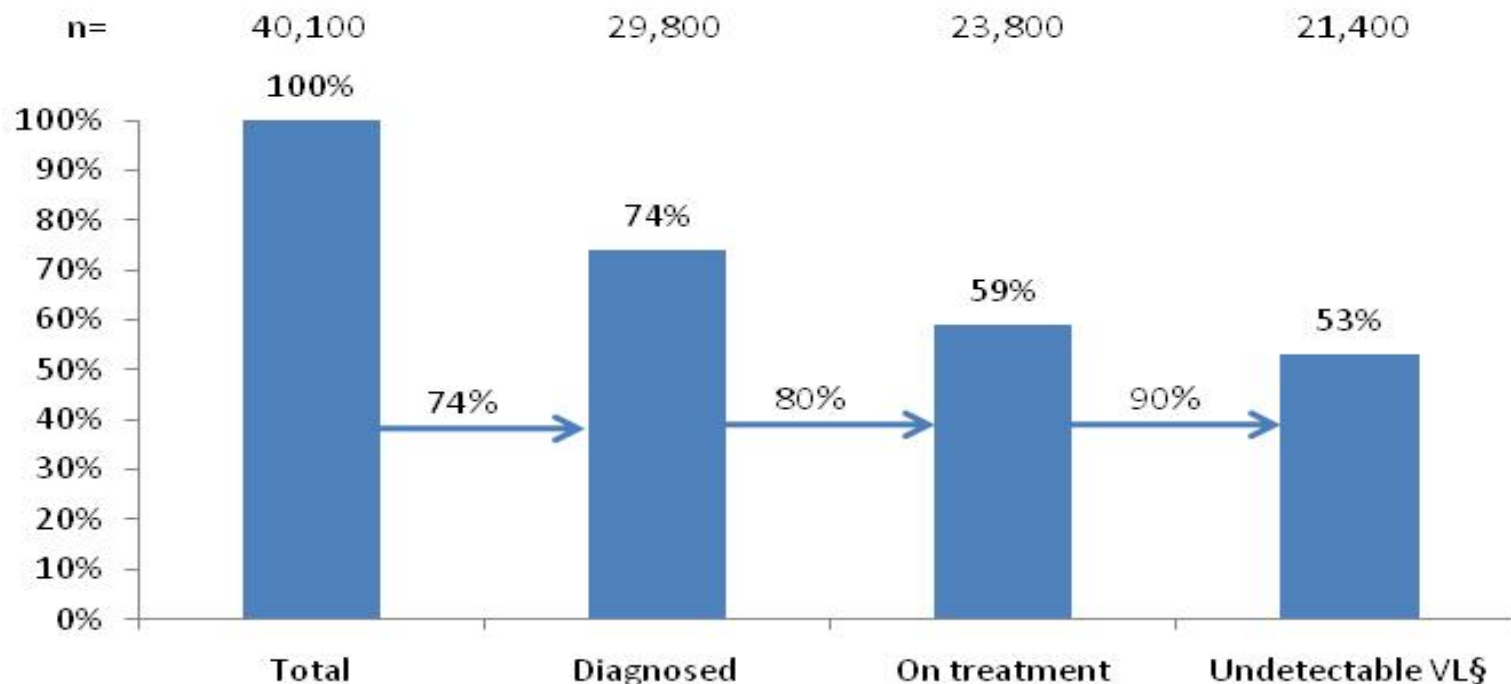
HIV in the United Kingdom: 2011 Report



Available at national local & provider level

- New HIV diagnoses
- Numbers accessing care
- Late HIV diagnoses
- Demographic and risk distribution
- ART coverage

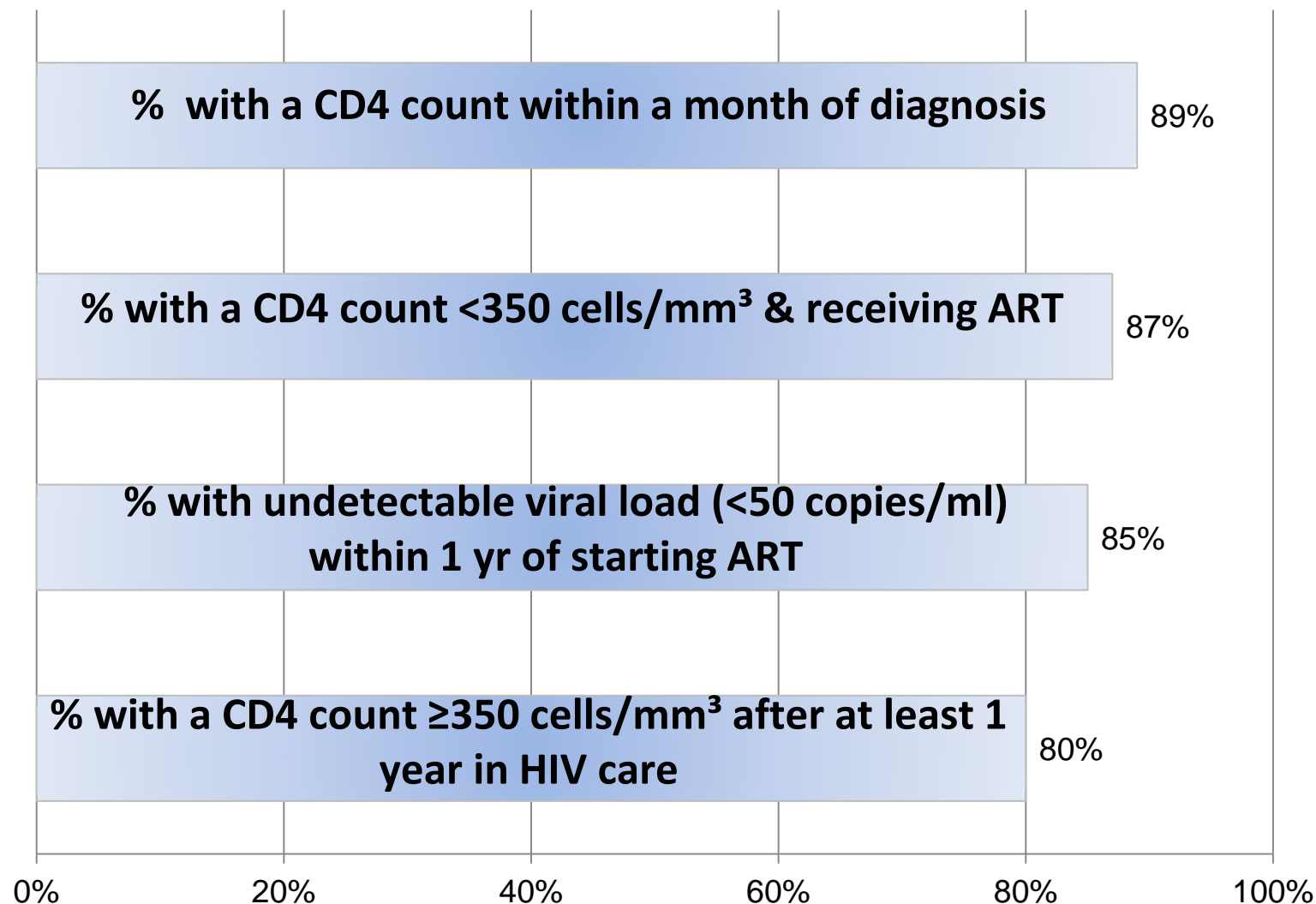
MSM living with HIV by diagnosis, treatment and viral load status: UK, 2010



* Numbers were adjusted by missing information and rounded to the nearest 100.

§ Viral load <50 copies/ml after HIV treatment initiation in the year of initiation.

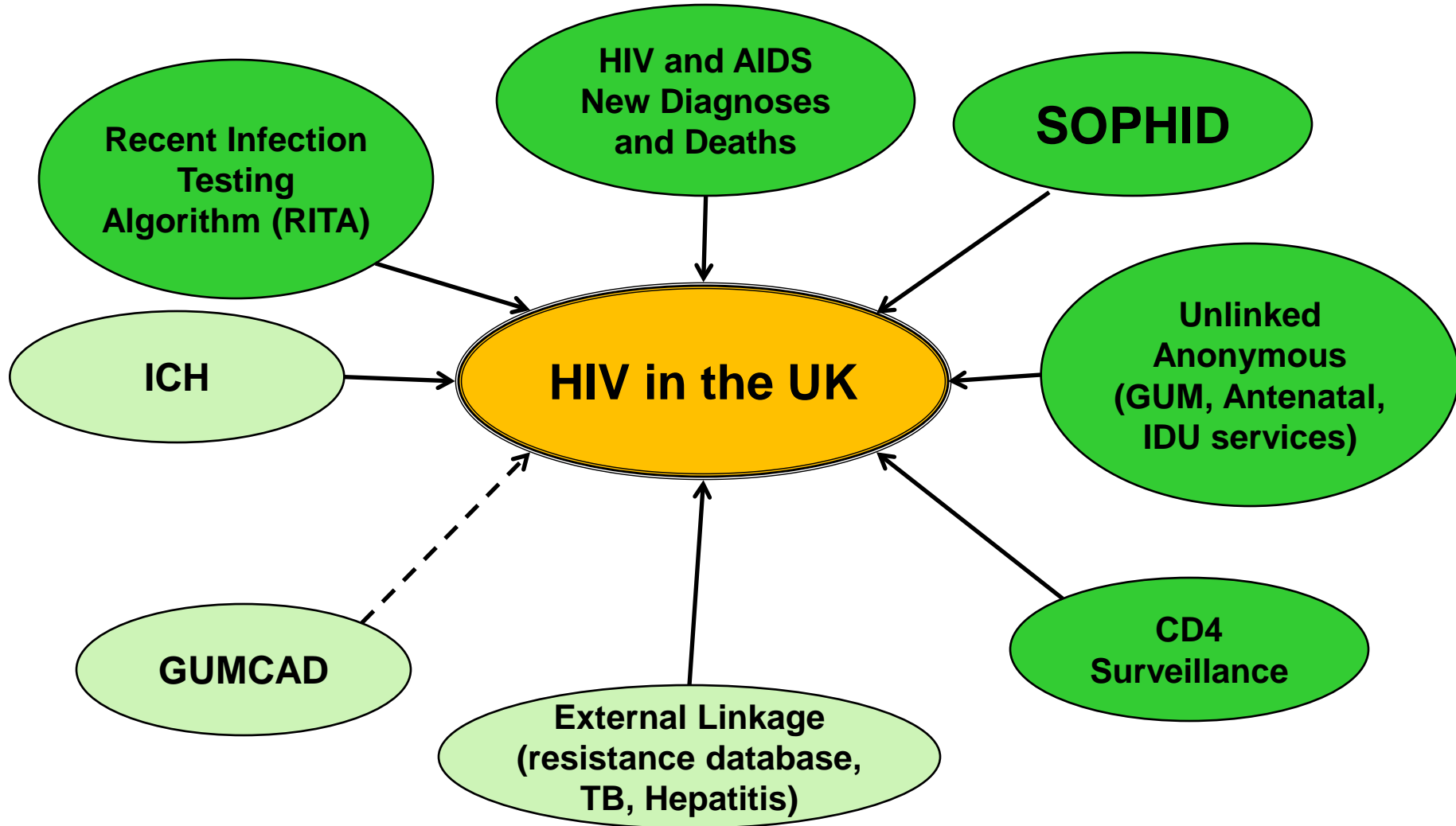
Quality of care indicators for adults (aged ≥ 15 years) receiving HIV care: United Kingdom, 2010



Why change HIV surveillance?

1. Integrate HIV surveillance and improve quality
2. Simplify reporting from service providers
3. Reduce costs in maintaining over-lapping systems
4. Development new prevention & surveillance outputs
5. Provide support for monitoring HIV care and PbR commissioning

Current HIV surveillance



HARS and PbR

1. Department of Health continued support into PbR
2. Patient pathway agreed with Clinicians & Commissioners
3. Data to support PbR collected through HARS and processed by the HPA
4. Therefore...HARS will be mechanism through which HIV outpatient are providers are paid.

The HIV and AIDS Reporting System (HARS): 2013+

| Outputs | Examples |
|----------------------------|---|
| Epidemiology | Incidence and prevalence estimates, prevention monitoring, ARV regimens and adherence, co-infections, HIV-related mortality |
| Quality of care monitoring | Late diagnoses, Access to HIV care, achieving undetectable viraemia, preventing severe immuno-suppression |
| Commissioning | Patient pathway, clinical outcomes, attendance rates |
| Patient engagement surveys | Satisfaction, barriers to care, ongoing risk behaviour |

Cuong Chau

HARS DATASET



HIV & AIDS Reporting System (HARS)

Dataset

HIV/STI Department
Health Protection Agency

in collaboration with

**The National Reference Group for
Payment by Results**

and the

Department of Health

Version: 16/07/2012

HARS

- Replace reporting of new HIV diagnoses and SOPHID
- Quarterly, disaggregate and attendance based dataset
- All service providers of English HIV outpatient services
- XML Schema
 - Mandatory
 - Validation properties

Summary of variables

| Data categories | Examples |
|-----------------------|---|
| Demographics | Age, gender, ethnicity, disability |
| Service information | Site code, Previous care site |
| HIV clinic attendance | Consultation type & medium, date of attendance |
| Diagnosis information | Date of diagnosis, year or arrival in UK, risk exposure |
| Treatment information | First on ARV, PEP or PREP, ARV code and band |
| Clinical information | CD4, VL, AIDS & other complexities, death |

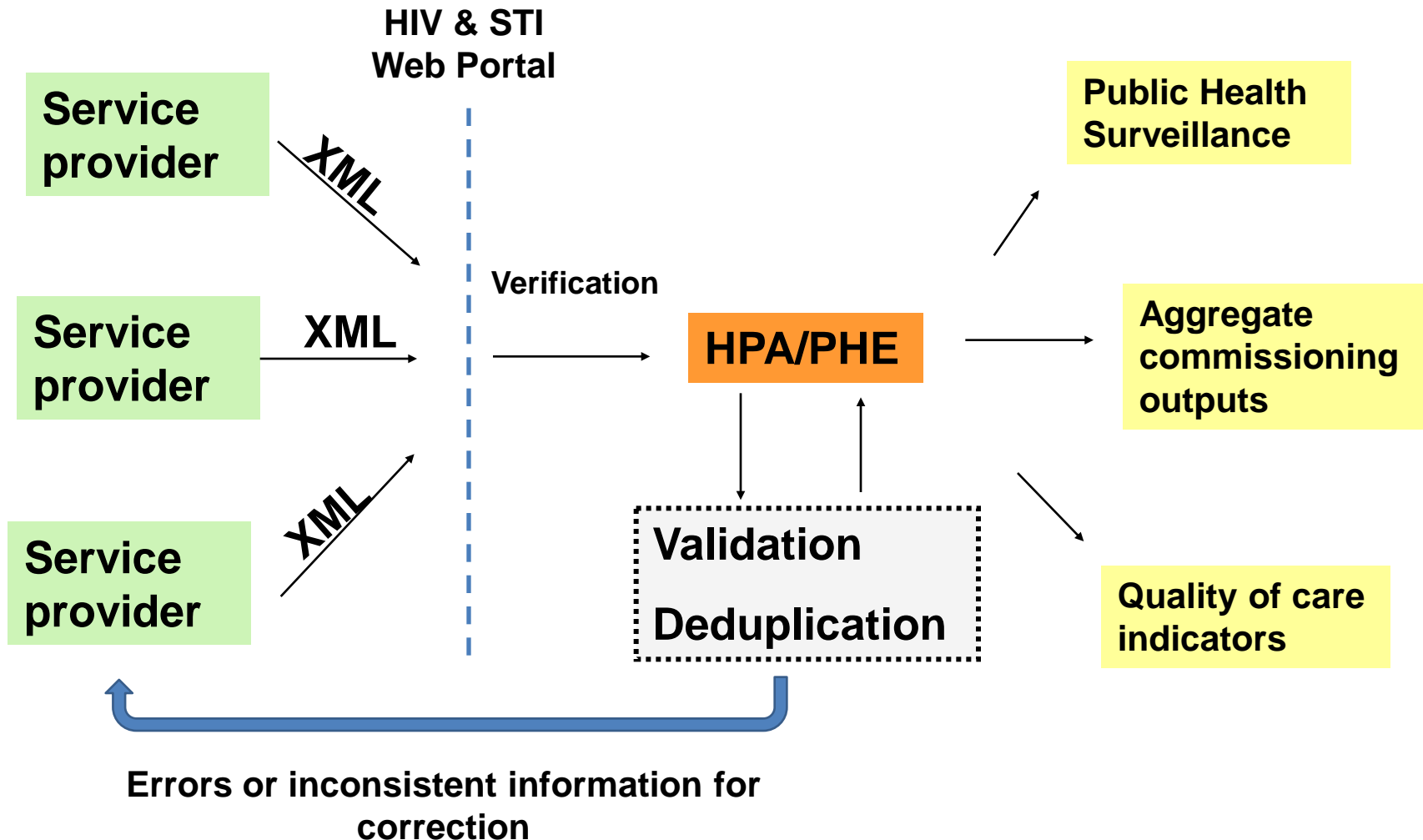
Not every field will be required for collection at every attendance

PbR using HARS

| New | Stable | Complex (not complete) |
|---|---------|---|
| Diagnosed within 12 months of attendance | Default | AIDS illness |
| | | Receiving treatment for TB |
| | | Receiving treatment for chronic liver disease |
| | | Oncological treatment |
| Started ART for first time within 12 months of attendance | | End Organ disease |
| | | Psychiatric care |
| | | Pregnancy |
| | | Learning difficulties |
| | | Poor adherence |

DATA SUBMISSION & PROCESSING

HARS overview



Submission of the dataset

1. Clinic to run the HARS dataset within 6 weeks of request
2. Dataset will be produced in XML schema
3. Clinic to submit the XML schema file to the HPA via the **HIV and STI Web Portal**
4. Validation processes to be performed on the data at the HPA
5. Data to be sent back to clinic if correction of inconsistent or missing information is required

TIMELINES

Timelines & implementation:

| Key events | Dates |
|---|----------------|
| Advanced notification issued | April 2012 |
| Information Standards Notification | September 2012 |
| HPA is incorporated into Public Health England | April 2013 |
| Implementation with all English HIV/STI clinics | March 2014 |

| Staged implementation | |
|-------------------------|----------------------------------|
| January-March 2013 | Pilot sites |
| Next quarter...contd... | Phase 1, 2 etc.. 25 sites etc |

HARS replaces new HIV diagnoses and SOPHID.

Once switched, just report for HARS

What next?

- Development of the business rules - NRG
- Ongoing liaison with software developers
- Roll out to pilot sites from January 2013
 - Training and support
 - Assess burden on clinics and HPA
 - Quality and timeliness of data
 - Ensuring data are fit for purpose
 - Testing of business rules
 - Refining of behaviour guidance document
- Recruiting sites for phase 1 from April 2013 NOW!

Software Developers

1. Blithe – Lillie
2. Mill Systems –Telecare
3. IMS – preView
4. 6PM – CLIMATE
5. AxSys – Excelicare
6. In Touch With Health

Pilots sites

Outside London

- Bolton
- North Manchester
- Sheffield
- Heartlands
- Selly Oak (Whitall Street Clinic)
- Brighton

London

- Chelsea & Westminster
- North Middlesex
- Homerton
- Barts and The London
- Mortimer Market

Further information:

HARS:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/HIVAndAIDSRreportingSystem>

Commissioning:

<http://www.dh.gov.uk/health/2012/04/pbr-sexual-health/>

Available on request:

- HARS system specification
- HARS technical and behavioural guidance

Questions: HarsQueries@hpa.org.uk

HARS webpage

Health Protection Agency

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HIV

HIV continues to be one of the most important communicable diseases in the UK. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. Each year, many thousands of individuals are diagnosed with HIV for the first time. The infection is also frequently reported as stigmatising and has a prolonged latent period during which it often remains undiagnosed. AIDS (Acquired Immune Deficiency Syndrome) is the final stage of HIV infection.

Related information

- Sexual health profiles and index
- HIV and STIs
- Geographical Data
- HIV/STIs Prevention groups
- HIV and STIs Statistics
- STIs Annual Slide Set 2011
- Sexual Health Programme
- Sexual Health Promotion
- HIV and STIs Useful Links
- HIV and STIs 2005 - 2012 Reports
- Data for Commissioners
- Migrant Health Guide

Latest HIV Reports available from Publications

- New HIV and AIDS diagnoses and deaths in the United Kingdom in 2011
- Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas: April 2012
- HIV in the United Kingdom 2011 Report
- Sexually transmitted infections in men who have sex with men in the UK 2011 report
- Time to test for HIV: Expanding HIV testing in healthcare and community services in England
- Sexually transmitted infections in black African and black Caribbean communities in the UK 2010 report

HIV Surveillance at HPA

The new HIV and AIDS Reporting System (HARS)

A new data system, the HIV and AIDS Reporting System (HARS), has been developed by the HPA. This system will eventually replace the reporting of SOPHID and new HIV diagnoses. The HARS system has been designed to collect data to enhance public health surveillance outputs and support commissioning.

Overall HIV Prevalence

HIV prevalence is defined as the proportion of people in a population who are infected with HIV. The HPA conducts a series of surveys (LAPUS) in different populations: pregnant women, injecting drug users and men who have sex with men. These surveys test anonymised samples and measure the prevalence of both diagnosed and undiagnosed HIV infection.

Receiving HIV care

HPA records data for all individuals with diagnosed HIV infection and attend for medical care within the HPA in England. The Survey of Reported HIV Infections (SRHVI) is the name of the HPA.

HPA - The new HIV and AIDS Reporting System (HARS) - Microsoft Internet Explorer provided by Health Protection Agency

http://www.hpa.org.uk/web/hpaweb/hpawebStandardPage/1317134347993

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HPA - The new HIV and AIDS Reporting System (HARS)

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Home > Topics > Infectious Diseases > Infections A-Z > HIV > The new HIV and AIDS Reporting System (HARS)

Guidelines

- Sexual health tools & resources for commissioners
- The new HIV and AIDS Reporting System (HARS)**
- Overall HIV Prevalence
- Numbers receiving HIV care
- New HIV Diagnoses
- Recent Infection Testing Algorithm (RITA) HIV incidence
- HIV Resistance
- Surveillance of CD4 cell counts
- HIV Testing

The new HIV and AIDS Reporting System (HARS)

The Health Protection Agency has developed a new dataset, the HIV and AIDS Reporting System (HARS). This system will eventually replace SOPHID and new HIV diagnoses.

HARS has been designed to:

- Reduce the reporting burden for reporting sites.** A single return will include the information currently collected for new HIV diagnoses, AIDS and deaths and SOPHID.
- Increase the efficiency of HIV surveillance.** For instance, ethnicity is currently collected across different datasets but with different coding.
- Enhance standard HIV surveillance outputs.**
- Produce quality of care indicators.** These are used to monitor the quality of care received by patients. This includes the monitoring of late HIV diagnoses, prompt integration into care and access to treatment.
- Directly support commissioning services.** Secondary analyses of the data will provide aggregate outputs that will directly inform the commissioning of HIV outpatient services through Payment by Results.

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Thank you!

- Any questions?