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Advanced Nursing Practice in HIV Care:

Guidelines for nurses, doctors, service providers and commissioners

Endorsed by:

British HIV Association
BHIVA

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Foreword from ESPCH

The 20th Century is often termed the 'Century of Biomedicine', a period of staggering biomedical and technological advance, major changes in global morbidity and mortality and greatly improved individual and population health. Yet despite such extraordinary progress, recent decades have seen a growing sense of unease, a sense that all is not entirely as it should be. As healthcare has become increasingly scientific it has in parallel become increasingly depersonalized. It seems that now that we can so very powerfully ameliorate, attenuate and cure, we are forgetting the imperative also to care, comfort and console. For sure, patients now complain openly of being treated as subjects, objects or statistics, patient advocacy organisations have proliferated and there are increasingly frequent calls for a 'new way of thinking and doing' in the care of those who suffer. This 'new way' has been termed person-centered healthcare, an approach to the care of patients that aims to shift clinical practice away from 'care as usual' in the direction of an improved model, a model which respects patients as whole persons and which integrates science with humanism.

The current Document, 'Advanced Nursing Practice in HIV Care: Guidelines for Nurses, Doctors, Service providers and Commissioners', represents a major step forward in progressing such a shift. Indeed, the authors are unequivocal:

> "The nurse is an experienced practitioner providing comprehensive care beyond the standard scope of practice and across a wider domain, possessing considerable skills and knowledge in the field of HIV. The nurse practicing at this level demonstrates expert problem solving and sophisticated clinical decision making skills working autonomously within the context of a wider multidisciplinary team. Nurses working at this advanced level will be able to manage a caseload of patients with differing and complex physical, social, psychological, cultural and spiritual needs; from HIV diagnosis through to commencing medication and managing treatments and care." (page10)

This truism well understands that people living with HIV cannot be treated simply as complex biological machines, as the subjects or objects of biological intervention. It recognises that HIV infection generates a multiplicity of complex needs that extend well beyond daily pharmacotherapy alone and that there is an urgent need to build on current models of care in an effort to deal more effectively with the range of complicating factors that typically act in concert and prevent people with HIV infection from living well. In response, this Document presents a bold and comprehensive vision and provides a range of extremely useful recommendations and innovative, auditable standards.

Achieving person-centered healthcare in practice is a complex undertaking. As we have written elsewhere, success in this context requires the coordinated action of a variety of stakeholders which, apart from the multidisciplinary clinical team, includes politicians, policymakers, researchers and educators, social services professionals, family carers, professional carers, friends, chaplains, NHS managers and transformational leaders, patient advocacy groups, media professionals and the pharmaceutical and healthcare technology industries. This Document recognises this and structures itself accordingly.

There is a great deal of practical wisdom within this Document which, we believe, will prove of immediate relevance in assisting the shift of HIV 'care as usual', which is already well developed, towards a higher level of person-centeredness. The Society commends this Document to all those colleagues who hold an ambition to treat patients as persons and extends its congratulations to the Writing Team. We look forward to collaborating actively with the NHIVNA as part of the Society's own Special Interest Group on HIV/AIDS and we welcome enquiries from all interested parties in the Society's work.

Professor Andrew Miles MSc MPhil PhD DSc (hc)
Senior Vice President and Secretary General

Professor Sir Jonathan Asbridge DSc (hc)
President and Chairman of Council

Foreword from BHIVA and NHIVNA

People living with HIV deserve excellent nursing care. HIV nursing has seen many changes over the past twenty years and the introduction of advanced nursing practice has greatly and positively impacted people's quality of life and their outcomes. The financial pressures in the NHS, changes to nursing in general and changes to the recent commissioning landscape have all had significant consequences across all diseases and all pathways.

Therefore, at this difficult time we congratulate the National HIV Nurses Association for bringing together in one place a set of guidelines demonstrating the evidence base and requirements for advanced nursing practice in order to safeguard HIV nursing care and to ensure that people living with HIV are placed at the heart of all that we do.

The guidelines detail four key elements; the core components for advanced nursing practice, competencies and educational requirements, how to commission and implement advanced nursing practice roles and the different models of HIV nursing care. The guidelines are written for everyone involved in delivering and commissioning care for people living with HIV.

We would like to thank the working group for bringing this work to fruition. We hope nurses working in HIV care use this document as a tool to support themselves on an exciting journey in HIV nursing. We hope commissioners and service providers use this to ensure that comprehensive long-term succession planning is carried out and then implemented. It is critical that we have nurses, supported at all levels, working to improve outcomes for people living with HIV as part of the wider multidisciplinary team.

These guidelines are unique and should be regarded as not only a first in HIV nursing, but a first in the nursing profession. Congratulations.

Dr David Asboe
Chair, British HIV Association

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Acknowledgements

This guideline was developed by experts in the field of HIV nursing (listed below) and members of The National HIV Nurses Association (NHIVNA). The initiative was conceived by NHIVNA and supported by a grant from the MAC AIDS Fund. This project was led and facilitated by Stephen Callaghan, Principal Consultant EQE Health. The development of these guidelines would not have been possible without the expertise and commitment of: Michelle Croston, Gary Barker, Nathaniel Brito-Ault, Eileen Nixon, Hilary Piercy, Jason Warriner, Breda Patterson, Charlie Hughes, Jane Bruton, Juliet Bennett, Simone Naylor, Siobhan Lynch, Stuart Attridge and Stephen Callaghan. We would also like to thank and acknowledge the support of Mediscript (Secretariat for NHIVNA). Thanks also to Andrew Cornes, Graphic Designer.

Contents

Introduction and background

The changing context of HIV healthcare

HIV care has gone through significant change over the last 20 years brought about by the improvement in HIV disease outcomes due to the success of antiretroviral treatments. This has redefined HIV care and it is now considered a long-term chronic condition. Although models of HIV care vary across the UK, consultant-led, nurse-delivered care is now a familiar situation for monitoring people with HIV who are stable as well as providing care for those with more complex care needs.

Standard 11 of the British HIV Association Standards of Care for people living with HIV 2013[1] states:

People living with HIV should receive care overseen by a consultant physician specialist in HIV and provided by practitioners with appropriate competencies within suitable and recognised governance and management structures.

Nurses working in HIV care are well placed to be the 'practitioner with appropriate competencies'. This is because, nationally, nursing practice has evolved both clinically and academically and now plays an essential part in the multidisciplinary approach to patient management models in a wide variety of disease areas.

The changing context of health service organisation

Nursing roles are set to become broader and delivered in a range of health settings across acute and community services due to recent commissioning changes, health service reorganisation and the re-evaluation of traditional models of care.

These changes present new and real opportunities for HIV care. In addition, the NHS Five Year Forward View[2] provides a context for nurses to lead, integrate and develop efficient and effective care for people living with HIV.

The need to define advanced practice in HIV nursing

As a result of the changing healthcare climate, there is a need to define advanced practice in the HIV setting and how this contributes to the delivery of care to people with HIV. There has been a considerable amount of work in recent years to define advanced nursing practice including publication of guidance documents that detail the components of generic advanced practice roles[3, 4, 5, 6, 7, 8] and the training requirements for developing these roles[9]. This document builds on that work by interpreting and applying the generic guidance to the HIV-specific context to assist all those involved in HIV service delivery.

This guidance document has been informed by three recent substantial pieces of work:

1. Development of the NHIVNA core and advanced level competency programme as part of the STIF framework (see **www.nhivna.org.uk**).
2. The development of outcome indicators mapped against the NHS outcome framework for HIV nurses working in outpatient and community settings (see Appendix 2).
3. The Advanced Nursing Contribution to HIV service (ANCHIVS) research project which provided detailed insights into HIV nursing roles across the country[10].

Aims and objectives of this guideline

Overall aim of the document

The aim of this document is to provide national guidance on advanced practice in HIV nursing for clinical and managerial staff, provider organisations and commissioners. This guidance situates advanced HIV nursing practice within the wider HIV care context and provides a framework for HIV nursing practice and education across acute and community sectors.

Objectives

- To describe what advanced nursing practice means in the context of HIV care, its key components and core elements.
- To define the knowledge, competencies, level of education and assessment requirements that support the development of advanced nursing practice within HIV care.
- To describe the clinical requirements including supervision and governance arrangements that support safe advanced nursing practice.
- To examine the evidence and cost-effectiveness of advanced practice roles.

Case for advanced practice

HIV will present a significant challenge to health and social care in the UK if the workforce does not receive appropriate investment across the HIV pathway. Advanced practice in HIV nursing can deliver HIV care in a timely, effective and integrated way in a variety of settings. The wider literature (see section 4) demonstrates that advanced nursing practice in many different disease areas is effective, efficient and provides value for money. Advanced nursing practice in HIV is no different. In addition:

- The HIV CRG service specification[11] places advanced nursing practice as fundamental to deliver integrated care for Specialised HIV services.
- The HIV and AIDS UK Select Committee recommend cost-effective nurse-led clinics[12].
- Advanced nursing practice improves access and retention in care. Diagnosis, and in particular early diagnosis, is important as it is a gateway to effective care and support and, furthermore, reduces long-term costs and improves outcomes.
- People living with HIV deserve the right to have the same level of advanced nursing practice expertise as provided in hepatitis C, diabetes, heart failure, asthma and many other disease areas.
- The skills, knowledge, level of academic achievement and the NHIVNA competencies that are required to work at an advanced level reduces variation in care.

Who is this document for?

- Nurses who are working at, or aspiring to work at, an advanced level in HIV care.
- Medical, clinical, and managerial leaders of sexual health and HIV services.
- Commissioners of sexual health and HIV services. In particular Clinical Commissioning Groups, specialist HIV commissioning reference group, NHS England and Public Health commissioners.

Figure 1

What does this document mean to a nurse working at, or aspiring to work at, an advanced practice level in HIV care?

Detailed guidance on what constitutes advanced practice across a range of care settings is included in this document. In addition, the required training and academic pathway and the requirements to support safe and effective clinical practice are described.

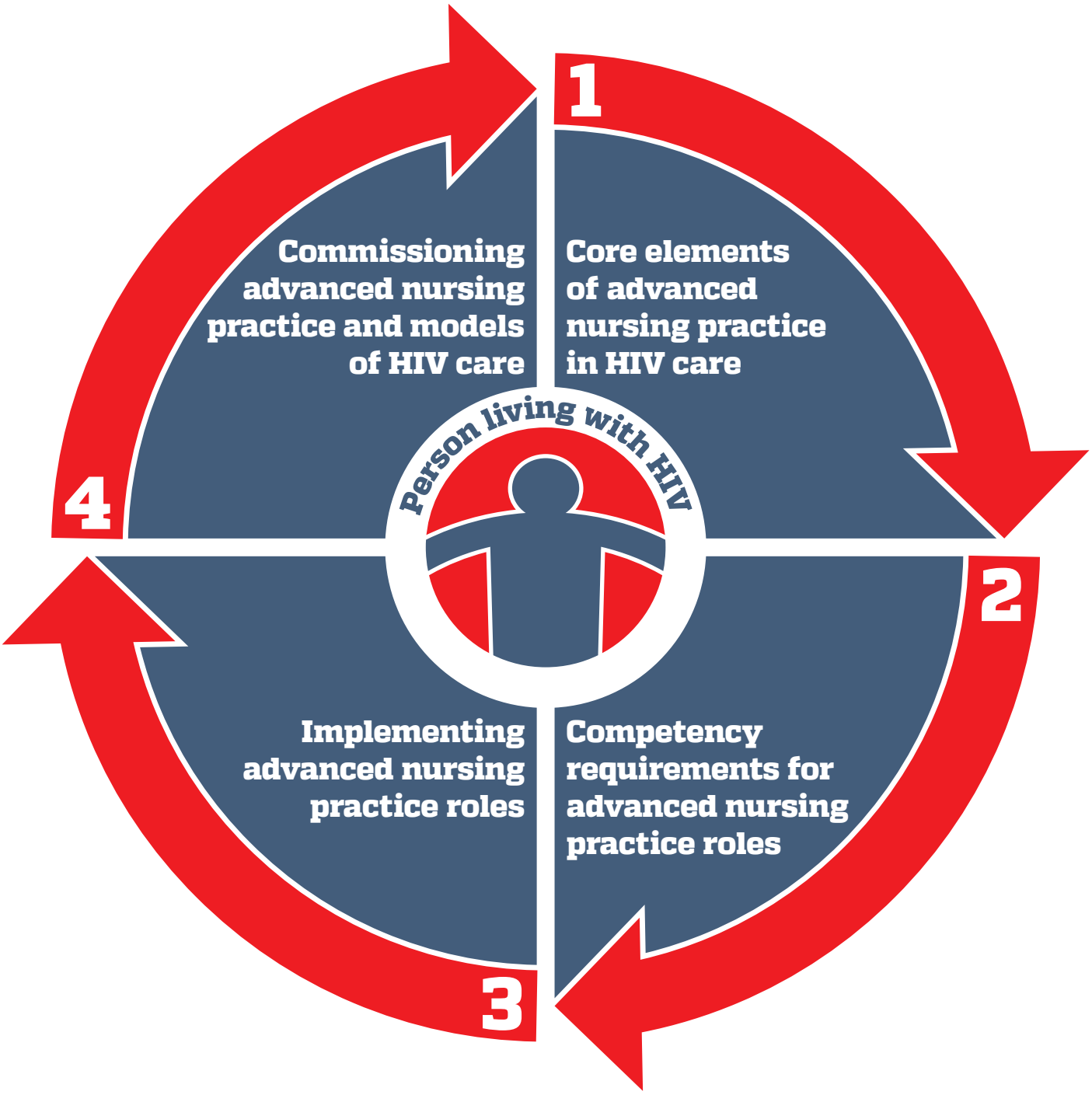
What does this document mean to a provider (NHS Trust, third sector organisation, private provider etc.) of HIV care?

This document includes essential information on advanced practice nursing to inform resource allocation and workforce planning within services. Training pathways are explained with guidance for governance, assessment and clinical supervision that are required for safe clinical practice.

What does this document mean to a commissioner of HIV care?

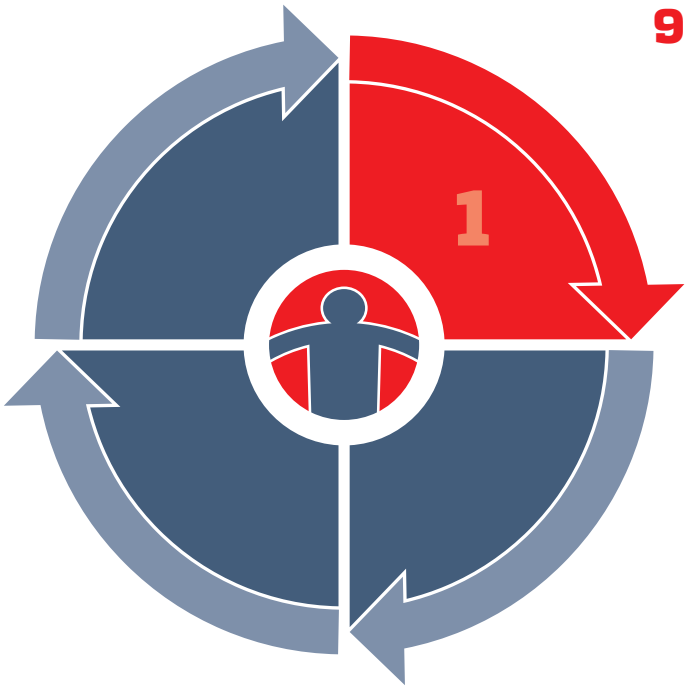
This document prepares the commissioner to appreciate and understand the broad range of roles and responsibilities, care settings, educational preparation, competencies and the value of advanced nursing practice when commissioning an HIV workforce. Evidence on the efficiency, clinical effectiveness, quality and cost-effectiveness of advanced nursing practice is provided to support the commissioner when investing in HIV care.

Figure 2: Core elements for advanced nursing practice in HIV care



NHIVNA have identified four key elements (*Figure 2*, above) that are essential in order to deliver competent, safe, effective and efficient HIV care within a governance framework. These elements form the backbone of advanced nursing practice in HIV care and provide confidence to service providers and commissioners that nurses working in advanced roles have the right clinical and academic preparation in order to achieve outcomes for people living with HIV.

As the diagram above shows, the person living with HIV should be placed at the heart of consideration, preparation and implementation of HIV care. The four key elements form the four key sections of these guidelines.



Section 1
Core elements of advanced nursing practice in HIV care

This section will:

- Discuss a range of definitions of advanced practice which exist within the UK, highlighting the core elements given within each.
- Identify the commonalities between advanced practice definitions, in order to explore core elements and their relevance to advanced practice in HIV care.

Definitions of advanced practice

NHIVNA takes the view that defining advanced practice in HIV nursing is best achieved by considering work previously published by several NHS organisations and obtaining a consensus. This section looks at definitions provided by NHS Scotland advanced practice toolkit[3], NHS Wales advanced practice framework[6], the Department of Health, advanced level practice: a position statement[4] and the Northern Ireland supporting advanced practice in health and social care[5].

There is some variation in these definitions and to adopt one definition would do an injustice to nurses working across the whole of the UK. These variations allow for the definition to be applied to a wide range of nursing roles allowing nurses with different titles to argue and support the idea that their particular role is working at an advanced practice level. It is important to understand that these definitions apply to a role, and not to a title, therefore not all Clinical Nurse Specialists or Specialist Nurses can be defined as working at an advanced practice level, but some, by the work they do, will.

Therefore, these definitions allow for a range of roles to exist within the overarching term of advanced practice which can include titles such as clinical nurse specialist, consultant nurse and specialist nurse all of whom may have elements of working at an advanced practice level within their remit.

Core elements

From these definitions NHIVNA concludes that advanced practice is primarily clinically focused, that is to say, whilst advanced practice roles contain a number of other elements the emphasis is on the delivery of expert clinical care to patients.

Figure 3, overleaf, shows the core elements of advanced practice according to each of the NHS organisations in the UK and illustrates the commonalities.

It is important to note that these elements do not sit separately but are interrelated and impact on each other.

Figure 3

Department of Health[4]	NHS Wales[6]	DHSSPSNI[5]	NHS Scotland[3]
Clinical direct patient care	Clinical	Clinical and scope of role	Clinical
Improving quality and developing practice	Research	Service improvement	Evidence, research and development
Developing self and others	Education	Education requirement	Facilitation of learning
Leadership and collaborative practice	Management and leadership	Supervision requirement	Leadership

NHIVNA suggests that there is consensus arising from the definitions considered above, and that this gives rise to the identification of the following, as key components of advanced nursing practice:

1. Clinical practice

2. Service evaluation, service improvement and research

3. Continuing professional development of self and others

4. Leadership, consultancy and influencing future nursing practice development

1. Clinical practice

This is the most prominent element of HIV advanced practice roles. The nurse is an experienced practitioner providing comprehensive care beyond the standard scope of practice and across a wider domain, possessing considerable skills and knowledge in the field of HIV. The nurse practicing at this level demonstrates expert problem solving and sophisticated clinical decision making skills working autonomously within the context of a wider multidisciplinary team.

Nurses working at this advanced level will be able to manage a caseload of patients with differing and complex physical, social, psychological, cultural and spiritual needs; from HIV diagnosis through to commencing medication and managing treatments and care. Educational and experiential expertise will allow the nurse working at an advanced practice level to assess individuals holistically using a range of different methods including physical examination, ordering and interpreting diagnostic tests and prescribing appropriate therapeutic interventions.

The premise underpinning practice at this level is to improve the quality of care and patient experience predominantly from within a health promotion or prevention paradigm.

While nurses working at advanced practice level will be self-directed and practicing largely autonomously, they will not operate in isolation. Clinical supervision, support and guidance from both the multidisciplinary and consultant-led medical team are essential. Indeed the nurse working at an advanced practice level will plan and manage each patient's episode of care in partnership with other members of the multidisciplinary and multi-agency team and the patient. Importantly the nurse working at the advanced practice level will, through expert knowledge and reflective practice, appropriately define the boundaries of practice.

Knowledge and skill limitations will be recognised and appropriate onward referrals made, in order to optimise the health outcomes of patients.

2. Service evaluation, service improvement and research

Extending the established boundaries of nursing practice requires supporting, favourable evidence. Evidence should originate from a number of sources for example:

- Service evaluation that enables further service development, both within the context of multidisciplinary care and also that of nurse-led care.
- Audit evidence that demonstrates outcomes, quality, safety and that compassionate care is being provided by advanced nurse practice roles.
- High-quality research that incorporates the value of the patient experience and uses this to inform service development and delivery on a local and national level.

3. Continuing professional development of self and others

The nurse working at an advanced practice level will also prioritise the continuing professional development of other healthcare providers within this sphere of influence. This can be achieved through many channels; for example the nurse working at an advanced practice level may:

- Become an experienced work-based educator and assessor, role modelling high standards of care delivery.
- Establish links with local educational establishments.
- Inform and advise on the design, planning, implementation and assessment of HIV training packages using didactic methods of delivery including e-learning, 1:1 learning and other methods.
- Use competency-based assessments to ensure knowledge and skills attainment are at the heart of the development of both his/her own and others' practice.
- Identify innovative ways of assessing competence to ensure knowledge is embedded within clinical practice.
- Develop and deliver supervisory networks so that all nurses become reflective practitioners and feel supported in their role.
- Disseminate knowledge identified through the audit and research outputs at local, national and international levels via conference presentations and writing for publication.

4. Leadership, consultancy and development of future nursing practice

The nurse working at advanced practice level is continually redefining boundaries of nursing practice, constantly reviewing and questioning his/her scope of practice and evaluating outcomes whilst endeavouring to develop new nursing knowledge within the field of HIV.

At this level the nurse is expected to lead by example, acting as a role model for junior nurses and other members of the multidisciplinary team.

Section 2

Competency requirements for advanced nursing practice roles

This section will include the following:

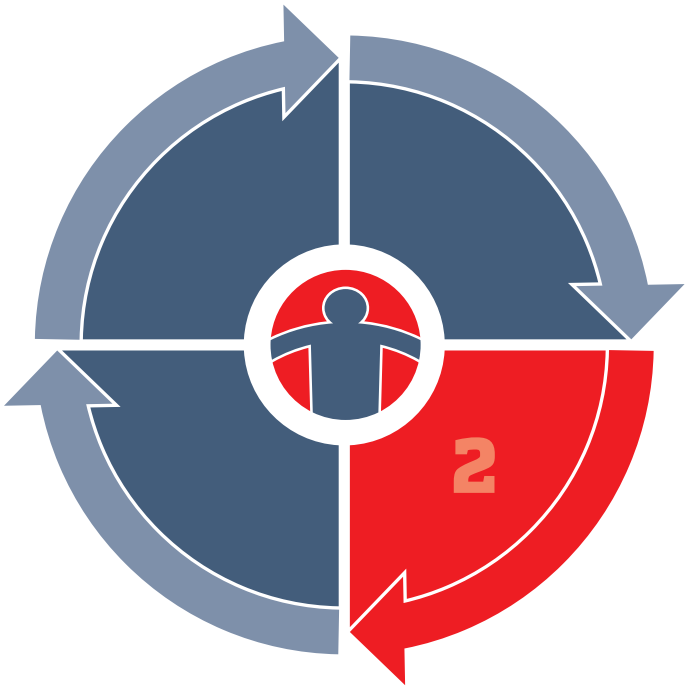
- Academic Qualifications
- HIV-specific skills, knowledge and competencies
- Continuing professional development requirements

Within HIV nursing practice the development of more evidence-based nursing, new technologies, pharmaceutical advances and people with complex comorbidities requires us to develop new ways of working. Therefore, focused education and training are fundamental[13] in developing and maintaining advanced nurse practice within HIV care in order to meet the needs of the person living with HIV. The following section offers guidance on how a level of advanced practice can be achieved and then sustained.

Academic qualifications

NHIVNA recognises the importance of nurses working at advanced practice level being educationally prepared for the role. Therefore, nurses working at advanced practice level within HIV care should be educated to or working towards masters level of academic accreditation. Nurses working at advanced practice level should undertake the non-medical prescribers course, clinical examinations and undertake a research methodology module.

Within the academic pathway, nurses may choose to undertake a professional doctorate or PhD as part of their personal and professional development. Whereas this is not a prerequisite for HIV nurses working at advanced practice, it enables the body of HIV nursing knowledge to be developed through nurses engaging in research.



HIV-specific skills, knowledge and competencies

Required NHIVNA competencies to practice at an advanced practice level within HIV

In order for an advanced level of practice to be achieved, the NHIVNA nursing competencies are fundamental in laying the foundation for nurses to begin their journey to an advanced level of practice. Nurses working at advanced practice level in HIV care will be expected to practice at competency level 4. The HIV nursing competencies can be accessed via the nhivna website:

http://www.nhivna.org/competencies.aspx.

Assessment of competencies in practice should be undertaken by a clinician (doctor or nurse) and line manager competent in the HIV field of practice and who has an in-depth understanding of the components of the advanced practice role. It is advised that competencies are reviewed on a regular basis and can be linked to the NMC revalidation process.

E-learning modules

All nurses working at advanced practice level within HIV care are required to undertake HIV Insight e-learning modules that incorporate basic knowledge and advanced practice learning.

The modules are designed to develop the nurse's knowledge. The first five modules focus on understanding HIV, caring for people living with HIV, antiretroviral therapy, health promotion and HIV testing. After completion of the first five modules nurses can then go on to undertake the advanced modules such as Treatment as Prevention (TasP) and HIV and ageing. NHIVNA's e-learning modules are free to access via the NHIVNA website and are underpinned by the NHIVNA competencies. The e-learning modules continue to be developed in partnership with the NHIVNA executive and are designed to build on nurses' knowledge and competencies – all modules should be completed. They can be accessed at www.nhivna.org.uk

National validated qualification in HIV care

NHIVNA has worked in partnership with the British Association of Sexual health and HIV (BASHH) educational arm, the 'Sexually Transmitted Infections Foundation' (STIF), in order to create core competency training and work-based assessment programmes for nurses working in HIV care. For further details, see: **www.nhivna.org.uk**

The core competency training and assessment programme

All nurses working within HIV care should undertake the NHIVNA core competency training program. The NHIVNA core competency program is a nationally recognised training and assessment qualification in HIV for nurses and midwives working in primary, community and secondary care. The core competency programme involves clinical assessments during which time a trainee is observed working with patients, receives training and is assessed in practice. The course uses a blended learning approach to meet the courses curriculum consisting of e-learning modules, practice-based assessments and observations.*

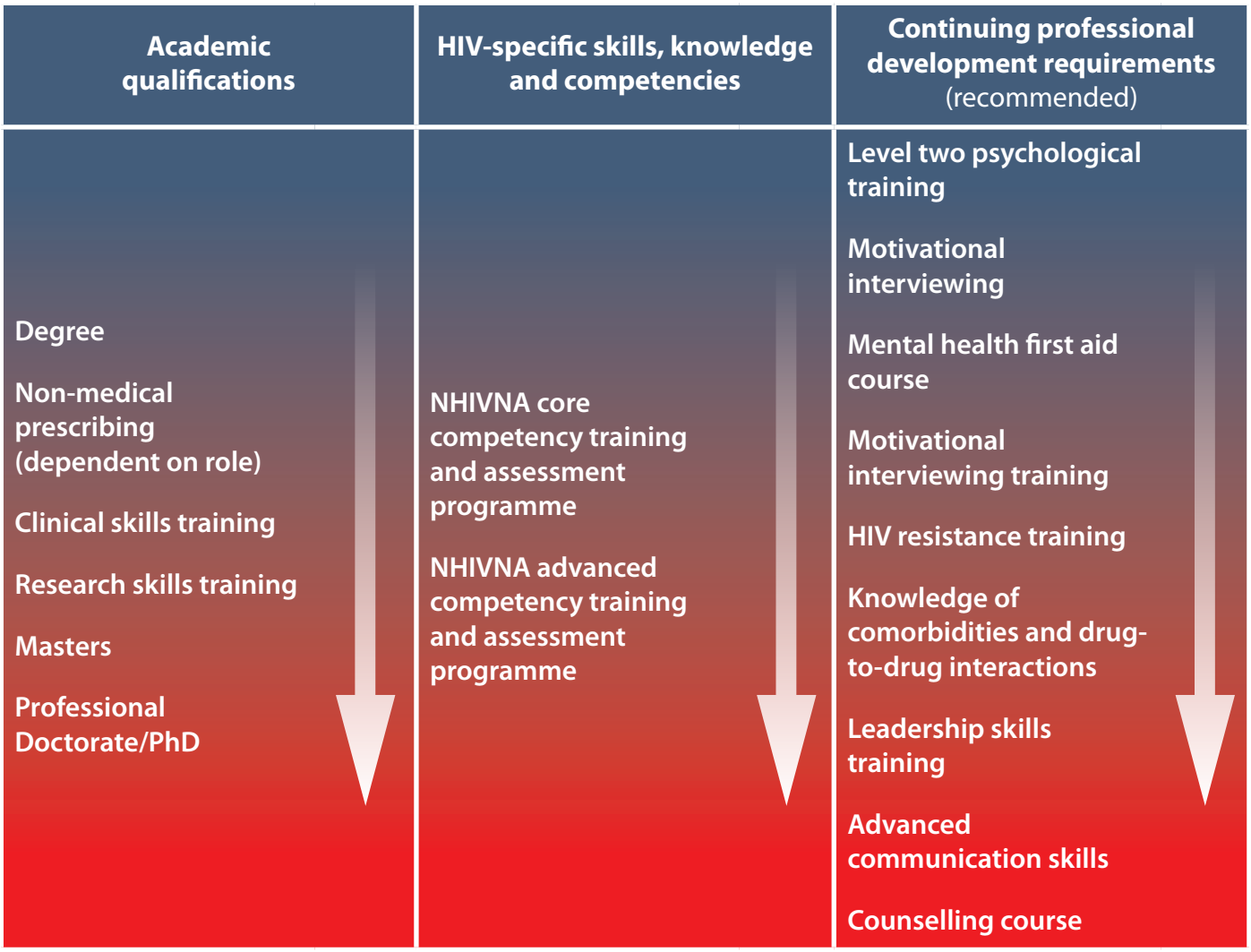
The advanced competency training and assessment programme

Nurses working at advanced practice level within HIV care are required to undertake the NHIVNA advanced competency training programme. The advanced competency training is a work-based programme that assesses nurses working at advanced practice level within HIV care. Similar to the core competency programme, the course uses a blended learning approach to meet the course's curriculum consisting of e-learning modules, practice based assessments and observations.*

Figure 4, overleaf, demonstrates the educational requirements for nurses working at advanced practice level within HIV care.

*See the NHIVNA website for more information: www.nhivna.org/AdvancedPractice.aspx

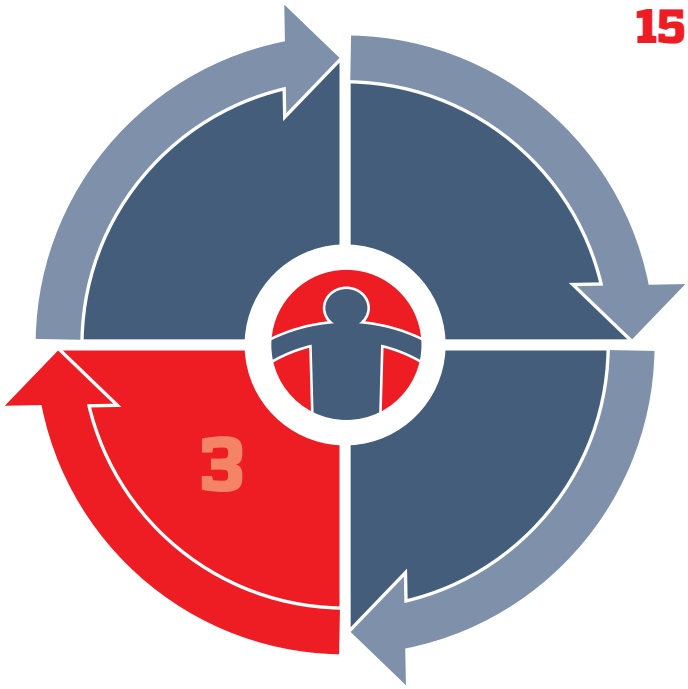
Figure 4: Educational requirements for nurses working at advanced practice level within HIV care



Continuing professional development requirements

NHIVNA recommends continuing professional development with the focus of study building on existing knowledge to ensure competencies are kept up to date. Continuing professional development (CPD) should take into consideration the changing needs of the disease area and include chronic disease management knowledge. NHIVNA is committed to providing CPD via a blended learning approach utilising e-learning modules, study days, conferences and through journal articles within HIV nursing. It is recommended that nurses working at an advanced practice level utilise the learning opportunities provided by NHIVNA alongside identified professional development needs.

Section 3
Implementing advanced nursing practice roles



This section will:

- Support nurses, managers, service providers and commissioners to implement advanced nursing practice roles as part of a wider multidisciplinary team in settings that will achieve desired outcomes.

Introduction

It is critical that the implementation, optimal utilisation and evaluation of the advanced nursing practice role are effective and successful for the commissioner, service provider, nurse and significantly, the person living with HIV. There is no 'one size fits all' approach to implementing advanced nursing practice roles and therefore NHIVNA have identified a minimum of five key elements that are required when implementing advanced practice roles within HIV care. These are:

- **Workforce planning**
- **Succession planning**
- **Governance**
- **Job planning**
- **Clinical supervision**

Workforce planning

Implementing advanced nursing practice roles within the context of HIV models of care (*Section 4*) requires careful consideration. Consequently, it is important that an integrated workforce planning process is used to identify the types of advanced practice roles that need to be developed[6].

The table below (*Figure 5*) is one example that demonstrates a six-stage process to implementing the advanced practice role and can be used to support organisations to make decisions regarding role use and skill mix.

Figure 5

Stage 1	Define the future service provision and plans
Stage 2	Analysis of current vision, workforce configuration
Stage 3	Forecast workforce requirements and configuration to meet service need - including risk-assessment
Stage 4	Planning for delivery
Stage 5	Proposals for performance management and review (organisation only)
Stage 6	Recommendations for workforce delivery

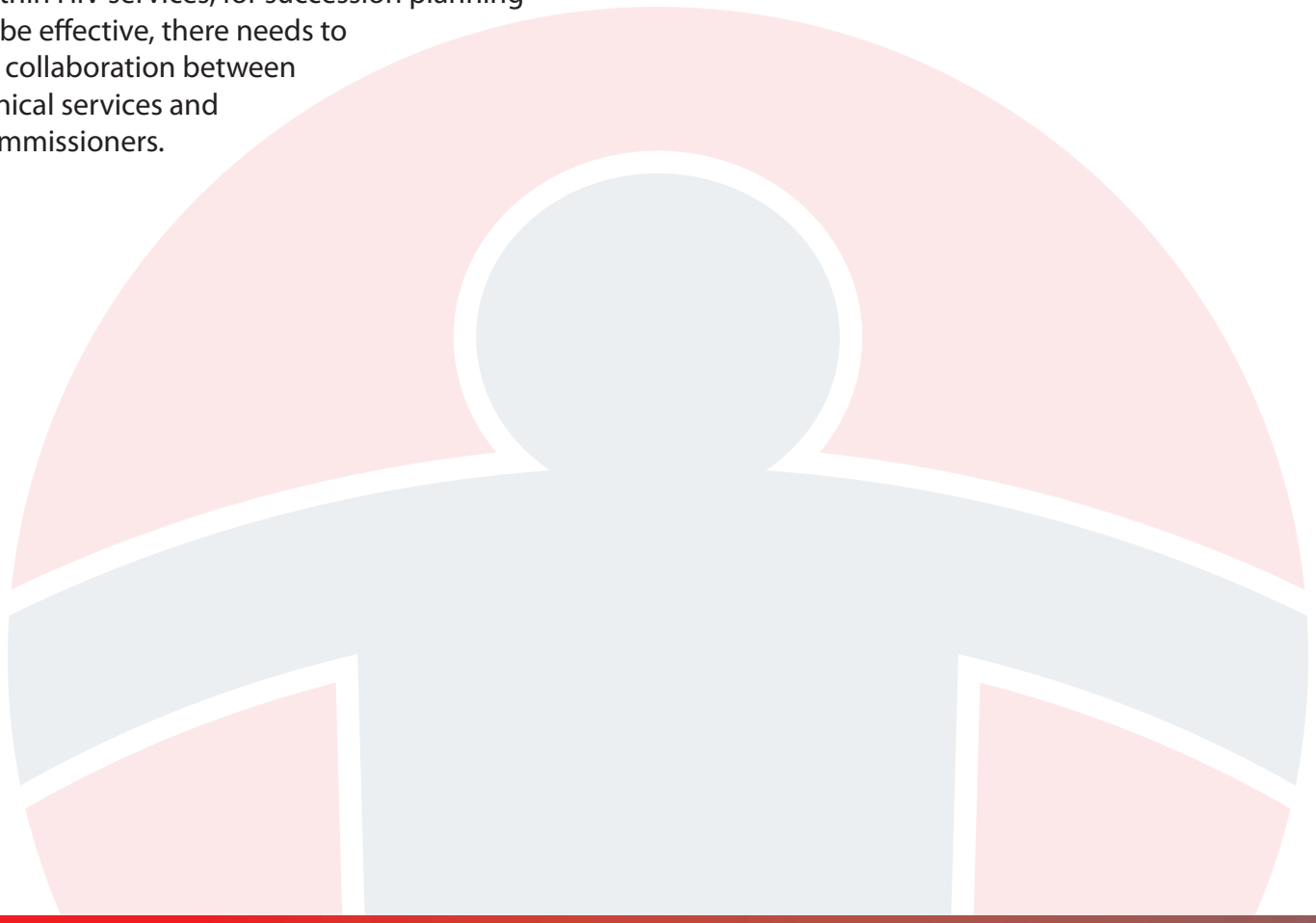
Succession planning

It is a process to maintain prosperity for the organisation through continuity in leadership and risk minimisation by ensuring that the organisation is not vulnerable because it does not have the right people in place to deliver its business plans. Succession planning should be dynamic, ongoing and systematic. Ultimately it will provide a cadre of talented and ambitious people who are ready to assume more senior responsibilities.

Succession planning is not unique to healthcare, Turner and Kalman[15] have published the concept of talent management in all areas of business. They set out certain principles that should be followed for succession planning:

- **The post contributes towards the realisation of goals and objectives.**
- **The key roles for succession planning are identified.**
- **There is support of senior managers/directors.**
- **It is incorporated as part of the Trust, wider HR and talent management strategies.**
- **Clear lines of responsibility are identified to evaluate if there are the right people with the right skills/experiences.**
- **A comprehensive set of tools and guidelines to support the organisation are created and implemented.**

Within HIV services, for succession planning to be effective, there needs to be collaboration between clinical services and commissioners.



Governance

Risk occurs when professional's take on roles and responsibilities for which they lack the competence to carry out care safely and effectively. Where professionals' practice with inadequate safeguards there is a risk of harm to service users[6].

It is inherent in advanced nursing roles that new responsibilities are taken on, therefore there is a need for organisations to ensure that robust governance arrangements, surrounding all types and levels of practice, are in place prior to the establishment of the role. This is necessary for advanced nursing practice roles to fully function[6].

A governance structure for advanced nursing practice ensures safe and effective care is provided by appropriately qualified nurses. NHS Wales[16] have developed a governance framework for advanced nursing practice drawing on different policies and frameworks. NHS Wales' *governance umbrella* is demonstrated in *Figure 6*, below.

Figure 6

Making it **Safe**	Making it **Sound**	Making it **Better**	Making it **Work**	Making it **Happen**
Standards of conduct, Performance and Ethics (NMC 2008 HPC 2008) KSF outline CAJE summary report PADR	Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (NLIAH 2010)	Together for Health (WG 2012) NHS Wales Annual Quality Framework (2012) BCUHB 5-year plan 2011	A strategy for a flexible and sustainable workforce (NLIAH 2008) Advanced Practice - The Portfolio NLIAH 2012	All Wales Guidelines for Delegation (NLIAH 2010) Post-registration Career Framework (2009)

In addition to the governance umbrella, it is recommended that nurses working in advanced roles must:

- Have appropriate qualifications
- Maintain a professional portfolio
- Identify competencies appropriate to their role and job description, and be assessed using appropriate tools
- Participate in an annual performance review

Good governance regarding role development and implementation must be based upon consistent expectations of the level of practice required to deliver the service. This is best achieved through the benchmarking of such posts against nationally agreed standards and processes[6].

Advanced level practice reflects a set of responsibilities, competencies and capabilities which act as an indicator of a particular stage on the career development ladder and that practitioners are always accountable to their regulatory body whatever the level or context of practice[6].

Job planning

Job planning provides the opportunity for nurses, managers and commissioners to design roles that best meet the needs of patients/clients. Job planning may be overlooked by nurses and their employers. NHIVNA recommend all nurses should have an agreed job plan. This should be reviewed annually or when there is a change in circumstances e.g. changes in working hours, service delivery or commissioning contracts.

The job planning process should be[17]:

- Undertaken in a spirit of collaboration and cooperation
- Focused on measurable outcomes that benefit patients
- Consistent with the objectives of the NHS, the organisation, teams and individuals
- Clear about the supporting resources the trust will provide to ensure that objectives can be met
- Flexible and responsive to changing service needs during each job plan year
- Fully agreed and not imposed
- Focused on enhancing outcomes for patients whilst maintaining service efficiency

Job plans are an annual agreement between the employer and the practitioner setting out:

- What work you do for the trust
- When that work is done
- Where it is done
- How much time you are expected to be available for work
- What this work will deliver for the employer, employee and patients
- What resources are necessary for the work to be achieved
- What flexibility there is around the job plan

The diversity of roles, interventions and settings of nurses working at an advanced level in HIV care contributes to the lack of a recognised format of job plans (unlike medical consultants). Therefore, when developing job plans they should demonstrate, as a minimum, the effectiveness and efficiency of the nurse within the MDT.

Job plans should be split into sessions, typically four hours long, but this can vary between organisations. These sessions should be divided into clinical activity (CA) and supporting professional activity (SPA). There is no absolute rule regarding the proportion of time for CA and SPA.

Nurses working in an advanced nursing practice role should have an appropriate amount of clinical activity dedicated to patient administration which may include reviewing results and referral letters.

Clinical activity may include (this list is not exhaustive):

- Nurse-led clinics (face-to-face or virtual)
- MDT clinics
- MDT/resistance meetings
- Group patient education
- Ward rounds
- 1:1 patient care
- Home visits
- Reviewing patient results
- Repeat prescriptions

Supporting clinical activity may include:

- Audits
- Writing protocols / guidance
- Staff management / service management
- Teaching
- Clinical governance

Clinical supervision

NHIVNA recommends that all nurses working in HIV care have clinical supervision. Clinical supervision allows nurses to discuss cases in a supportive and non-judgemental way. It allows them to think proactively and find solutions to problems, e.g. dealing with difficult situations or conflict. Clinical supervision should not be used as a management tool to monitor performance and is not a form of counselling.

Clinical supervisors should be experienced and may not necessarily come from a nursing background, e.g. clinical psychologist. There is no set standard for how often clinical supervision should take place; however, it should be on a regular basis.

The broad aims of clinical supervision are to:

- Improve practice
- Improve care
- Make staff more accountable for their actions/ inactions
- Develop reflective practice
- Challenge poor performance
- Reinforce good practice
- Act as a catalyst for change

The Care Quality Commission[18] describes clinical supervision as an opportunity for staff to:

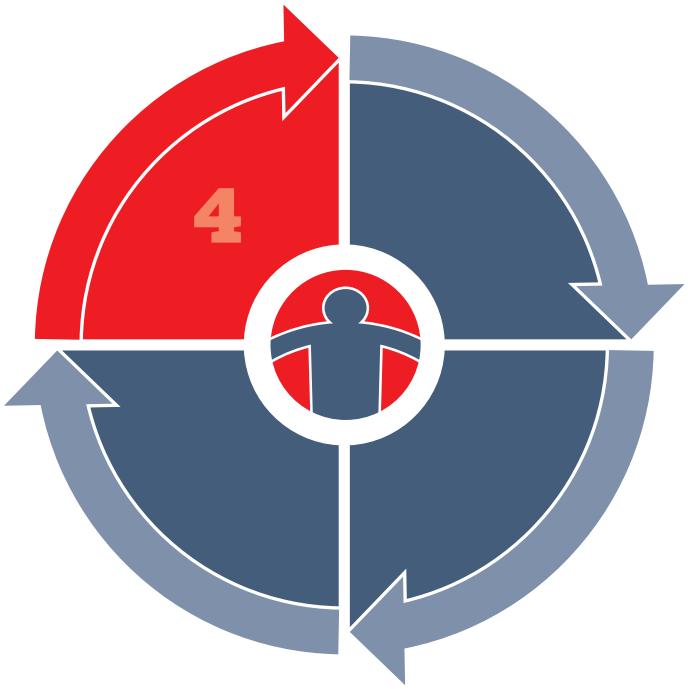
- Reflect on and review their practice
- Discuss individual cases in depth
- Change or modify their practice and identify training and continuing development needs

Summary

Research recommendations[19] for improving the introduction of APN roles include the need for a collaborative, systematic and evidence-based process designed to:

- Provide sufficient data to support the need and identify goals for a clearly defined role.
- Support the development of a nursing orientation to practice characterised by patient-centred, health-focused and holistic care.
- Promote full use of advanced nursing practice knowledge, skills and expertise in all role domains.
- Create environments that support advanced nursing practice role development within the healthcare team, practice setting and broader healthcare system.
- Provide ongoing and rigorous evaluation of advanced nursing practice roles related to predetermined outcome-based goals.

Section 4
Commissioning advanced nursing practice and models of HIV care



This section is designed to:

- Support commissioners, provider organisations and nurses working in an advanced practice role to understand the wide-ranging benefits, value and cost-effectiveness that advanced nursing practice can bring to HIV care.
- Support the commissioner to appreciate and consider the advanced nursing practice role when commissioning an HIV workforce.
- Validate investment decisions in advanced nursing practice roles and models of care.

Introduction

Advanced nursing practice in HIV care not only brings a high level of nursing expertise, competency and knowledge to an HIV service but also value for money; a key objective for commissioning organisations to demonstrate and prove in service evaluation[11, 20].

Understanding the costs, outcomes and the long-term impacts achieved by advanced nursing roles (e.g. reduced HIV transmission, improvements in quality of life, increased adherence to medication, increased social inclusion, reduced unplanned hospital admissions etc.) helps commissioners to appreciate the value that this role brings for people with HIV across the pathway.

One universally accepted definition of value in healthcare defines value as 'health outcomes divided by cost'[21, 22]. Gray and Porter[23] enhance the understanding of value further by describing the concept of 'opportunity value'. Opportunity value in HIV care can be evidenced, for example, by the complex psychosocial support provided on a regular basis (and not necessarily contracted for) by nurses working at an advanced level.

Evidence exists on the link between the provision of psychosocial support by HIV nurses and improvements in quality of life[24], access and retention in care[25]. It is this broader concept of value that commissioners need to be aware of when considering commissioning or decommissioning the HIV workforce and also when considering how CQUIN indicators such as promoting patient engagement, peer support and self-management[26] are achieved and by whom.

Why advanced nursing practice for HIV care?

The framework for advanced practice by Health Education Yorkshire and the Humber[9] states that ***'Evidence demonstrating value for money and enhanced quality of care may be required.'***

In times of austerity and with nursing posts under ever more scrutiny, 'may be required' is not enough in evaluating value for money in the advanced practice role—it is essential. The guidance on advanced practice from the four nations[3, 4, 5, 6] supports the wide-ranging benefits of advanced practice.

David Keepnews' white paper on mapping the economic value of nursing[27] highlights a global common theme for consideration by commissioners on the cost and value of nursing. Keepnews concludes that an improved understanding of the economic value of advanced nursing practice is a tool for explicating and asserting its broad value - both economic and social.

That broader value includes functions that may have little quantifiable economic impact, but which are central to the identity of nursing as a discipline focused on care and compassion and key to the profession's social contract.

In addition to value, there is a growing body of evidence for the HIV nursing contribution to HIV care. Sanne and colleagues[28], in their landmark non-inferiority study, have demonstrated the effective role of nurses in initiating and managing patients on antiretroviral therapy in a developing country setting. In the Netherlands, nurse consultants have been ranked in between general physicians and HIV specialist doctors in most aspects of quality care for patients with chronic HIV infection[29]. There are also specific studies in advanced nursing in HIV that demonstrate clinical effectiveness[30] and specific studies that value the skilled practitioner in HIV care[31]. The latest findings from the Advanced Nurse Contribution to HIV Services (ANCHIVS) study[10] support and enhance the growing evidence-base from a UK perspective.

Newhouse and colleagues[32] systematic review on outcomes in advanced practice (which included HIV care) reported that there is high level evidence that advanced nursing practice provides safe, effective quality care to a number of specific populations across the lifespan in a variety of settings. There are many positive studies regarding the clinical and cost-effectiveness of advanced nursing practice in areas such as accident and emergency, primary care[33] and disease specific areas such as cardiac surgery[34].

A recent economic assessment of the community HIV clinical nurse specialist (CNS) role by Watson[45] concluded that in areas of high HIV prevalence and complexity, the community HIV CNS is an essential part of the multidisciplinary team and furthermore, the potential for escalating costs if the role were to be decommissioned was clearly reported.

Therefore, given the evidence and the disciplined approach to competencies and educational preparation recommended by NHIVNA for HIV nurses in the UK, there is a robust case that nurses working in advanced practice roles in HIV care are clinically effective, efficient and cost-effective and this is more evident in HIV care than in many other disease areas.

In support of advanced practice, the HIV and AIDS UK Select Committee in 2011 recommended expanding the use of 'cost-effective nurse-led clinics' in the monitoring and assessment of HIV patients to reduce pressure on specialist services[12]. This recommendation and the definition by NICE of 'cost-effectiveness'[35] (see *Figure 7*, below) supports advanced nursing practice and has far-reaching positive impacts such as the influence on the person with HIV, their partners, the wider public health agenda and specific public health outcomes[36] (e.g. people presenting with HIV at a late stage of infection).

In validation of the HIV and AIDS UK Select Committee recommendation, clinical and cost-effective nurse-led clinics have been clearly demonstrated in other disease areas[37, 38]. Furthermore, economic studies of advanced practice in the US[39] have demonstrated that by having more nurses working in advanced roles there is better access to care, better quality and reduction in avoidable costs (e.g. hospitalisations) in the process. The study concluded that it is rare that a health policy change offers such gains across all three dimensions of health system performance.

Figure 7

NICE assess three issues in relation to cost-effectiveness[35]:

- Is a service or intervention effective (that is, does it achieve what it sets out to achieve)?
- Is it more effective than the alternatives and, if so, by how much?
- How much does it cost compared with the next best alternative?

It is the broader aspects of value, knowledge and expert practice that makes advanced nursing in HIV essential to the HIV workforce. *Figure 8*, overleaf, provides examples and evidence of where an advanced practice role in HIV care can provide value, quality and standards matched against the five areas of practice.

Figure 8: Examples and evidence of where advanced nursing practice in HIV can provide value, quality and standards

Area of practice	Example	Evidence of value, quality and standards
Building a network of care and support for newly diagnosed patients	Initial assessment of psychosocial and medical need, escalating treatment where necessary. Where patients diagnosed on hospital ward, visits to ensure patients are linked into HIV services to receive treatment and care.	HIV quality of care measures - linkage to care. Standards for psychological support for adults living with HIV[40]. Benefit of getting undetectable viral loads, improving health, reducing onward transmission.
Monitoring supporting and Promoting self-management and retention in care	Running nurse-led clinics. Delivering services in alternative settings to improve accessibility and uptake. Ongoing support with treatment adherence.	HIV quality of care measure - retention in care. HIV Service Specification. BHIVA Standards of care for people living with HIV[1]. Improving access to care. Retention in care and disease control leads to less costly treatment and management in the future.
Proactive support to facilitate re-engagement in care	Identifying those at risk of disengaging and providing individualised support. Home visits for vulnerable patients who have disengaged with care. Individualised approach to identifying and removing barriers that prevent vulnerable patients accessing care and adhering to treatment.	HIV quality of care measures - linkage and retention in care. HIV Service Specification. BHIVA Standards of care for people living with HIV. Cost savings associated with hospital admissions that result from discontinuing treatment. Improving access to care. Improvement in outcomes.
Coordinating packages of care for patients with complex care needs	Working with those who have very complex needs and coordinating activities of clinicians and multiple agencies to ensure comprehensive care and to prevent duplication.	Cost and resource implications of coordinated multiple agency input to individual patients. Reducing hospital admissions. HIV Service Specification.
Health promotion including prophylaxis, risk reduction and partner notification	Public health interventions - HIV testing.	HIV quality of care measures - reducing those with undiagnosed HIV infection. The costs of HIV care remain 50% higher for each year after diagnosis if the diagnosis is late[41].

Models of Care

The advancement in treatment and management of HIV care over the past two decades has led to innovation in how and where patients are cared for to improve health, well-being and quality of life. This dynamic shift in how people with HIV are managed has led to the development of alternative models of care. Consequently, differences exist around the country in terms of the way that HIV nursing provision is deployed and the extent to which this includes community provision. The availability and organisation of community HIV nursing provision is a key determining factor in the ability of services to provide targeted care and psychosocial support for those with complex needs who are at risk of disengaging from treatment.

NHIVNA have outlined examples of four different care models that have been shown to achieve positive outcomes for people living with HIV for consideration by both commissioners and providers (from the ANCHIVS study[42]). The four models are detailed in *Figure 9* on page 24, overleaf, and indicate substantial variability in the amount of community nursing provision across the country.

Solutions are evolving to improve service delivery [efficiency] and improve outcomes [effectiveness] and nurses working at an advanced practice level are in a prime position to provide the flexibility and experience required to deliver confident and competent HIV care. Understanding the common themes and differences of other disease areas[43] provides nurses, commissioners and providers with opportunities to improve care delivery and, furthermore, become innovative in how outcomes are achieved.

Addressing an unmet need example: a community nurse model

There are a number of areas in England that have longstanding community nursing services and some recently developed for people living with HIV[44, 45]. This model, supported by the MDT, provides care for people who are disengaged with traditional models of care (and therefore service delivery is predominately in the person's home) and in addition provides a shared level of care (e.g. people with erratic attendances requiring additional monitoring, support or management of treatment switches). The services are broad and flexible to meet needs and consist of psychological adherence support, medicines management, a nurse-led community virtual clinic, caseload management, care coordination and HIV testing. Safeguarding, mental health issues, vigilance and rescue work have been a regular feature identified and addressed at home visits. Training and support to other services is another essential key feature. Recent work by Watson[45] has demonstrated that his role not only adds value but avoids considerable costs.

Summary box

Basic principles

Value = health outcomes divided by cost.

Value for money = the optimal use of resources to achieve the intended outcomes (spending well, spending less, spending wisely).

Cost effectiveness = an intervention is said to be 'cost effective' if it leads to better health than would otherwise be achieved by using the resources in other ways.

Advanced nursing practice...

- Is cost effective
- Provides value and value for money
- Improves access to care and retention in care
- Improves quality care and quality of life
- Reduces psychosocial problems
- Reduces variation in care
- Prevents avoidable costs
- Achieves outcomes

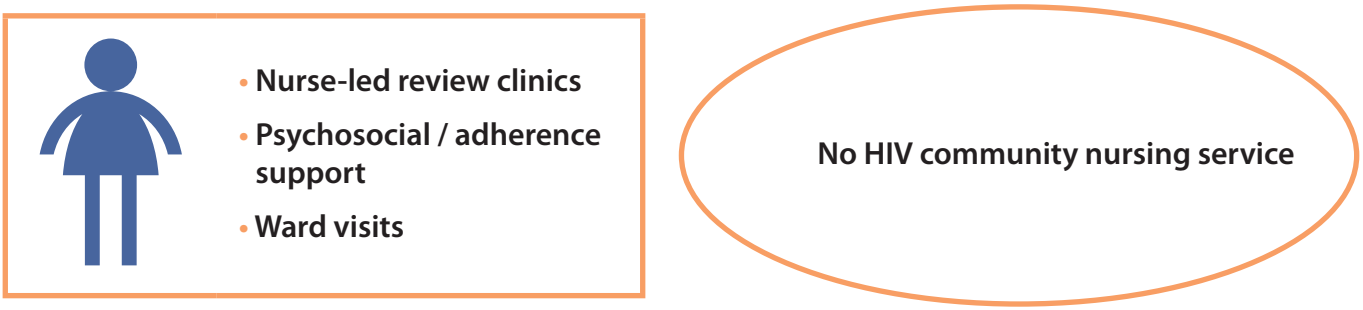
When designing an efficient and effective HIV workforce...

- Commissioners must have regard to the evidence of the effectiveness, efficiency, cost effectiveness and the broader concepts of value of nurses working in advanced roles within HIV care.
- Nurses working in HIV care must support and contribute to the evidence by demonstrating clinical quality, delivery of outcomes and competency.
- Providers must ensure that they have a robust sustainable HIV workforce underpinned by education preparation and governance.
- Providers should be supporting current nurses in demonstrating their overall added value in terms of cost, quality and effectiveness.

Figure 9: Models of HIV specialist nursing provision

1. HIV specialist nurses employed by HIV services and working in hospital settings only

Observed in high and low prevalence urban settings



2. Hospital-based nurses providing occasional community input

Observed in high prevalence metropolitan and low prevalence urban and rural settings

3. HIV specialist nurses employed by HIV services and working across hospital and community settings

Observed in low prevalence rural setting

4. Two separate HIV specialist nursing teams: one working in HIV services and one working in the community

Observed in high and low prevalence urban settings

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Appendices

Appendix 1

Department of Health advanced nursing practice domains and elements

Department of Health advanced nursing practice domains and elements	Examples from the ANCHIVS study
1. Clinical/direct care practice	
1.1 Practise autonomously and are self-directed	Nurse-led HIV outpatient clinics, virtual HIV clinics for results management, Nurse-led PEP service, Nurse-led New-fill injection service, caseload management and care coordination.
1.2 Assess individuals, families and populations holistically using a range of different assessment methods, some of which may not be usually exercised by nurses such as physical examination, ordering and interpreting diagnostic tests or advanced health needs assessment	Sexual history taking, physical assessments, ordering/ interpreting tests for booked and walk-in patients in nurse-led clinics. Assessing the health, social and psychological needs of patients in order to plan and coordinate care in a community setting. Use of population surveillance data to identify local need and explore the impact of gaps in service provision.
1.3 Have a health promotion and prevention orientation, and comprehensively assess patients for risk factors and early signs of illness	Annual review incorporating sexual and medical history, screening for STIs cardiovascular, bone, neurocognitive, renal or psychological impairment; referral for investigation/support if indicated. Being alert to signs that patients might be in difficulty and mobilising support to prevent disengagement with services. Facilitating partner notification/and risk reduction counselling. Leading on HIV testing initiatives in community settings. Introducing a gym-based exercise clinic to tackle increased cardiovascular risk.
1.4 Draw on a diverse range of knowledge in their decision making to determine evidence-based therapeutic interventions (which will usually include prescribing medication and actively monitoring the effectiveness of therapeutic interventions)	Prescribing and monitoring antiretroviral medication. Nurse-led New-fill injection service, HIV Community Virtual Clinics.

1.5 Plan and manage complete episodes of care, working in partnership with others, and delegating and referring as appropriate to optimise health outcomes and resource use as well as providing direct support to patients and clients	Managing an HIV caseload in an outpatient unit, working closely with psychologists and psychiatrists to develop screening tools to identify cognitive impairment, anxiety and depression, and to provide appropriate psychological care/referral. Managing a caseload and coordinating care across multiple agencies in a community setting).
1.6 Use their professional judgement in managing complex and unpredictable care events and capture the learning from these experiences to improve patient care and service delivery	Managing a caseload and/or coordinating care across agencies, sharing learning through discussion at multidisciplinary meetings to improve care and services. Developing a complex patient database to improve the management of patients with multiple medical and psychosocial needs, ensuring prompt and appropriate interventions, referrals and liaison with other agencies.
1.7 Draw upon an appropriate range of multi-agency and inter-professional resources in their practice	Attending multidisciplinary team meetings to discuss cases, exchange referrals, coordinate care and critically reflect on patient management. Liaising with GPs of newly diagnosed patients to offer support and establish a collaborative working relationship. Working closely with voluntary agencies to provide a range of practical and psychosocial support for patients.
1.8 Appropriately define the boundaries of their practice	Initiating a skill mix review to renegotiate the role of the HIV CNS, devolving responsibility for phlebotomy to HCAs, DNA management to admin staff and PEP to GUM nurses. Clarifying ANP roles and responsibilities during case discussion or service planning meetings. Complying with prescribing protocols. Using a structured approach to care planning based on a model of care to clarify boundaries of practice.
2. Leadership and collaborative practice	
2.1 Identify and implement systems to promote their contribution and demonstrate the impact of advanced level nursing to the healthcare team and the wider health and social care sector	Developing nurse-led services. Setting up meetings with staff from other services and agencies to promote the role of community nurses, share intelligence, exchange referrals and feedback on outcomes. Initiating a skill mix review and restructure the service to maximise the impact of ANP contribution. Working collaboratively with the HIV & AIDS monitoring unit at a local university to evaluate the impact of the HIV community nursing team and sharing findings with commissioners.
2.2 Provide consultancy services to their own and other professions on therapeutic interventions, practice and service development	Be responsive and proactive in providing guidance to other professionals, eg GPs, on the management of HIV patients. Contribute to multi-agency case conferences or multidisciplinary discussions. Bring an ANP perspective to the strategic planning and service development process.

2.3 Are resilient and determined and demonstrate leadership in contexts that are unfamiliar, complex and unpredictable	Proactively seek involvement in service planning at regional level and advocate for the potential contribution of HIV specialist nurses across the region, despite encountering resistance. Sharing the clinical lead for a large HIV service. Coordinating care from multiple agencies across settings to meet complex medical and psychosocial needs.
2.4 Engage stakeholders and use high-level negotiating and influencing skills to develop and improve practice	Negotiating with colleagues to change to the skill mix and redesign services to include a nurse-led one-stop-shop. Leading on the development of a regional care pathway for patients requiring inpatient care, negotiating agreement despite conflicts of interest between services. Liaising with commissioners regarding evidence that patients in areas with community nursing service had fewer and shorter hospital admissions than areas without such provision.
2.5 Work across professional, organisational and system boundaries and proactively develop and sustain new partnerships and networks to influence and improve health, outcomes and healthcare delivery systems	Liaising with personnel in the newly appointed regional inpatient hub to develop working relationships that can facilitate best possible patient care and transition between hospital and home. Working with the voluntary sector to deliver HIV Point of Care testing and health workshops for HIV patients. Working closely with colleagues in psychology and psychiatry to develop screening tools for cognitive impairment, anxiety and depression and to set up referral pathways for those needing further investigation/support. Working collaboratively with a community children's health team to set up a robust system for managing the testing of children at risk of HIV.
2.6 Develop practices and roles that are appropriate to patient and service need through understanding the implications of and applying epidemiological, demographic, social, political and professional trends and developments	Be responsive and proactive in providing guidance to other professionals, e.g. GPs on the management of HIV patients. Contribute to multi-agency case conferences or multidisciplinary discussions. Bring an ANP perspective to the strategic planning and service development process.
2.7 Identify the need for change, proactively generate practice innovations and lead new practice and service redesign solutions to better meet the needs of patients and the service	Reducing inconvenience to patients by introducing a one-stop-shop with all medical and nursing care provided during one appointment and with results by email or phone. Setting up a service to identify and address the specific health and social needs of an aging cohort. Changing the skill mix of the team to improve cost-effectiveness and efficiency by providing ancillary staff to take blood, filter phone calls, manage appointment booking and organise repeat prescriptions freeing up nurses to focus on advanced nursing duties. Piloting a nurse-led stable patient clinic in a GP surgery with an extended health screening role for the HIV specialist nurse. Introducing a gym-based exercise clinic to tackle increased cardiovascular risk. Piloting an 'Assertive In-reach' clinic for patients lost to follow-up, with longer appointment slots to address barriers to regular attendance. Setting up an HIV Point of Care testing (POCT) service in a voluntary sector drop-in centre.

3. Improving quality and developing practice	
3.1 Are proactively involved in developing strategies and undertaking activities that monitor and improve the quality of healthcare and the effectiveness of their own and others' practice	Initiating a workload management review to identify risks and inefficiencies and developing new systems to improve safety, accessibility and effectiveness. Approaching the HIV psychology service to set up regular team meetings with community nurses and provide one to one clinical supervision, to improve the management and care of patients with mental health problems. Providing mentorship for junior colleagues including care plan review, caseload discussion and feedback on observed client consultations.
3.2 Strive constantly to improve practice and health outcomes so that they are consistent with or better than national and international standards through initiating, facilitating and leading change at individual, team, organisational and system levels	Taking responsibility for HIV service planning and evaluation as joint HIV Lead, representing the service at Trust level meetings. Redesigning and managing a PEP service in response to audit findings that highlighted failure to meet national standards. Working with the health adviser team to improve partner notification outcomes in line with national standards by including PN review in nurse consultations.
3.3 Continually evaluate and audit the practice of self and others at individual and systems levels, selecting and applying valid and reliable approaches and methods which are appropriate to needs and context and acting on the findings	Working collaboratively with a local university Public Health department to evaluate the impact of the community HIV nursing team, communicating findings to commissioners across the region. Monitoring a complex patient database to ensure care is timely and comprehensive, alerting others to gaps in service provision. Seeking service user feedback from annual patient satisfaction surveys and developing an action plan for service improvement, to be submitted to the Trust board.
3.4 Continually assess and monitor risk in their own and others' practice and challenge others about wider risk factors	Critically evaluating the quality of care patients receive from other services, and advocating on their behalf if necessary. Raising awareness of risks associated with the lack of a community HIV nursing service. Evaluate the impact of a community nursing service on rates of hospital admissions and raise concerns with commissioners in neighbouring boroughs regarding the risk of having no community nursing provision.
3.5 Critically appraise and synthesise the outcomes of relevant research, evaluations and audits and apply the information when seeking to improve practice	Setting up an over 50s clinic to meet the needs of older HIV patients and gather data to fill gaps identified by current research. Identifying appropriate models of care from the literature and implementing these locally to improve case management. Working with the health adviser team to improve partner notification outcomes in line with national standards by including PN review in nurse consultations.

3.6 Plan and seize opportunities to generate and apply new knowledge to their own and others' practice in structured ways which are capable of evaluation	Piloting an 'Assertive In-reach' clinic for patients who have defaulted from care, with longer appointment slots to build rapport and address barriers to attendance, in order to assess whether a hospital-based facility is effective in re-engaging patients. Introducing the 'Patient Knows Best' (PKB) system for sharing test results with patients who can then choose to make these available to other clinicians (e.g. GP) involved in their care. Setting up a complex patient database to monitor and evaluate care. Setting up a virtual clinic to allow patients more convenient access to results/information/advice.
3.7 Alert appropriate individuals and organisations to gaps in evidence and/or practice knowledge and, as either a principal investigator or in collaboration with others, support and conduct research that is likely to enhance practice	Setting up an over-50s clinic to meet the needs of older HIV patients and gather data to fill gaps identified by current research. Evaluating outreach nurse-led care delivered in a GP practice by an HIV CNS.
3.8 Use financial acumen in patient/client, team, organisational and system-level decision making and demonstrate appropriate strategies to enhance quality, productivity and value	Introducing lower grades of staff such as healthcare assistants to support specialist nurses, thereby improve cost-efficiency. Alerting commissioners to the potential long-term cost benefits of a community HIV nursing team to reduce hospital admissions.
4. Developing self and others	
4.1 Actively seek and participate in peer review of their own practice	Approaching a psychologist to provide clinical supervision for the management of patients with mental health problems. Seeking clinical supervision from a medical consultant and/or nursing supervision from a senior nurse within the Trust.
4.2 Enable patients/clients to learn by designing and coordinating the implementation of plans appropriate to their preferred approach to learning, motivation and developmental stage	Providing health workshops e.g. on pain management in a community setting, in collaboration with the voluntary sector. Teaching and supporting patients one to one in their own home to manage their dosette box. Using a 'coming alongside' motivational interviewing approach to help patients find ways to change entrenched behaviours.
4.3 Develop robust governance systems by contributing to the development and implementation of evidence-based protocols, documentation processes, standards, policies and clinical guidelines through interpreting and synthesising information from a variety of sources and promoting their use in practice	Using BHIVA Standards of Care for PLWHIV (2013) to underpin the structure of care plans. Introducing a caseload management system based on an integrated model and framework for action for Chronic Conditions in Wales (2007). Advocating the use of the King's Fund Caseload Management Model across the region to ensure good standards of HIV nursing care.

4.4 Work in collaboration with others to plan and deliver interventions to meet the learning and development needs of their own and other professions	Providing other workers with practical guidance on managing patients with HIV including GPs, health visitors, district nurses and care home staff. Developing a training programme and provide mentorship for nurses entering HIV care. Accessing further training and/or attending educational meetings and/or facilitating access to learning opportunities for junior members of the team.
4.5 Advocate and contribute to the development of an organisational culture that supports continuous learning and development, evidence-based practice and succession planning	Supporting other HIV CNSs to access the non-medical prescribing course. Creating training posts to develop sexual health nurses with an interest in HIV nursing to prepare a potential future workforce. Reviewing banding and reconfiguring the team to fund additional trainee posts as part of succession planning.
4.6 Have high-level communication skills and contribute to the wider development of those working in their area of practice by publicising and disseminating their work through presentations at conferences and articles in the professional press	Organising regional educational meetings for HIV CNSs to learn, network, and discuss complex case management. Presenting work/facilitate workshops/chair sessions at national or international conferences. Publishing articles in HIV/nursing journals.

Appendix 2

Draft outcomes for HIV Specialist Outpatient and Community Nurses providing Specialised HIV Services (Adults)

These initial draft outcomes for HIV Specialist Nurses have been developed following preliminary consultation through the National HIV Nurses Association and regional Clinical Nurse Specialist Groups. They are intended to reflect HIV nursing interventions in both outpatient clinic and community settings to capture the variety and configuration of HIV community nursing roles across the UK. These provisional outcomes are based on the HIV Service specification and have been informed by key health policy and specialist guidance documents.

At a national level, specialist nursing outcomes are still being developed and therefore these outcomes are viewed as provisional, pending guidance from NHS England and other aligned nursing and healthcare organisations.

Issues to consider with regard to these outcomes:

- These are broad outcomes and specific detail will need to be agreed locally as roles and reasons for referral will differ.
- Proposed service improvements include increasing nurse-led clinics for routine monitoring, empowering patients to self-manage and integration of health and social care for people with complex needs.
- In addition to some of the HIV Specialist Nurse outcomes, Community Nurses focus on care coordination for complex cases, preventing hospital admissions, working with primary care and multi-agency integration.
- With regard to preventing hospital admissions, HIV related conditions will need to be specified and potentially include conditions that impact on the management of HIV infection in individuals.
- There needs to be clarification of funding mechanisms for the long-term condition aspects of HIV care as these are included in the HIV Service Specification and BHIVA Standards (2013).
- Further guidance is pending from NHS England Nursing Commissioning Team. NHIVNA have been included in the Community Nursing Strategy Programme Commissioning Development Project.

References for the table on page 35, opposite.

[i] NHS Outcomes Framework 2012/13 and 2013/14
[ii] Public Health Improvement Objective: Domain 2
[iii] HIV Service Specification
[iv] NHS Outcomes Framework 2013/14.Domain 2: Enhancing the quality of life for people with long-term conditions - baseline figures. 2013
[v] HIV Service Specification
[vi] National HIV Nursing Competencies 2007
[vii] Standards of Care for People Living with HIV 2013
[viii] Integrated Care and Support DOH 2013
[ix] HIV Service Specification
[x] Integrated Care and Support DOH 2013
[xi] Standards for psychological support for adults living with HIV 2011
[xii] HIV Service Specification
[xiii] HIV Service Specification
[xiv] HIV Service Specification
[xv] No vaccine, no cure – HIV/AIDS in the UK 2011
[xvi] National HIV Nursing Competencies 2007
[xvii] Standards of Care for People Living with HIV 2013
[xviii] HIV CQUIN
[xix] Standards of Care for People Living with HIV 2013
[xx] HIV Service Specification
[xxi] Standards of Care for People Living with HIV 2013
[xxii] HIV Service Specification
[xxiii] Integrated Care and Support DOH 2013

NHS Outcome Framework[i]	Provisional outcome indicators - outpatient clinic	Provisional outcome indicators - community setting
1 Preventing people from dying prematurely	Documented annual health screens that include evidence of health promotion advice for cardiovascular disease, diet, exercise, psychological and sexual health, alcohol and drug use[ii] - 75% of caseload, case notes review Documented adherence assessment in nurse-led clinics prior to patients starting ARV medication[iii] - 90%, case notes review.	Evidence of adherence interventions for patients with complex physical and psychological needs in the community setting and reduction in HIV viral load - case notes review, audit, viral load monitoring, case studies
2 Enhancing quality of life for people with long-term conditions	69.6% of people with HIV feel supported to manage their condition[iv, v] - patient satisfaction/ feedback, audit, provision of evidence-based patient information and uptake of expert patient programmes. Evidence of holistic nursing assessment of patients with complex needs including psychological and mental health assessment. Utilising well-defined referral pathways[vi] - case notes review, audit.	Percentage of caseload with personalised care plan that show evidence of patient driven outcomes[vii] - 75%. Of category 3 patients with evidence of integrated care planning that includes other relevant health and social care involvement[viii] - 60%.
3 Helping people to recover from episodes of ill health (including mental and psychological ill-health)	Evidence of clinical pathway coordination and monitoring for patients with comorbidities and coinfections[ix, x] - case notes review, audit of clinical pathways. Patients with level 3/4 psychological needs, who consent, are referred to appropriate service[xi] - audit Triage systems in place to respond to new symptoms, anxiety or distress and refer to appropriate place of care including primary care[xii] - audit.	Reduction in emergency admissions for acute HIV related conditions that should not usually require hospital admission[xiii] - annual audit. Case management for people discharged from hospital with HIV related conditions and reduction in readmissions to hospital within 30 days[xiv] - annual audit.
4 Ensuring people have a positive experience of care	Percentage Category 2 patients who are routinely monitored in nurse-led clinics in outpatients or community[xv, xvi] (with/without annual medical review) - percentage to be agreed locally, suggested minimum of 25% with incremental annual increase. Evidence of patient involvement in the planning of their care[xvii] - case notes review, audit, patient satisfaction, goal setting and care planning evidence.	Evidence of initiatives to improve links between primary and secondary care services[xviii] - indicators of education, training, and liaison provided, HIV testing in primary care
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	Evidence of DNA and lost to follow up policies for patients attending nursing services to reduce DNA and numbers of patients lost to follow-up[xix, xx] – reduction in DNA rates, adherence to local lost to follow-up policy, audit. Evidence of care pathways for outpatients with complex problems to assist in keeping them engaged with treatment and care – care pathways, referrals to MDT.	Keeping patients engaged and retained in care - percentage of patients lost to outpatient care who are referred to community services and return to care[xxi, xxii] - 30% Evidence of multiagency coordination of care and service provision/integration for patients who are vulnerable or who have complex needs[xxiii] - audit, case notes review, care planning.

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