Speaker Name	Statement
Elizabeth Foote	No declaration of interest
Date :	**June 2016**

Liverpool Community Health NHS
NHS Trust

Liverpool HIV Community Virtual Clinic

Elizabeth Foote

A joint initiative between Liverpool Community Health NHS Trust and The Royal Liverpool and Broadgreen Hospitals NHS Trust

Rational

- The HCVC has been developed so that PLWHIV receive timely, safe, appropriate care whilst being managed remotely by community HIV nurses delivering advanced practice.

- This improves health, wellbeing and quality of life for those patients who cannot attend clinic, aligning with BHIVA care standard 2 (BHIVA 2013).

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Aims

- To reduce hospital admissions
- Prevent complications due to disease progression and comorbidities
- Guarantee medication and adherence review
- Facilitate a holistic MDT approach
- Enable retention in care

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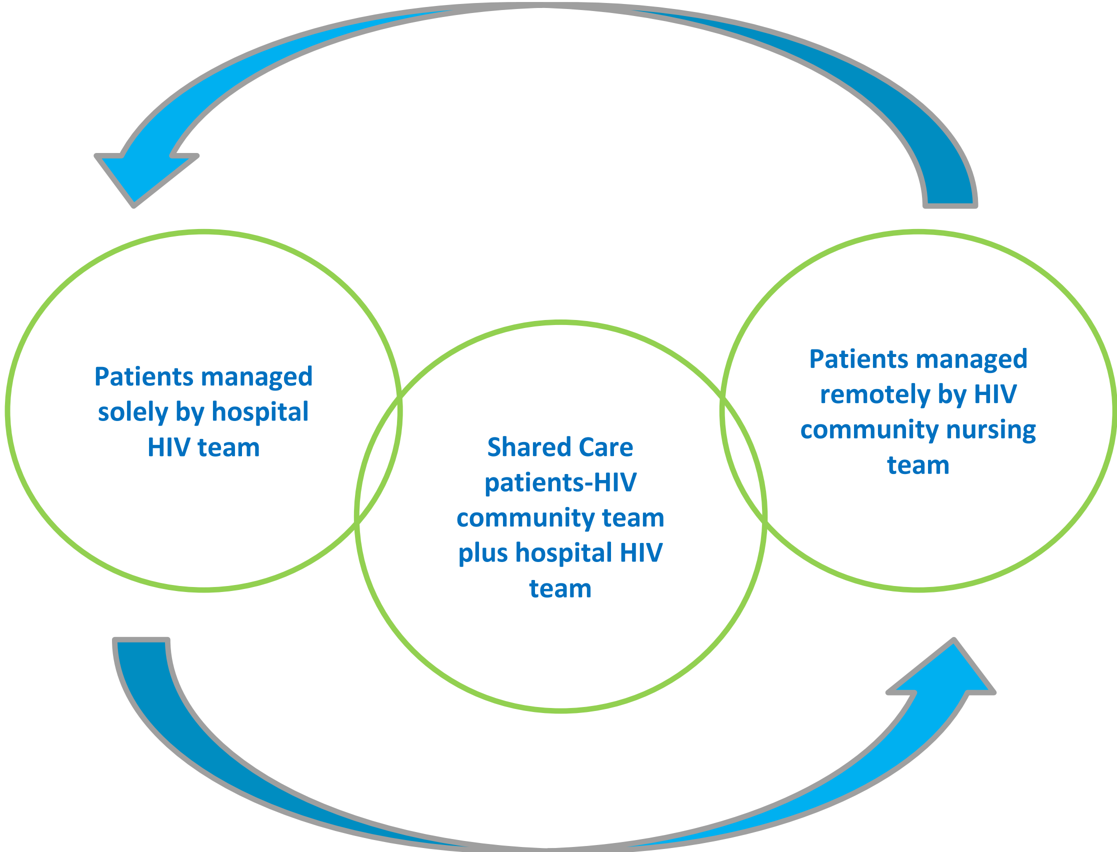
Liverpool Care Model

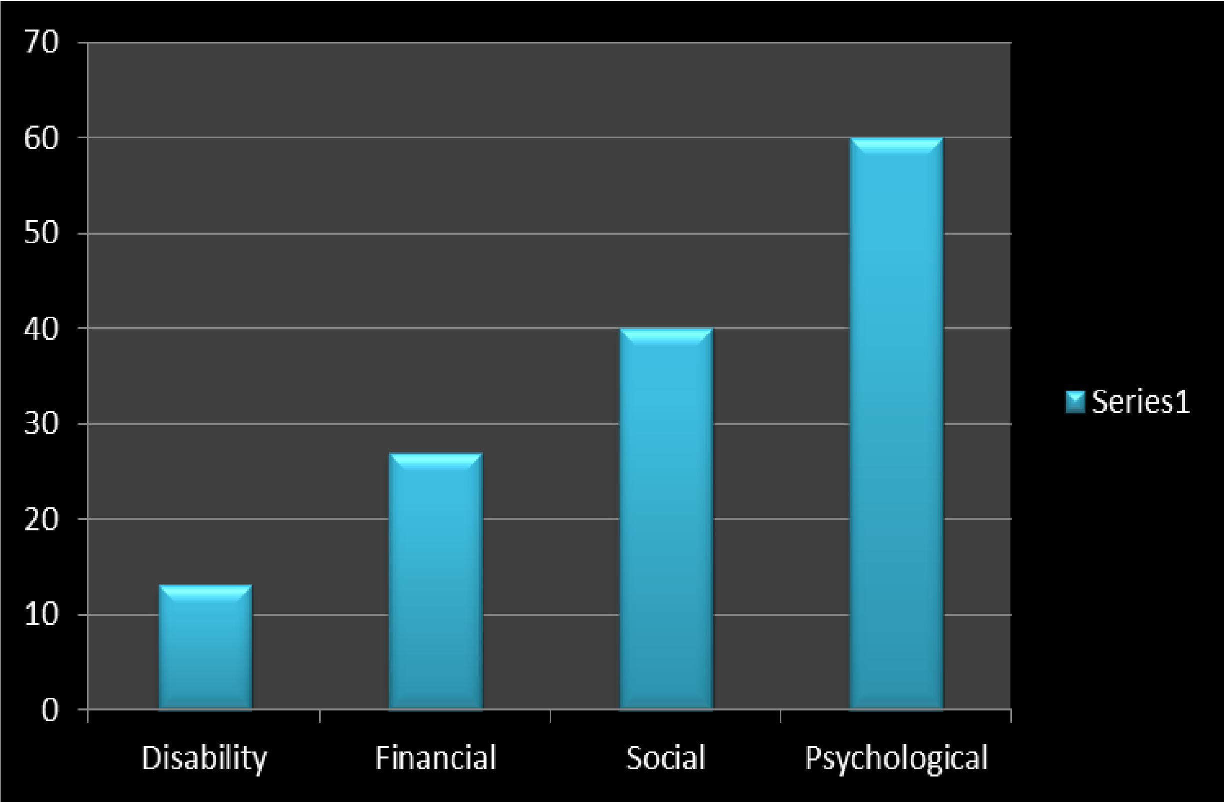


HCVC Inclusion Criteria

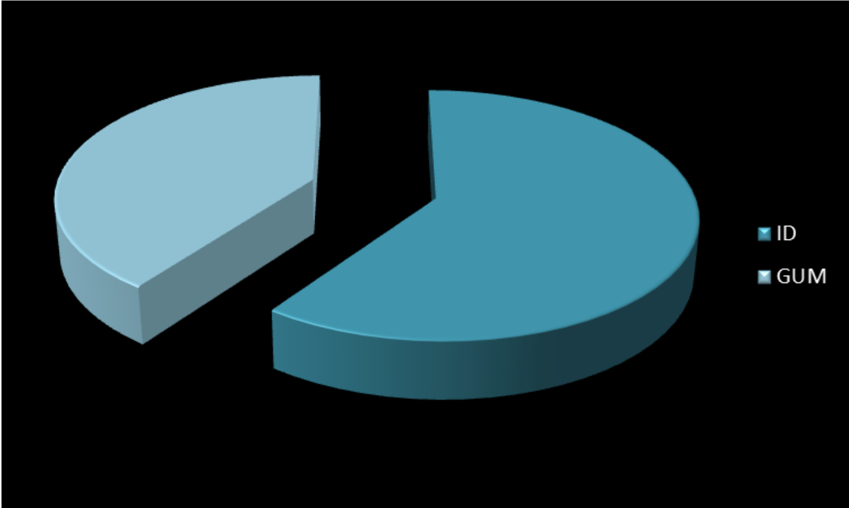
- Poor clinic attender
- Physical disability
- Social isolation
- Prisoner
- Financial constraints
- Psychological issues

Care closer to home

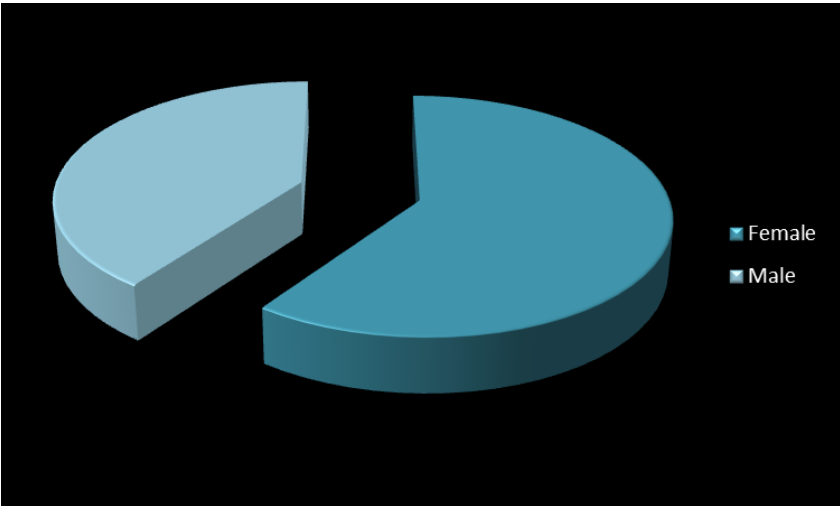
- The model strongly promotes the value of home visits as an ongoing intervention linked in with existing community/primary care services involving non-medical prescribers.


70
60
50
40
30
20
10
0
Disability
Financial
Social
Psychological
Series1

Demographics



- GUM 40%
- ID 60%



- Male 40%
- Female 60%

Methodology

- HIV consultant and HSCNT meet monthly to discuss existing and potential patients.
- Each patient is reviewed; individualised care plans are formulated and agreed with the patient at home.
- A consultant and HSCNT undertake a joint domiciliary visit annually to review the patient.

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Case study

- 33 year old female
- Diagnosed with HIV in 2007
- Chaotic/non adherent/Stroke in 2011
- Left severely disabled-unable to attend clinic
- Two dependent children
- Closely monitored at home weekly by HIV CT for the last four years
- Dosette box, bloods
- Fully adherent and undetectable viral load

Recommendations

- To further develop a collaborative care model that supports patients who cannot attend conventional HIV clinics.

- Support, educate and train acute staff in relation to community nursing to support the transition of care closer to home.

Conclusion

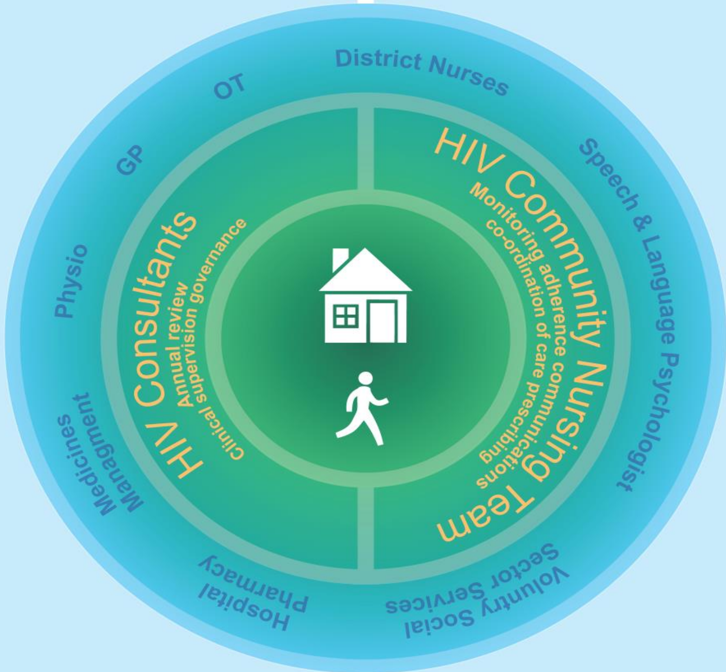
- Strong clinical governance
- Improved patient experience
- Improved patient outcomes
- High quality and safer care
- More for less-cost effective

Liverpool HIV Community Virtual Clinic

Tracy Mannix, Elizabeth Foote, Mas Chaponda, Pauline Jelliman and Robert Downes

Rationale: The HCVC has been developed so that PLWHIV receive timely, safe, appropriate care whilst being managed remotely to support patients with psycho-social / medical complexities with the aim of retention in care. This improves health, wellbeing and quality of life for those patients who cannot attend clinic, aligning with BHIVA care standard 2 (BHIVA 2013).

Aims: To reduce hospital admissions, prevent complications due to disease progression and co-morbidities, guarantee medication and adherence review and facilitate a holistic MDT.



Methodology: HIV consultant and HSCNT meet monthly to discuss existing and potential patients. Each patient is reviewed; individualised care plans are formulated and agreed with the patient at home. Additional factors which influence care or engagement are presented for discussion. A consultant and HSCNT undertake a joint domiciliary visit annually to review the patient. Discussion and subsequent actions are documented in the patients' record, HARS, and community clinical system during the HCVC.

Summary to date: 66% of patients allocated to HCVC have psychological issues. Outcomes have been; improved adherence, initiation of HAART in a patient's home environment, improved monitoring, robust communication and increased patient satisfaction.

Recommendations: To further develop a collaborative care model that supports patients who cannot attend conventional HIV clinics. The model strongly promotes the value of home visits, and care closer to home involving non-medical prescribers supporting and maintaining consultant led care.

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