



nhivna

NATIONAL **HIV** NURSES ASSOCIATION
support | research | education

21st Annual Conference *of the* National HIV Nurses Association (NHIVNA)

27–28 June 2019 · Manchester Conference Centre

21st

Annual Conference of the National HIV Nurses Association (NHIVNA)



Robert Pratt Lecture

Dr Ann McMahon
Royal College of Nursing, UK
ann.mcmahon@rcn.org.uk
[@research_innov](https://twitter.com/research_innov)

Declaration of interests relating to this presentation

- RCN Leadership Development Programme 'Demonstrating value' is cited in the presentation
- <https://www.rcn.org.uk/professional-development/professional-services/leadership-programmes/demonstrating-value>

Nurses Demonstrating Value

The Challenges of HIV today

The Challenges of HIV Nursing today

Demonstrating the value of nursing

Nurses Demonstrating Value

Challenges of HIV Nursing

Hirschman, A. O. (1970)

Exit, Voice and Loyalty. Harvard

Buresh, B. and Gordon, S. (2000)

From Silence to Voice

Canadian Nurses Association

Nurses Demonstrating Value

Know your value

Know the difference you make

Know your true cost

Demonstrate your value

Nurses Demonstrating Value



Nurses Demonstrating Value

What impact do your interventions have on

Other staff?

Patients / Carers?

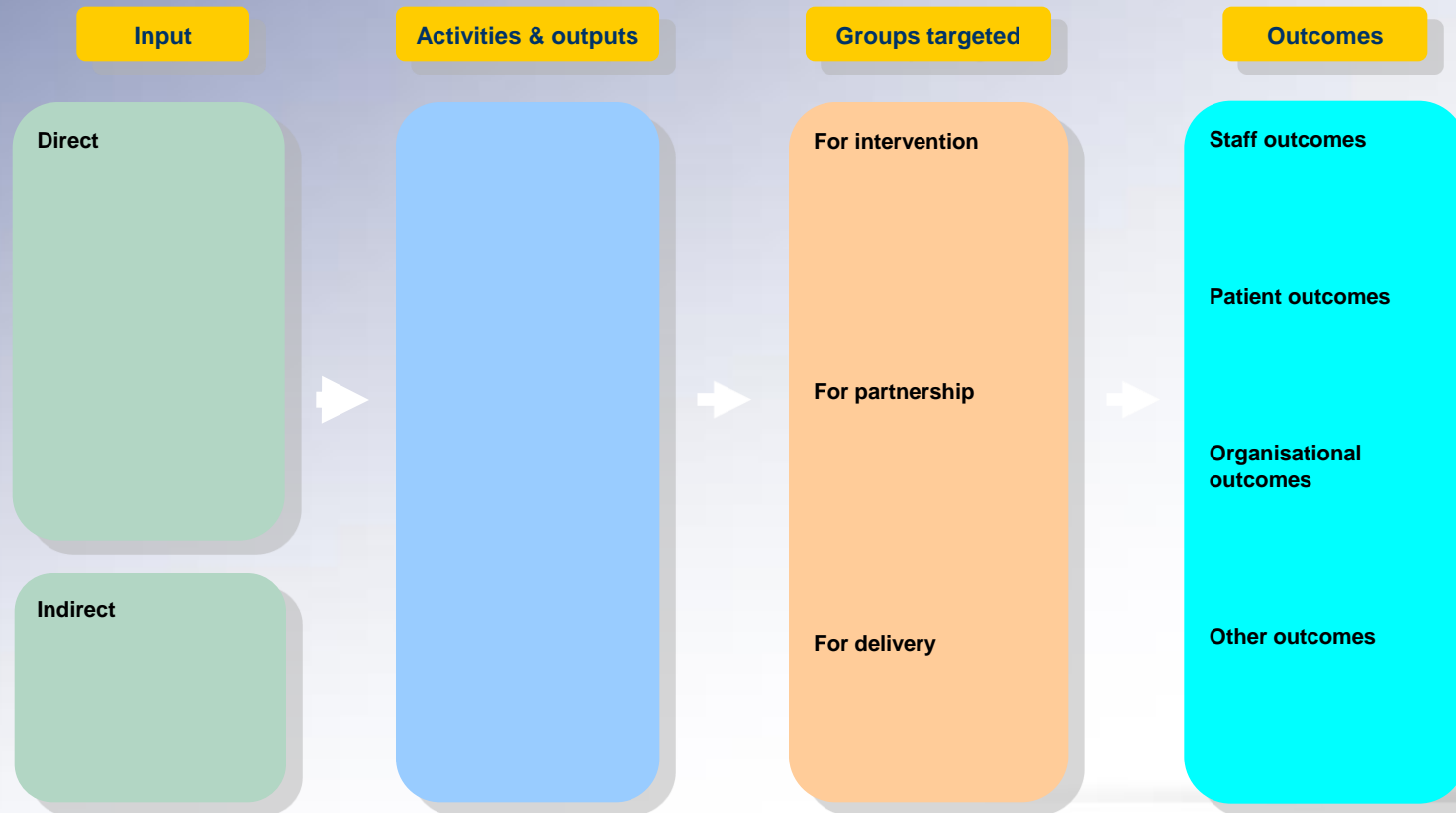
The organisation that employs you?

Other parts of the healthcare system?

Other parts of the economy?

Nurses Demonstrating Value

Your service: Pathways to Outcomes model



Nurses Demonstrating Value

HM Treasury guidance requires being clear about:

- What are the **direct** and **indirect** resources involved – i.e. what is the ‘**true economic cost**’?
- Where do these fall upon (internally, and externally) – i.e. who ‘**incurs what costs**’?
- What costs are incurred at **set up** and what are **running costs**?
- Can benefits be **attributed** to the service, or what proportion of benefits can be explained by the service – i.e. do we know for certain that it was the service and not some other factor that brought about benefits?
- What are tangible and intangible benefits, and where do these accrue – i.e. ‘**who benefits from what**’?
- For both costs and benefits, account for ‘**additionality**’ (i.e. over and above what would normally have happened)

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How do you put all that into practice?

- Do not start with the data!
- Always ask yourself:
 - Who are you trying to influence/convince, and what are they looking for? (**Relational**)
 - What approaches can your data support? (**Technical**)
 - How much time/resources can you devote? (**Pragmatic**)
- Iterative process, your PtO will help
- Do not pre-determine approach

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How do you assess what your data can support technically?

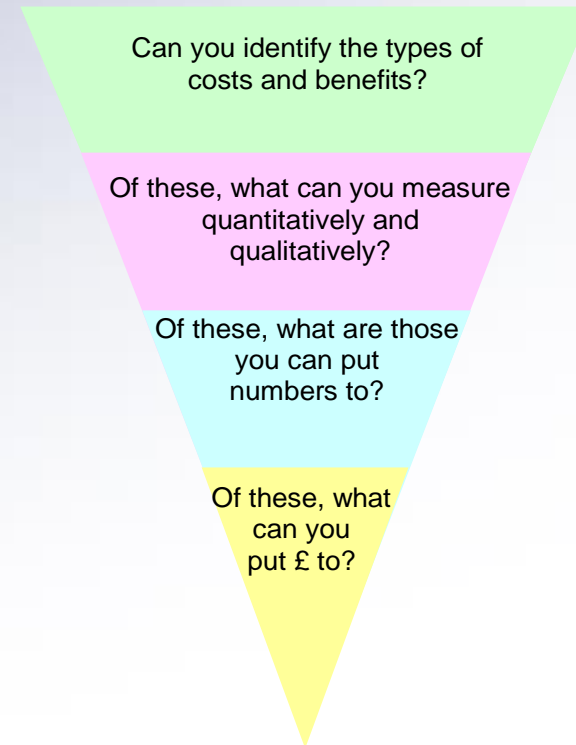
Simple filtering process:

- **Identify**
- **Measure**
- **Quantify**
- **Monetise:**

Through your own data?

Through evidence published elsewhere?

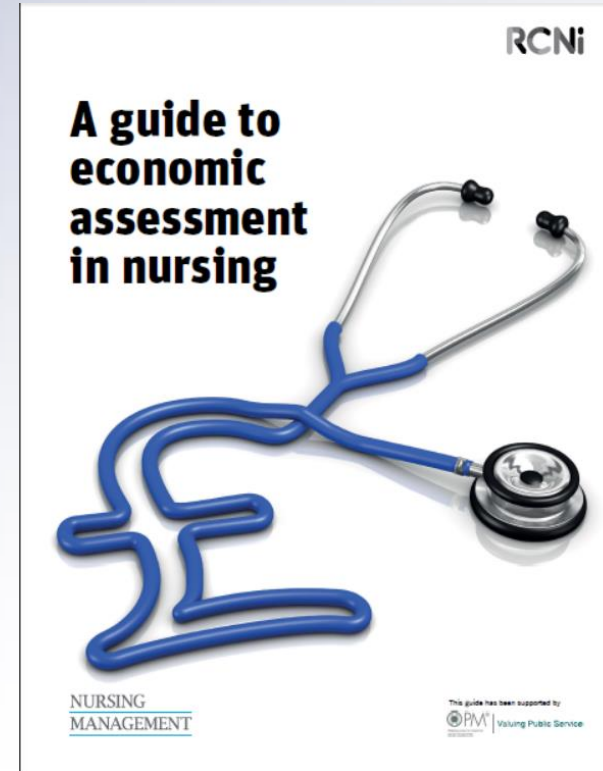
Through collecting new data?



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Different approaches and their uses

- Cost consequence analysis
- Cost effectiveness analysis
- Cost benefit analysis
- Cost utility analysis
- Cost minimisation analysis
- Cost avoidance analysis
- (Social) Return on investment



<https://rcni.com/workplace/career-development/guide-economic-assessment-nursing-21281>

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Overview

	Service only	Other service	Monetised outcomes
CCA	X		
CEA		X	
CBA	X	X	X
CUA		X	
CMA		X	
CAA	X		
(S)ROI	X		X

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Cost consequence approach (CCA)

- Does not require all benefits to be measured in same unit (i.e. monetary units)

Can be:

A 'heading'/'category' (e.g. 'improved patient satisfaction')

A measurement (e.g. 'patient satisfaction improvement of 20%')

- Costs are simply presented against different individual types of benefit
- Not seeking to calculate a single 'dividend'

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Case Studies demonstrating the value of specialist nurse-led services

<https://www.rcn.org.uk/professional-development/research-and-innovation/innovation-in-nursing/case-studies-demonstrating-the-value-of-nursing>

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Cost effectiveness analysis (CEA)

- Compares costs and outcomes of **alternative interventions** which share **common goals**
- Outcomes are expressed in “**natural units**” as opposed to monetary values (e.g. number of people who quit smoking, reduction in absenteeism, etc)
- Results are presented in a cost effectiveness **ratio**, which expresses the cost per outcome (e.g. the cost per premature birth averted)

Nurses Demonstrating Value



Children's continence nurse service - an affordable luxury?

Rhonda Reilly

Specialist Nurse - Continence,
Western Health and Social Care
Trust, Northern Ireland

Nurses Demonstrating Value

Comparison of costs for child with daytime wetting attending nurse led community continence clinic and child attending consultant led hospital clinic

Child is identified with daytime wetting in school nursing health screening questionnaire	
Referred to GP Cost: £32 for 12 minute consultation	Referred to Children's Continence Nurse Cost: £57 for 60 minute assessment
Referred on to Paediatrician Cost: £139 for 20 minute assessment	Assessment including post void ultra sound scan of bladder
Assessment including ultrasound scan of bladder and renal tracts	Information and advice. Treatment plan
Review with paediatrician approx 6 weeks after ultrasound scan. Treatment plan. Cost: £117 for 20 minute consultation	Review with nurse after 1-2 weeks after treatment commenced Cost: £28.50 for 30 minute and reassessment
Review with paediatrician 6-12 weeks after treatment commenced Cost: £117 for 20 minute consultation	
Total cost: £456	Total cost: £85.50

Definition of daytime wetting as defined by ICCS standardization document

Child with day-time wetting

Cf. nurse-led community based continence service vs. consultant-led hospital clinic

Nurse-led service £85.50

Consultant-led service £456

Costs avoided £35454

A clinical nurse specialist-led children's continence service (Reilly 2012)

College
Nursing

Inputs

Investment

DIRECT

- 1 WTE Band 6 nurse
- Secretary Band 2- 8 hrs./wk.
- Service funded from CCN budget
- Clinical rooms within Trust properties
- Clinical supplies and equipment – enuretic alarm, urine testing strips, bladder scanner, uroflow
- Office supplies and equipment
- Nurse

INDIRECT

- Travel costs
- Download information leaflets from ERIC, PromoCon
- Leaflets from pharmaceutical companies
- Non medical prescribing
- Containment

The service

Activities and outputs

Clinics/home visits/telephone

- Assessment
- Investigations – ultrasound scanning, uroflow, urinalysis
- Diagnosis
- Individual treatment/ management plan
- Follow up and review
- Independent nurse prescribing and continence medication review
- Referral on discharge
- Education of carers / health care

Groups Targeted

For intervention

- Children aged 0-18yrs who have a continence issue residing in the Northern sector of the Western Trust

For partnership

- Children with continence issues
- Carers of children with continence issues
- Other health professionals involved with children with continence issues
- Education professionals
- Support groups eg. ASD, Downs

Source of Referral 2011/2012

- Community Paediatrician 39
- Hospital Consultant 94
- GP 69
- Health Visitor 84
- School Nurse 65
- Parent 13
- Other 44
- Total 408

Summary of benefits

For service users Short term outcomes

- Better management of continence issue
- Prevent exclusion from school/ social situations
- Timely support for family and child - frequent follow up, telephone access to advice
- Individual management plan
- Expert care provision
- Reduced need for hospital referral/admission for continence issues

Medium term outcomes

- Improvement in continence symptoms
- Early intervention for children with continence issues

Long term outcomes

- Reduction in number of children with long term continence issue
- Avoidance of unnecessary tests and investigations
- Reduced need for medical referral in management of childhood

For the healthcare system

- Comparison of costs for child with daytime wetting, attending nurse led community continence clinic and child attending consultant led hospital clinic **£85.50 vs £456**

140 children referred to the children's continence nurse with daytime wetting. Of these 140, 36 children had attended consultant led hospital clinic and were referred on to the children's continence nurse for urotherapy. Total cost : 104 patients X £456 = **£47,424**

140 children referred to the children's continence nurse led clinic with daytime wetting Total cost: **£11,970**

Cost savings to the Trust of the nurse led service for children with daytime wetting 2011/2012. (Assuming that those children referred to the children's continence nurse would have been referred to the paediatrician) **£35,454/2yr in Northern Sector of Trust**

•Comparison of costs for child with constipation and soiling attending nurse led community continence clinic and child attending consultant led hospital clinic **£85.50 vs £461** **Cost savings to the Trust of the nurse led service for children with constipation and soiling 2011/2012** (assuming that those children referred to the children's continence nurse would have been referred to the paediatrician) **£37,738/2yr in Northern Sector of Trust**

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Nurses Demonstrating Value

For the healthcare system

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Nurses Demonstrating Value

For the healthcare system

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Adding value to care: the role of the specialist nurse

Cost avoidance approach (CAA)

- Looks at **avoided spend**, not necessarily **decreased spend**
- Uses '**current condition**' as starting point
- Assesses costs incurred without intervention against current condition
- Scenarios

Nurses Demonstrating Value



Economic Assessment of the Community HIV Clinical Nurse Specialist role

Shaun Watson
Community HIV Clinical Nurse
Specialist, Chelsea & Westminster
NHS Foundation Trust

Clinical Nurse Specialist, HIV Community (Watson 2016)

Inputs

Investment

No set up costs
Community HIV CNS (£77,702.98 per annum / £46 per hour)

Resources

- 1 x WTE Band 8a, Community HIV CNS (provides cross cover for Hammersmith & Fulham, Kensington & Chelsea)
- Travelcard (zone 1-2) £1,495 a year
- Shared 'hot desk' @ 56 Dean Street

The Service

Journey through Service

Active caseload of 67 complex HIV positive patients who live in Westminster around 10% of all HIV patients in Westminster, CNS manages just under half.

Referral routes

Via HIV services or GP, 1-2 new referrals per month.

Activity/ delivery

- Complex Case-management – vigilance and rescue work around safeguarding and vulnerabilities.
- Adherence management and support
- Symptom control management and support
- Assessment and Care planning
- Multi-disciplinary liaison and team approach to care delivery
- Patient/ carer/ professional education

Summary of Benefits

For Adults living with HIV and complex needs who reside in Westminster

- Avoidance of Antiretroviral therapy (ART) wastage by effective management and monitoring of adherence. Average ART £2000 - £3000 (6 months unsupported adherence) With a 60-70 patient caseload, assuming 50% would waste without intervention, ensuring adherence avoids costs of £162,500 – £260,000 per annum
- Carers and family of patient feel supported
- Prevention of avoidable hospital admissions by vigilance, rescue work and effective case management (£1,776 - £3,500 a week)

For other local services

- Prevention of onwads HIV transmission potential avoidance of £3.360,000 – £4.320,000 per annum by management and monitoring of ART adherence for 12 sexually active patients in caseload.
- Management and support of those who have disengaged from HIV services.

Opportunities for service development

- Enhancing service with physical assessment and Non-medical prescribing.
- Development of a Community HIV Nursing model to strengthen funding.

Nurses Demonstrating Value

For Adults living with HIV and complex needs who reside in Westminster

➡ **Avoidance of Antiretroviral therapy (ART) wastage by effective management and monitoring of adherence. Average ART £2000 - £3000 (6 months unsupported adherence) With a 60-70 patient caseload, assuming 50% would waste without intervention, ensuring adherence avoids costs of £162,500 – £260,000 per annum**

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For Adults living with HIV and complex needs who reside in Westminster

- 👉 Carers and family of patient feel supported**
- 👉 Prevention of avoidable hospital admissions by vigilance, rescue work and effective case management (£1,776 - £3,500 a week)**

Nurses Demonstrating Value

For other local services

- 👉 **Prevention of onwards HIV transmission
potential avoidance of £3,360,000 – £4,320,000
per annum by management and monitoring of
ART adherence for 12 sexually active patients
in caseload.**
- 👉 **Management and support of those who have
disengaged from HIV services.**

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Opportunities for service development

- ➡ **Enhancing service with physical assessment and Non-medical prescribing.**
- ➡ **Development of a Community HIV Nursing model to strengthen funding.**

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Recognising challenges

“But I don’t know anything about economics....!!!”



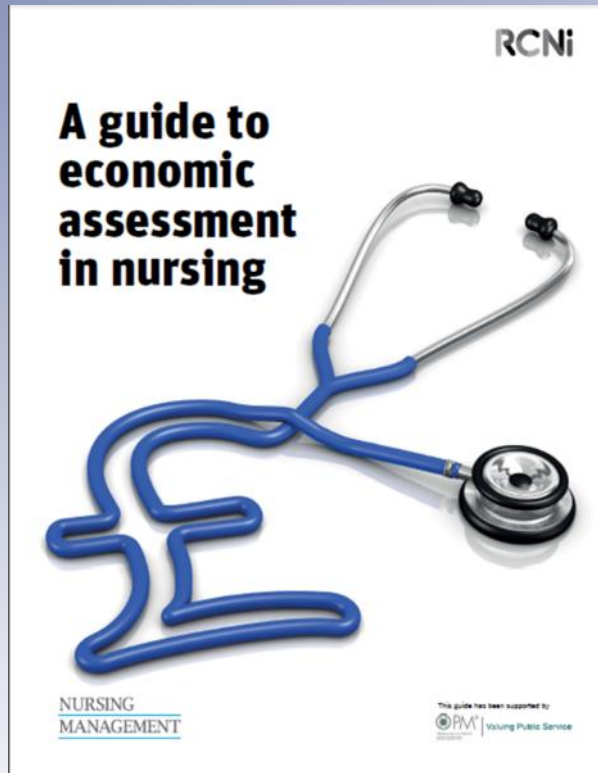
She hoped that lots of long numbers and squiggly lines would detract from her poor economic analysis skills



Simon was beginning to regret bunking off maths

- ☐ No time
- ☐ Not my job
- ☐ Too difficult
- ☐ Myths and jargon off-putting
- ☐ On the other hand, some terminology entered common use, but with little or no understanding of what it actually means

Nurses Demonstrating Value



Learn how to demonstrate the value of your service

<https://www.rcn.org.uk/professional-development/professional-services/leadership-programmes/demonstrating-value>

Nurses Demonstrating Value In Summary

Know who you seek to influence

Start with the relationships

Know the difference you make

Start by describing your service from an outcomes perspective and describe the benefits for patients, staff, your organization and the wider economy

Know your true cost

Learn how to apply the principles of economic assessment so you know the full economic cost of your service (cost consequence approach)

Demonstrate your value

Nurses Demonstrating Value

Remember you are not alone!

Capitalise on the power of the collective

Work together to build your evidence base and share your successes

Extend your voice by mobilising others

Empower others be your advocate

eg: your patients, @mancunianmedic etc

Capitalise on the power of the media

Start a campaign

Work with a friendly journalist

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21st Annual Conference of the National Nurses HIV Association

Thank you for inviting me!

Any questions?

Dr Ann McMahon, Royal College of Nursing, UK

ann.mcmahon@rcn.org.uk @research_innov