



**nhivna**

NATIONAL HIV NURSES ASSOCIATION

support | research | education

# 21<sup>st</sup> Annual Conference *of the* National HIV Nurses Association (NHIVNA)

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# My Life in HIV



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**SPECIALIST COMMUNITY HIV NURSE**

# Declaration of interests relating to this presentation



**STATEMENT OF INTERESTS**  
**I HAVE NO INTERESTS TO DECLARE**

# Early Years....Its all about ME !!



# Nursing Career



Student Nurse/Ward Nurse/Ward Manager 1976-87  
Community Nurse/Leam Leader 1987-95  
Specialist Community HIV Nurse 1995 to date

In 1858, Miss Nightingale visited Liverpool to present two papers at the National Association for the Promotion of Social Science. William Rathbone, a prominent Liverpool citizen, approached Miss Nightingale to ask her advice about setting up a District nursing scheme. This was to be the first district nursing service in the country.



## Community Nursing in Liverpool



# Liverpool Community HIV Nursing Service



- Established in 1993
- Currently 3.6 WTE team members
- Liverpool CCG commissioned
- Residency or GP footprint criteria
- Nurse led service, 50% of caseload are complex care and remotely managed
- Robust working relationship with Sahir House our local voluntary sector provider of HIV support

# Service Profile



HIV Testing  
Activity

Short term  
Caseload Shared  
Care  
<12 weeks

Corporate  
Caseload Shared  
Care  
>12 weeks

Liverpool  
Community  
Clinic  
Complex Care  
Remotely  
Managed  
Patients



# HIV Testing Activity



Self referral  
GP referral  
Outreach  
screening  
New entrant  
screening

Simplitude  
POCT or venous  
sample

Retest  
Confirmatory  
sample  
ID/GUM  
referral  
Psychological  
support  
Signposting

Data 2019  
1/4/ to 17/6  
Testing 146  
TB (L/A) 8  
HBV 7  
HCV 2  
HIV2

# Short Term Caseload



Shared care  
Patients

Home visits  
Joint  
consultations  
Clinic attender

New diagnosis  
Adherence  
issues  
Treatment  
switch  
Co-morbidity

Adherence  
support  
Monitoring  
Psychological  
support  
Signposting

# Corporate Caseload



Shared Care  
Patients

Home visits  
Joint  
consultations  
Clinic attender

New diagnosis  
Ongoing  
adherence  
problems  
Treatment  
switch  
Co-morbidity

Secondary  
dispensing  
Monitoring  
MDT working  
Psychological  
support  
Signposting

# Liverpool Community Clinic



Remotely  
managed  
patients

Complex case  
management  
Co-ordination of  
care role  
Monthly HIV  
Consultant  
MDT

Late diagnosis  
Advanced HIV  
Co-morbidity  
Polypharmacy  
Behavioural  
challenges

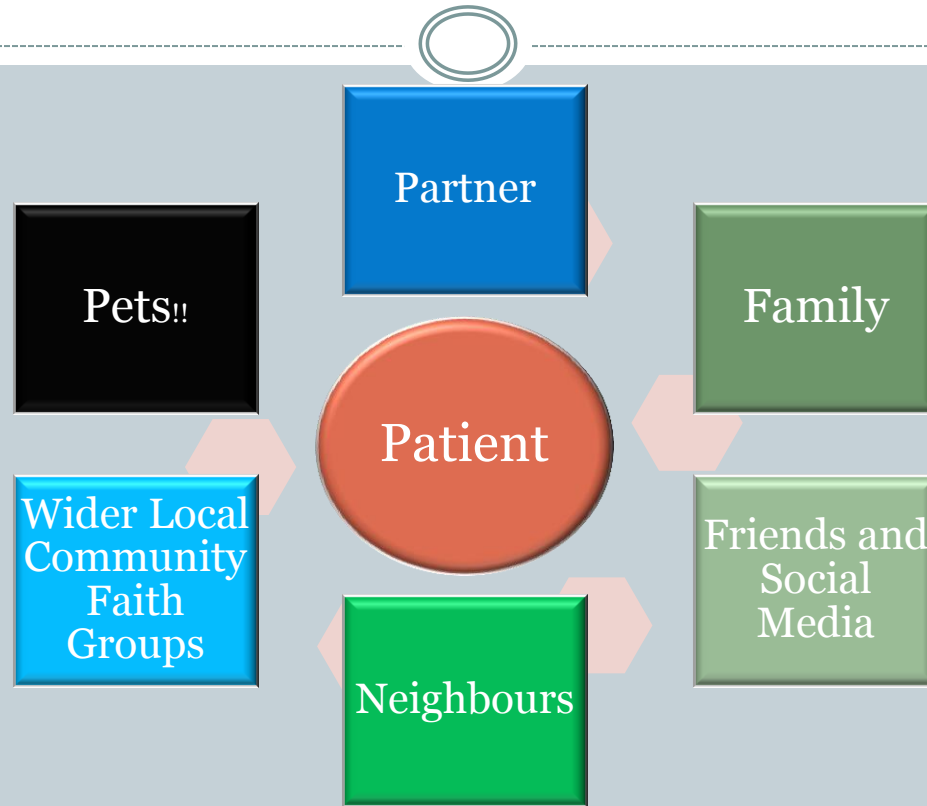
Prescribing  
Secondary  
dispensing  
Monitoring  
Psychological  
support  
MDT working  
Long term  
planning

# Community HIV Nurses

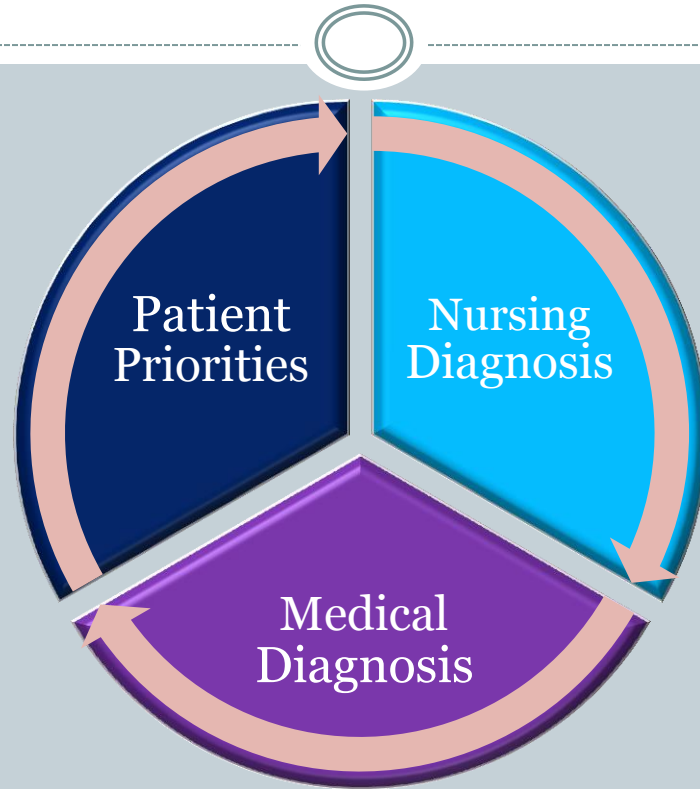


- What makes us different?
- Viewing the bigger picture
- Getting to know a patient's social narrative
- Developing a local knowledge base
- Short and long term realistic care planning
- Reflective practice and ongoing supervision

# The Influence of Social Narratives



# Prioritising Care and Compromise



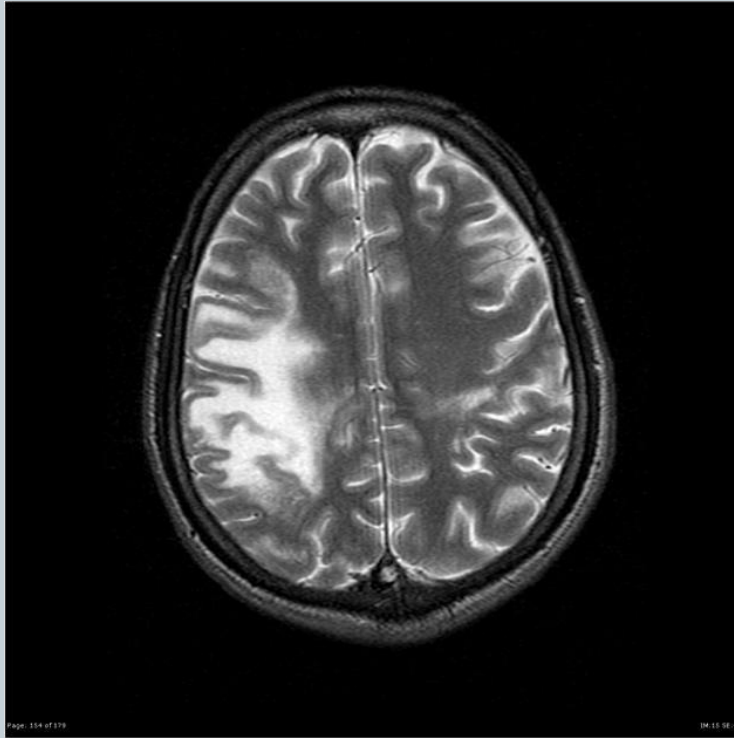


# Case Study



- Male age 38
- Late diagnosis in 1996 with advanced disease, PCP, KS
- Poor adherence to first generation ARV's
- Large social network
- End of life care at home involving MDT
- Care after death presented many challenges

# Progressive Multifocal Leucoencephalopathy



- Motor function abnormalities
- Mental status changes
- Dysphasia/Dysphagia
- Visual problems
- Seizures
- Cranial nerve palsy

# Case Study



- Male age 54
- Late HIV diagnosis, CD4 count 22
- PML with neurocognitive impairment, very poor mobility
- Reclusive lifestyle, fiercely independent, mistrust of authority
- Conspiracy theorist
- Decided to stop treatment due to his poor quality of life
- Made informed choices and advanced care planning
- Hospice care 2 days prior to death
- HIV testing using POCT of sexual contacts at home

# Case Study



- Male age 32
- Late HIV diagnosis, CD4 count 2
- PML with severe neurocognitive impairment and seizures
- Dysphagia, immobile, staccato speech, limited vision
- Remotely managed
- MDT domiciliary working and MDT meetings at home
- Short and long term goals
- Small family unit
- Poor housing

# Short and long term goal setting in complex care

- ✓ Identify and prioritise problems
- ✓ Identify and prioritise aims and objectives
- ✓ Attach equal importance to physical, psychological and environmental needs
- ✓ Identify a quick win
- ✓ Use reflection to look for subtle changes



# Community HIV Nursing is multi-faceted



# Questions

