



25th Annual Conference of the National HIV Nurses Association

25 years of NHIVNA

Chair: Liz Foote, *Sussex Community NHS Foundation Trust*

Harpreet Basi, *University Hospitals Birmingham NHS Foundation Trust*

www.nhivna.org

#NHIVNA2023 Follow us on social media



This educational event is supported by



25 years of NHIVNA

Eileen Nixon

Brighton and Sussex University Hospitals NHS Trust

www.nhivna.org



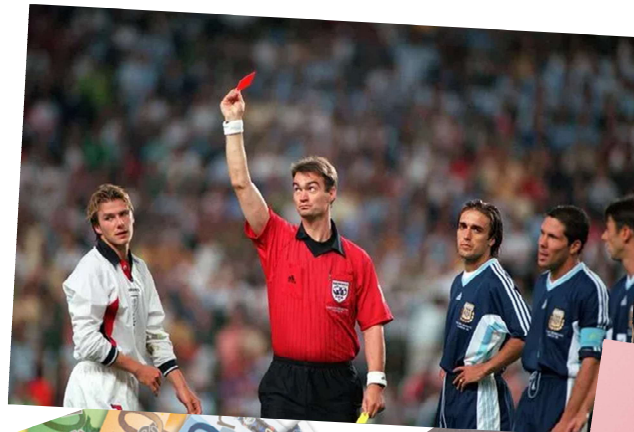


Celebrating 25 years of NHIVNA

Eileen Nixon

Consultant Nurse

University Hospitals Brighton



<https://www.preloved.co.uk/blog/inspiration/18-things-happened-1998/>

Birmingham 1998



Dana winning Eurovision



G8 Summit

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'Hands around the G8'

Global estimates of the HIV/AIDS epidemic as of end 1997

People newly infected with HIV in 1997	Total	5.8 million
	Adults	5.2 million
	Women	2.1 million
	Children <15 years	590 000
Number of people living with HIV/AIDS	Total	30.6 million
	Adults	29.4 million
	Women	12.2 million
	Children <15 years	1.1 million
AIDS deaths in 1997	Total	2.3 million
	Adults	1.8 million
	Women	800 000
	Children <15 years	460 000
Total number of AIDS deaths since the beginning of the epidemic	Total	11.7 million
	Adults	9.0 million
	Women	3.9 million
	Children <15 years	2.7 million
Total number of AIDS orphans* since the beginning of the epidemic		8.2 million

*Defined as children who lost their mother or both parents to AIDS when they were under the age of 15.



Adults and children living with HIV/AIDS – total 30.6 million

HIV/AIDS in 1998

- Huge numbers of new infections
- High mortality rates
- Inequity in access to treatment
- Emerging treatments

The New England Journal of Medicine

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NUMBER 11



A CONTROLLED TRIAL OF TWO NUCLEOSIDE ANALOGUES PLUS INDINAVIR
IN PERSONS WITH HUMAN IMMUNODEFICIENCY VIRUS INFECTION
AND CD4 CELL COUNTS OF 200 PER CUBIC MILLIMETER OR LESS

SCOTT M. HAMMER, M.D., KATHLEEN E. SQUIRES, M.D., MICHAEL D. HUGHES, PH.D., JANET M. GRIMES, M.S.,
LISA M. DEMETER, M.D., JUDITH S. CURRIER, M.D., JOSEPH J. ERON, JR., M.D., JUDITH E. FEINBERG, M.D.,
HENRY H. BALFOUR, JR., M.D., LAWRENCE R. DEYTON, M.D., JEFFREY A. CHODAKEWITZ, M.D.,
AND MARGARET A. FISCHL, M.D., FOR THE AIDS CLINICAL TRIALS GROUP 320 STUDY TEAM*

ABSTRACT

PROGRESS in the field of antiretroviral therapy

Hammer SM, Squires KE, Hughes MD, Grimes JM, Demeter LM, Currier JS, Eron JJ Jr, Feinberg JE, Balfour HH Jr, Deyton LR, Chodakewitz JA, Fischl MA. AIDS Clinical Trials Group 320 Study Team. A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell counts of 200 per cubic millimeter or less. *N Engl J Med.* 1997 Sep 11;337(11):725-33

Microsoft Teams

Perspective of a
founding
member:
Nicky Perry

Teams interview 1st NHIVNA chair

2023-06-01 15:54 UTC

Recorded by

NIXON, Eileen
(UNIVERSITY HOSPITALS
SUSSEX NHS
FOUNDATION TRUST)

Organized by

NIXON, Eileen
(UNIVERSITY HOSPITALS
SUSSEX NHS
FOUNDATION TRUST)

Nursing role in HIV care

1981-2000

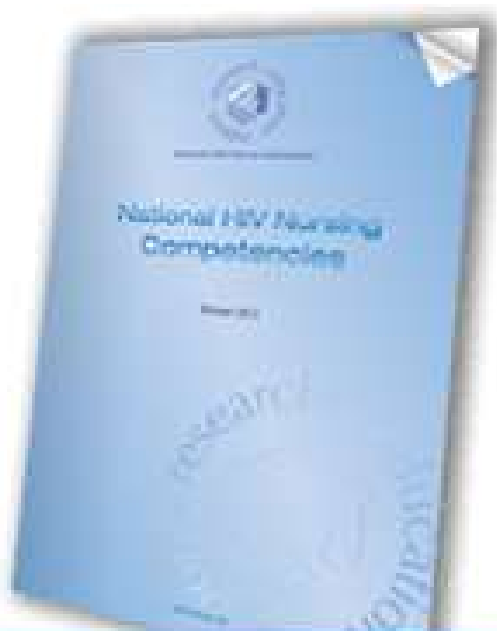
OI treatments, palliation/
EOL care, early ARVs

2000-2012

Adherence
support
Evolution of
specialist roles

2013—present





Ageing/LTC
management
Retention in care
Advanced practice
roles
HIV qualification



VIEW THE E-BOOK 



Generic HIV nursing competencies

-  [G1 Assessing health and well-being](#)
-  [G2 Management of antiretroviral therapy](#)
-  [G3 Health promotion](#)
-  [G4 Working in partnerships including clinical networks and multidisciplinary working](#)

Specialist HIV nursing competencies

-  [S1 HIV outpatients](#)
-  [S2 HIV inpatients](#)
-  [S3 Clinical trials](#)
-  [S4 Paediatric](#)

Latest revision: October 2013

NC - Stable patients /
 Pregnancy/PEPSE/ **IP**
 CNS - Adherence /
 New patients / new ARV
 CNS -Co-infection

HIV Nursing roles 2011

Some stable patients
 Adherence
 Starting therapy
 Complex cases

New patients
 Transfers
 Complex patients
 Virtual clinic
 Community remit

Advanced
 Practice **IP/NC**
 Community Matrons
 PEPSE/ Stable patients/ co-infection roles
 E-mail clinic/adherence clinics/ new ARV

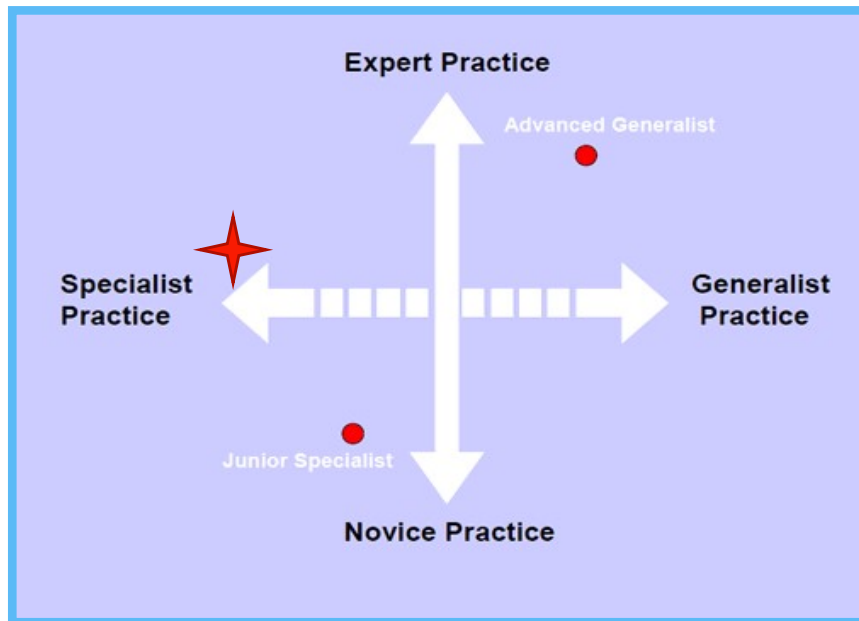
E. Nixon, 2011



All patients
 Across acute
 and
 community

Daily stable
 clinics/ **IP**
 Adherence
 Co-infection
 Pregnancy

Brighton: Practice Nurse/ **IP** / Integrated community
 team. Clinic: Stable/complex patients/PEPSE



Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales 2015

**Growing new
HIV Specialist
Nurses**

Kirstie Weeks (now Salthouse)

Project: Improving nurses' knowledge about HIV: development and evaluation of an innovative online resource.

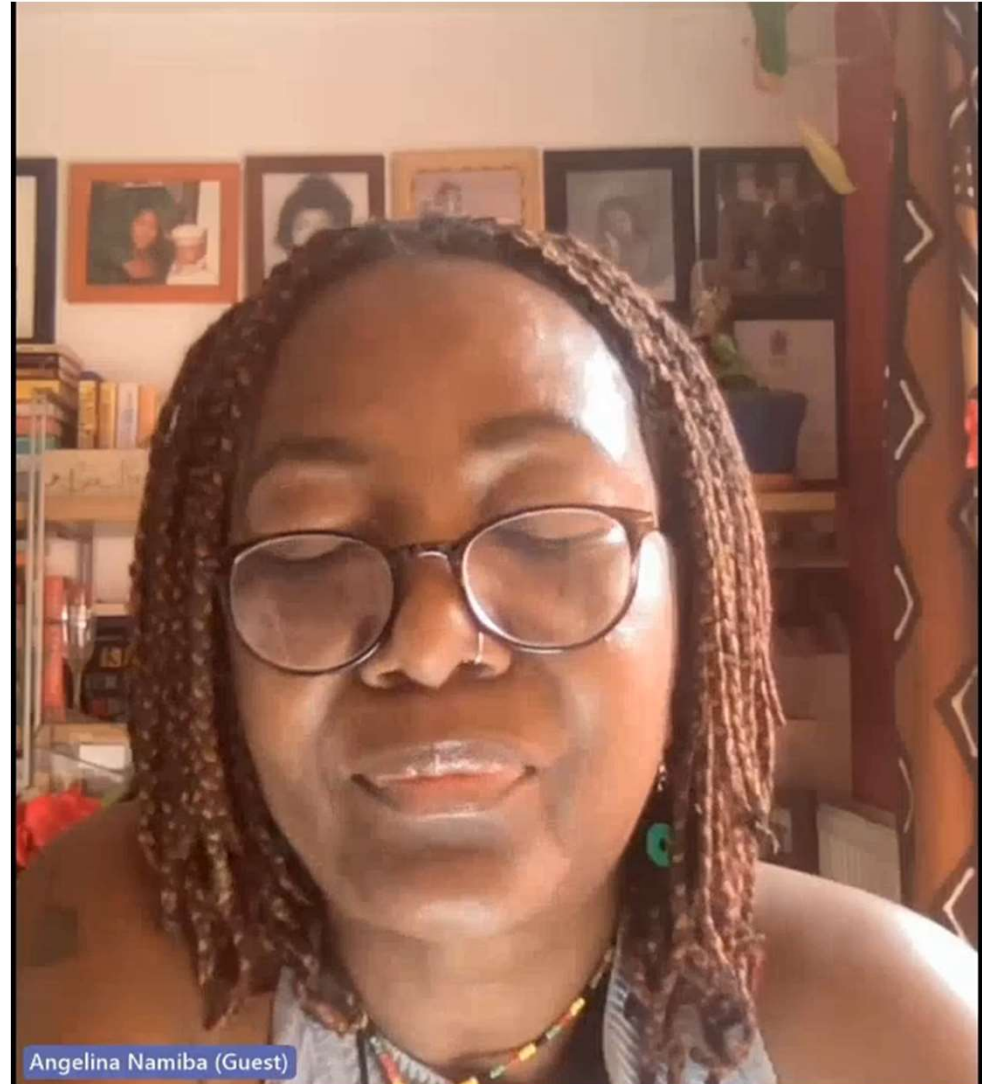
Krattiger Rennison Research Prize 2012

HIV CNS, ID Ward Manager and now Matron for Infectious Diseases and Sexual Health at Manchester University NHS Foundation Trust





Embedding Community involvement



**B06/S/a 2013/14 NHS STANDARD
CONTRACT FOR SPECIALISED HUMAN
IMMUNODEFICIENCY VIRUS SERVICES
(ADULTS) SECTION B PART 1 - SERVICE
SPECIFICATIONS Service Specification
No. B06/S/a**

Service elements – Staffing and critical mass

The Specialised HIV Service shall be provided (directly or via formalised network arrangements) by a HIV specialist consultant-led multidisciplinary team. The exact composition of the team will depend on the location of the service but is likely to include:

*Senior specialist clinical nurses
(including Community Nurse Specialists).*

Statement by the National HIV Nurses Association on the role of HIV Specialist Nurses in the care and management of people with HIV infection.

The National HIV Nurses Association supports the current consultant-led model of HIV care as defined in the HIV Service Specification.

The National HIV Nurses Association considers the role of HIV specialist nurses in both acute and community settings as integral to enhancing collaborative care and delivering on the key performance indicators of the HIV service specification and in assisting HIV specialised services to meet key NHS policy goals. The NHIVNA Executive Committee acknowledges the diversity of acute and community HIV nursing specialist roles that have evolved to meet local needs across the UK and have developed broad outcome indicators for HIV specialist nurses in the absence of national clinical nurse specialist or community nursing outcomes (see Appendix 1).

HIV specialist nurses are advised to use these indicators as a way of demonstrating how their roles or services assist in meeting the HIV service specification and link with a consultant-led model of HIV care. In addition, HIV specialist nurses are encouraged to provide evidence on how they can contribute to reducing the costs of HIV treatment and care in line with the NHS QUIPP agenda.

While there is no specific educational qualification for HIV Specialist Nurses, registered nurses will be expected to have undertaken post registration education and training in HIV to academic level 6 or 7. As availability of HIV nursing courses is variable, this should not act as a pre-requisite. However, specialist nurses working in HIV must be able to demonstrate knowledge, skills and competencies relating to their role to a minimum of Level 3 of the National HIV Nursing Competencies (NHIVNA 2013).

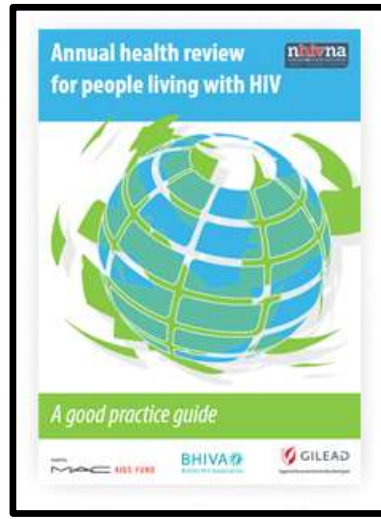
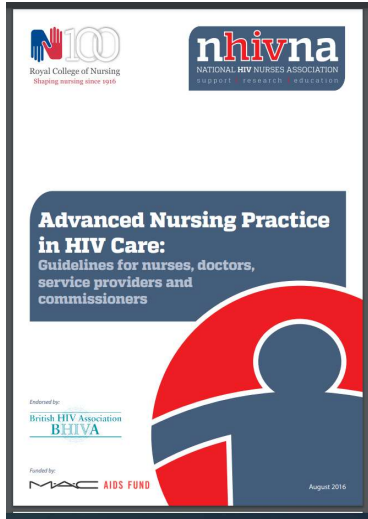
The National HIV Nurses Association supports and actively encourages HIV specialist nurses to participate in local HIV network meetings and to provide supporting evidence for their roles through audits against national standards and the HIV service specification.



Michele Croston
NHIVNA Chair

Eileen Nixon
CRG Representative

NHS Outcome Framework ⁱ	Provisional outcome indicators for HIV Specialist Nurses	Provisional outcome indicators for HIV Community Nurses
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} -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 ^v – case notes review, audit	% of caseload with personalised care plan that show evidence of patient driven outcomes ^{vi} - 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 co-ordination and monitoring for patients with co-morbidities and co-infections ^{ix} – 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	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

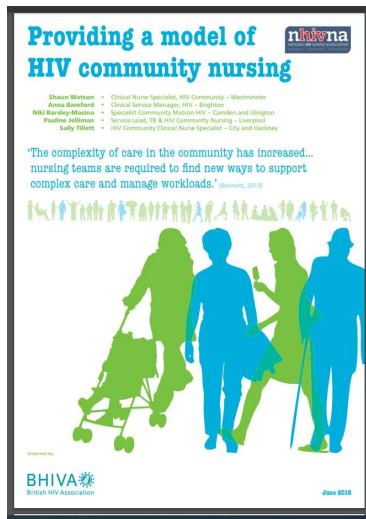


Robert Pratt Lecture

The future of specialist nursing

Alison Leary PhD RN
Professor of Healthcare Modelling
London South Bank University

@alisonleary1



Can we help?

Apollo Nursing Resource

Home Getting Started Talking to others about my work Showing how I spend my time Putting my information together Resources Evidence News

Valuing you and your service

Showing how I spend my time

Valuing all my information together

Useful Resources

Saving up for my service

See how others show their worth

Let us know you think and value your choices

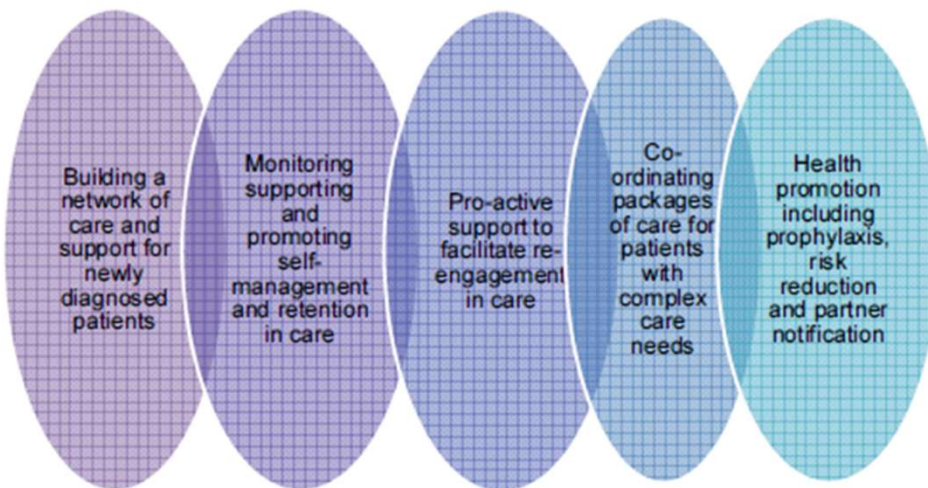
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alisonleary@yahoo.com

Categorising HIV nursing - aspects of the role



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<https://doi.org/10.1177/0956462416672128>



Original research articles



How does specialist nursing contribute to HIV service delivery across England?

Hilary Piercy¹, Gill Bell², Charlie Hughes², Simone Naylor², and Christine A Bowman²

nhivna
NATIONAL HIV NURSES ASSOCIATION
support research education

Audit & Research ▾ Awards, Grants & Scholarships ▾ Competencies, Guidelines & Publications ▾

- The psychological impact of caring during the covid-19 pandemic on HIV nurses
- A National Nurse-led Audit of the Standards for Psychological Support for Adults Living with HIV
- Exploring shared decision making in HIV nursing care
- National Research and Development Strategy for HIV nurses
- NHIVNA Audits, Research projects and Systematic reviews
- NHIVNA Regional Audit and Research Initiative

Competencies, Guidelines & Publications ▾ Conferences & Events ▾ NHIVNA

- Advanced practice
- Annual health review for people living with HIV
- CPD articles
- Guidelines and Position Papers
- National HIV Nursing Competencies
- NHIVNA Best Practice
- NHIVNA National HIV Nursing Journal
- Providing a model of HIV community nursing
- Publications
- STI Foundation NHIVNA Competency Training and Assessment Programme
- Supported guidance
- Shared practice documents

BASHH **THE STI FOUNDATION**

STI Foundation Theory Course Competency Programme STIF Staff Contact Q

STI Foundation NHIVNA Intermediate

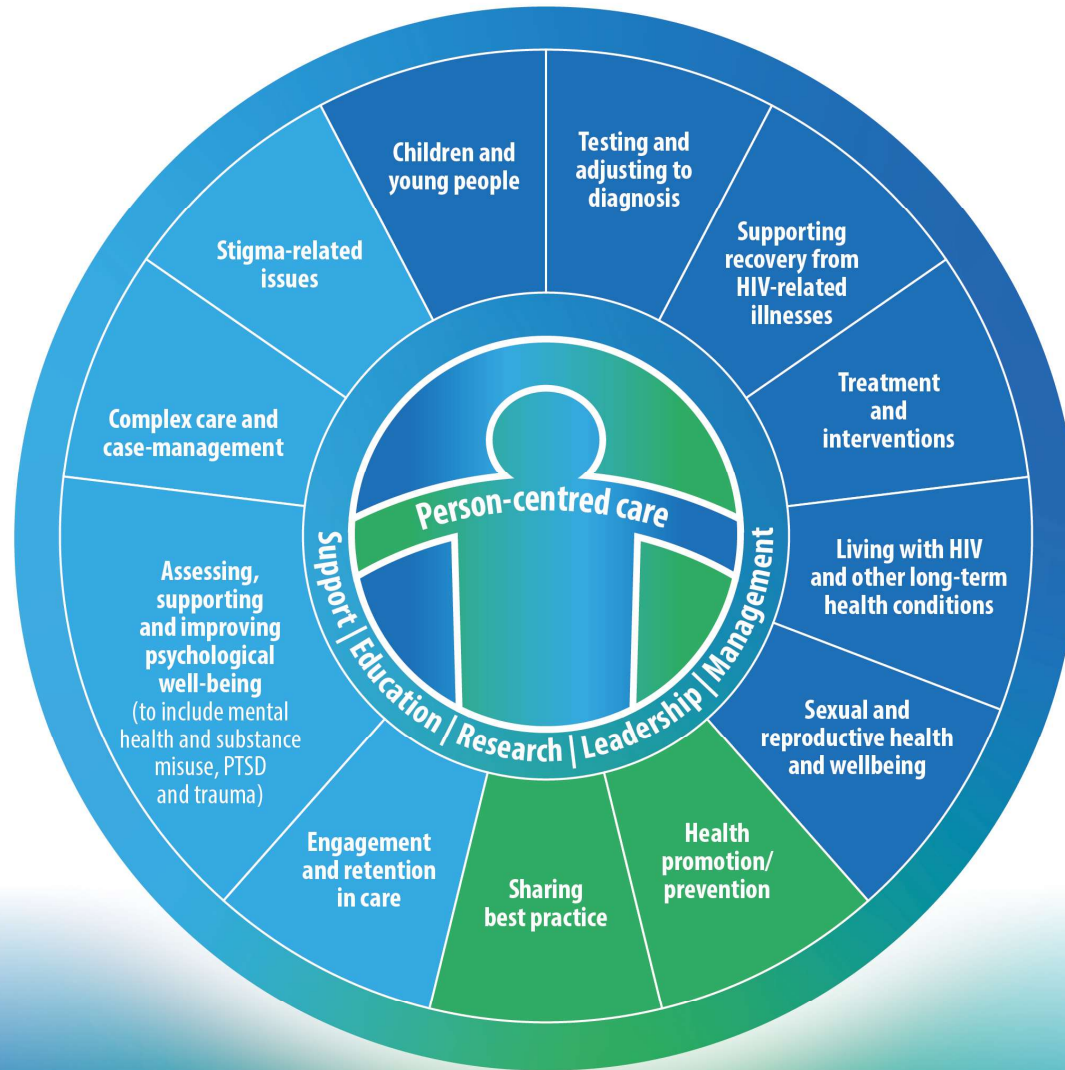
NHIVNA *Intermediate* Competency

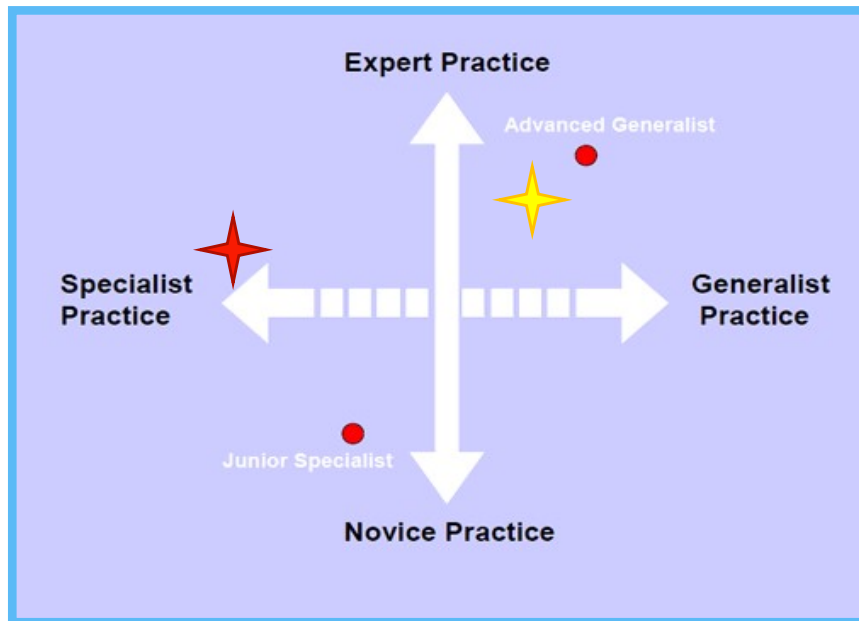
STIF NHIVNA Intermediate Competency is a workplace-based training and assessment programme developed by the National HIV Nurses Association (NHIVNA) and the STI Foundation (BASHH). It is designed to train and assess the knowledge and competence of nurses working in HIV services. The training is suitable for nurses working in a Specialist HIV Medicine setting (Out-patient) or an Integrated GUM/HIV or ID/HIV setting. Training is provided by Registered STIF Competency Trainers.

Knowledge and skills required for STIF NHIVNA Intermediate Competency training at least 4 months clinical experience in an out-patient setting required.

NHIVNA Intermediate Competency

- Learning Outcomes
- Competencies and Knowledge Assessed
- Register for NHIVNA Intermediate here
- E-learning (eHIV-STI)





Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales 2015

What next

- **Demonstrate what you do**
- **Succession plan for the future workforce**
- **Develop nursing roles for the future**
- **Promote multidisciplinary care**
- **Work in collaboration with our medical, pharmacy and allied colleagues**

A word cloud on a black background. The words are arranged in a roughly circular pattern. The largest words are 'supportive', 'growth', and 'innovation'. Other words include 'awe', 'brilliant', 'privilege', 'honour', 'validating', 'inspiring', 'communityofpeers', 'inspirational', 'pioneering', 'forward-thinking', 'friendship', and 'michaeljackson'. The colors of the words include purple, blue, green, orange, and yellow.

brilliant
awe
privilege
honour
supportive
growth
validating
inspiring
communityofpeers
inspirational
pioneering
friendship
michaeljackson
forward-thinking
innovation

With thanks to:

NHIVNA CHAIRS

1997	Davies, Sandra	Chelsea and Westminster	Appointed	Co-Chair	Before 2005
1997	Perry, Nicky	Royal Sussex	Appointed	Chair	1997-2007
2007	Morris, Sheila	Western General	Elected	Chair	2007-2010
2010	Brito-Ault, Nathaniel	Homerton University Hospital	Elected	Chair	2010-2014
2014	Croston, Michelle	North Manchester General Hospital	Elected	Chair	2014-2017
2017	Watson, Shaun	Chelsea and Westminster	Elected	Chair	2017-2021
2021	Foote, Liz	Sussex Community NHS Foundation Trust	Elected	Chair	2021-2024

- Presentation support:
 - Jacqueline English
 - Lena Paul
 - Colly Fitzpatrick
 - Nicky Perry
 - Angelina Namiba

- For everything else
 - NHIVNA Exe committee members
 - Ardent NHIVNA supporters
 - Conference / Study Day attendees
 - Industry support
 - Secretariat
 - Conference Organisers

