This educational event is supported by

The HIV Model of Nursing

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Conflict of Interest

In relation to this presentation we declare that we have no conflict of interest

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Aims of the session

- Background to the HIV Model of Care
- Why have model of care, why is it important for practice, how it will help commissioners and why quality matters?
- Person centered care and why this is important in HIV Care.
- Demonstration of the model and next steps

Background

- Identified as far back as 2018 (conference in Brighton) that an all-inclusive model of nursing was desired by NHIVNA members.
- This builds upon many years of HIV nurses demonstrating their work, academic research (e.g. Hilary Piercy) and the development of an HIV Community Nursing Model in 2018

Why is it critical to have a model of nursing?

- Debate continues about nursing and medical roles
- Our recent survey demonstrated specialist nursing is undervalued
- Under resourced in some areas
- There can be a vacuum of knowledge left when experience nurses leave
- Workforce planning is variable

- A model of nursing creates opportunities to answer some of these issues and provides a clear career pathway

(1) Why is it important for your practice?

- Being able to communicate what it is you do [to stakeholders] allows for improvements in practice, engagement, collaboration and service delivery:

My examples:

- Respiratory
- Drugs and Alcohol
- HIV (e.g. FTCI)
- CVD
- Mental health (CAMHS)
- A&E
- Commissioners

(2) Why is it important for your practice?

- It supports you to develop competencies
- It integrates your work with outcomes, standards and quality
- Demonstrates the value you bring to the full pathway of care
- Helps to identify your own training needs analysis or your mentees training needs
- Directly links the model to your revalidation/PDP/Annual Review

- ***Most importantly*** – to help People Living With HIV **understand** what it is you do, what they can **expect from you** and how they can help you co-design and develop care to improve **quality**

Aim - To find a quality framework that links to the core values of HIV nursing care

Ability to:

1. Cross reference to the NMC code – to support your revalidation
2. Easy to communicate what quality HIV care is to external stakeholders
3. Use a quality framework to build upon (quality is a journey, not a destination)
4. Create opportunities for yourself e.g.
   1. Develop your own practice or service
   2. Develop QI projects

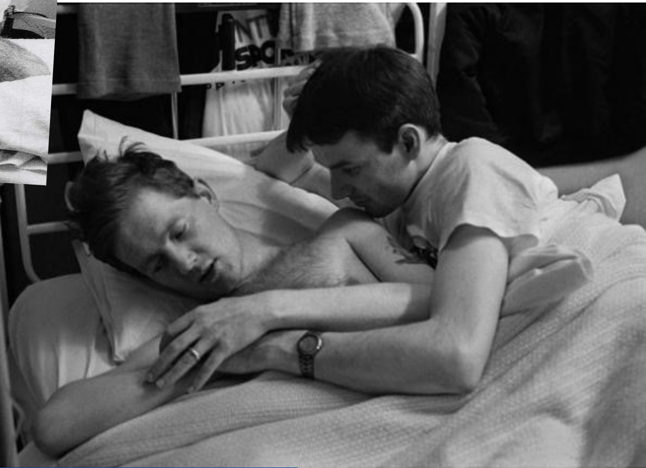
	The dimensions of quality	NMC code
Safe Avoiding harm to patients from care that is intended to help them		
Effective Providing services based on evidence and which produce a clear benefit		
Person-centred Establishing a partnership between practitioners and patients to ensure care respects patients' needs and preferences		
Timely Reducing waits and sometimes harmful delays		
Efficient Avoiding waste		
Equitable Providing care that does not vary in quality because of a person's characteristics		

Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington DC: National Academy Press, 1990, p244

Included in the model are HIV and non-HIV guidance/policies

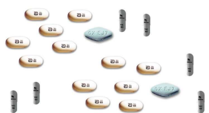
- A HIV commissioner is unlikely to read your model of nursing.
- The HIV and non-HIV guidance/policies, that are part of the model, are not for the commissioner to read, they are for you.
- They are to help you understand where the people, who invest your role and your job are coming from, and to help you engage either now or in the future.
- It gives you an understanding why you are commissioned in a certain way and **opportunities** to identify where you can deliver person-centred care

The Heart of HIV Care

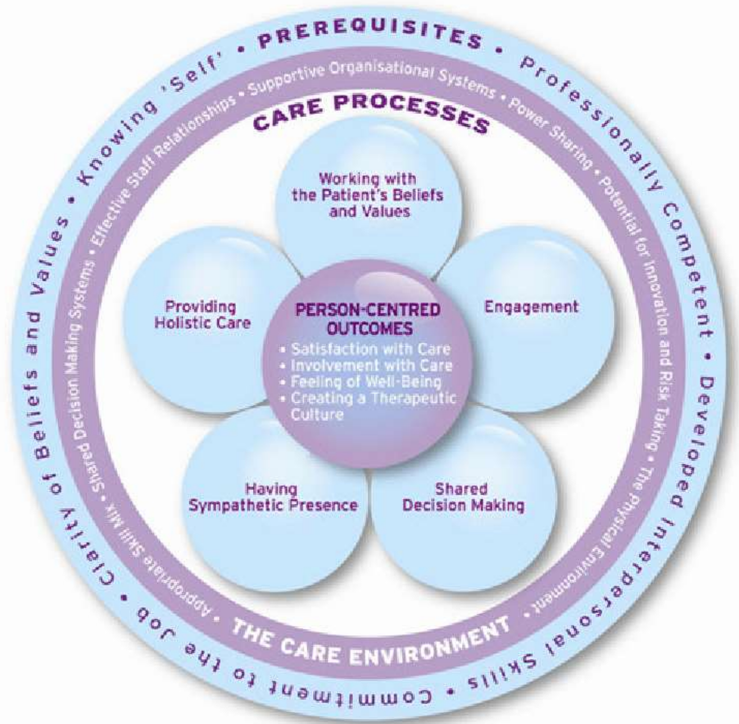


- HIV care has always prided itself of being humanistic and person centred.
- As HIV care continues to evolve there is a need to define what that care should look like to avoid the 'essence' of HIV nursing to be lost or diluted.

Antiretroviral therapy for HIV infection

In the 1990s	*Today*
	
Up to 20 pills daily, taken at different intervals throughout the day	**As little as 1 pill per day, delivering multiple drugs**

What do we mean by Person Centred Care ?



Person Centered Healthcare (PHC) is a philosophy in which humanistic ideals can be implemented into clinical practice along side continuing scientific advances.

PHC includes physical, psychological, emotional, spiritual and the social components of human existence. These multiple layers of complexity collectively, not separately add to the biology of the patient and any care given should taken into consider these components.

McCormack B (2003) A conceptual framework for person-centered practice with older people, International Journal of nursing practice , 9, 202-209.

What does it mean to be person centred in HIV care?

Developing therapeutic relationships with people living with HIV: exploring the nurse–patient relationship

Michelle Croston, Christopher Wibberley and Kirsten Jack

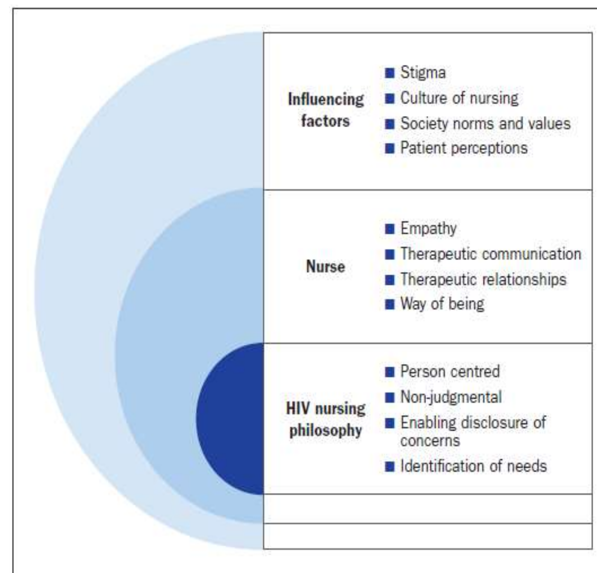


Figure 1. HIV person-centred nursing framework

The HIV Nursing Philosophy was central to the delivery of person-centred care and a key element in the overall framework.

What we do as nurses matters and is central to the delivery of high-quality person-centred care .

Models, Frameworks and Philosophies. How do we decide ?

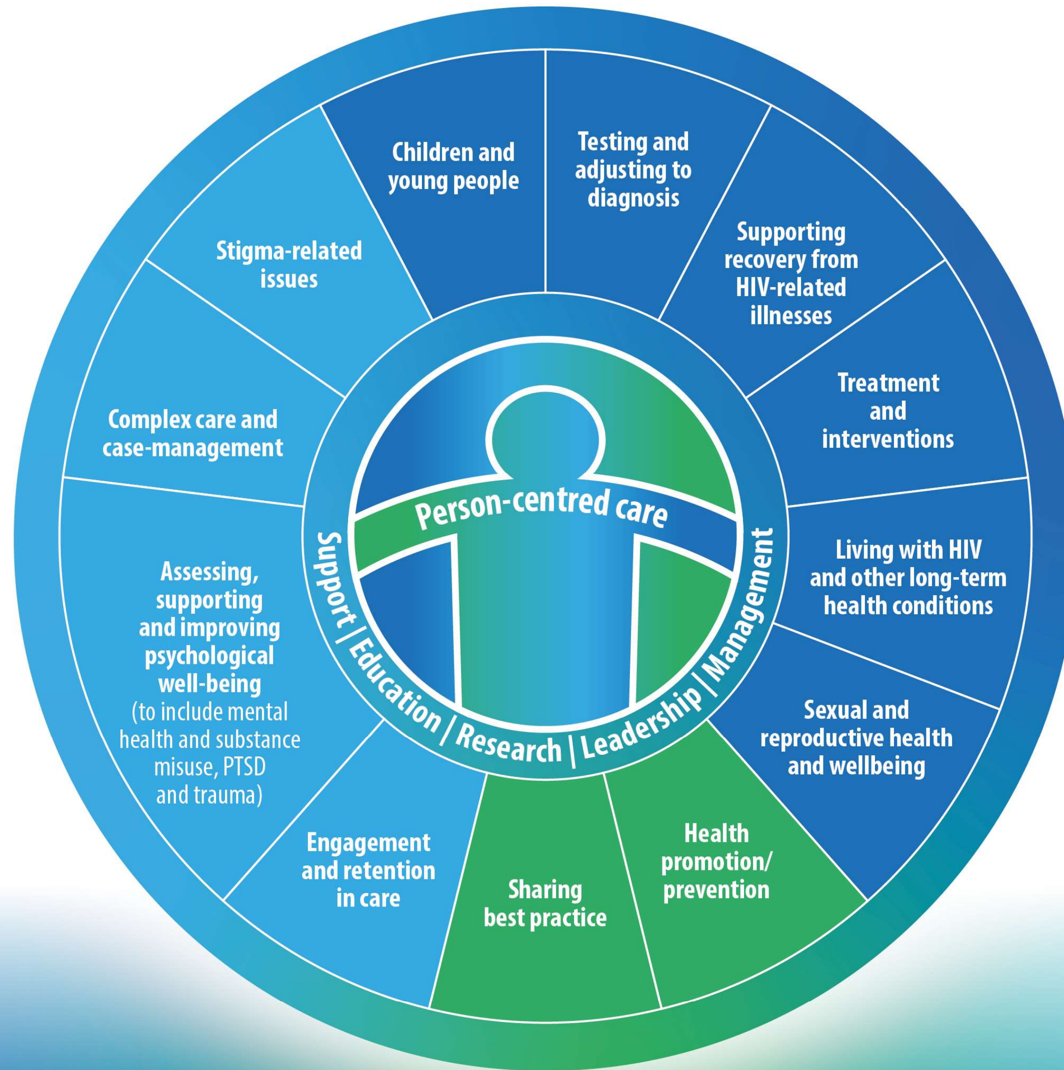
- **Nursing Models** – are defined to develop and define what nursing is and could be. They describe beliefs, values, and goals of nursing knowledge and skills needed to practise nursing. They offer frameworks to guide practice and education.
- **Nursing Frameworks –**identify the key concepts and describes their relationship to each other and to the phenomena.
- **Nursing Philosophy –** is a statement that outlines a nurse's values, ethics and beliefs, as well as their motivation to be part of the profession . It includes the nurses perspective regarding their education, practice and patient care.

How have we embedded these principles in the model of nursing?

It was important to define person-centred care in order to contextualise the model of care. It is based on the HIV nursing philosophy which articulates the significant role that empathy plays in care delivery and the development of therapeutic relationships. It is through the empathic nurse/patient relationship that concerns are able to be raised, so that care can focus on the priorities of the patient. Empathic and open communication enables the delivery of person-centred care.

We recognise that stigma and self-stigma are fundamental issues within HIV care and what makes nursing in this context different. However, we feel strongly that stigma should not be placed within the definition, as we want to avoid automatically locating this concept within the individual.

Person centred care is the foundation of our nursing practice from which the rest of our nursing practices develops .


Children and young people
Testing and adjusting to diagnosis
Supporting recovery from HIV-related illnesses
Treatment and interventions
Living with HIV and other long-term health conditions
Sexual and reproductive health and wellbeing
Health promotion/ prevention
Sharing best practice
Engagement and retention in care
Assessing, supporting and improving psychological well-being (to include mental health and substance misuse, PTSD and trauma)
Complex care and case-management
Stigma-related issues
Person-centred care
Support | Education | Research | Leadership | Management

Eileen Nixon and Garry Brough

Stigma-related issues

Introduction

1 This model of nursing care has been specifically designed for registered nurses working in an HIV setting or whose role involves caring for people living with HIV. While we recognise the invaluable contribution of other healthcare workers, it is not within the scope of this document to address the care delivered by non – registered nurses.

2 This section will cover the nursing care and interventions to facilitate HIV friendly healthcare environments and to support patients who may previously or currently be experiencing HIV-related stigma.

3 This will link with the following segments; psychological well-being; engagement and retention in care; sharing best practice and is integral to patient centred care and quality of life. As with other sections, this includes specialist HIV nursing practice at intermediate level and advanced level.

4 There are enclosed examples of competencies and/or documents that can be used by nurses looking after people living with HIV. Competencies will need to be assessed according to local protocols/governance or as part of a formal qualification e.g. STIF/NHIVNA certificate in intermediate or advanced HIV nursing competencies. Nurses who have undertaken STIF/NHIVNA competencies can use the related competencies for this segment.

5 In addition to the documents and competencies below, it is expected that HIV nurses will engage in relevant CPD for their role to ensure contemporary evidence-based practice.

Section 1 – Your clinical practice

HIV stigma remains a significant issue for people living with HIV and impacts all levels of the care pathway including testing, accessing care, long-term engagement and mental/psychological wellbeing. Many people living with HIV experience stigma and discriminating behaviours in their personal lives, workplaces and from the general public. People with HIV may also experience stigma and discrimination in relation to gender, sexuality, ethnicity and a range of other factors, which may potentially be compounded by an HIV diagnosis. Awareness of these potential intersecting layers of stigma will be key to providing sensitive and appropriate care to people living with HIV. HIV stigma and discrimination continues to be surprisingly high in healthcare settings. Nurses working in the field need to be proactive in enabling HIV stigma free environments and acting as role model for other healthcare professionals.

HIV stigma manifests itself in 3 main ways:

- **Self or internalised stigma:** the acceptance of negative self-beliefs associated with having HIV
- **Anticipated or perceived stigma:** the expectation amongst people living with HIV that others will hold negative judgements about HIV and may discriminate against them
- **Discrimination or enacted stigma:** the negative and devaluing treatment of people due to their status. These may fall within the purview of the law.

Self or internalised stigma can lead to feelings of guilt and shame and compound anticipated stigma in many walks of life. As healthcare professionals and primarily as nurses we need to be vigilant to the impact of stigma on engagement with healthcare, mental health and quality of life for people living with HIV.

NHIVNA also acknowledges that HIV peer support is a crucial component in addressing stigma. As a professional body we value the contribution peer support makes in empowering patients to become active participants in their care. We fully support the implementation of the quality statements and auditable outcomes listed in the 2018 BHIVA Standards in relation to access to peer support.

Competency levels

Competencies at **Intermediate level** (I) as defined by STIF/NHIVNA: These are aimed at nurses working in an HIV setting or with HIV patients at Band 5/6/7 and are equivalent to Level 3 of the NHIVNA competencies

Competencies at **Advanced level** (A) as defined by STIF/NHIVNA: These are aimed at Band 7 nurses and above who are working at an advanced practice level equivalent to Level 4 of the NHIVNA Competencies and with reference to the Advanced Nursing practice in HIV care (2016).

NB: For nurses working outside of England's Agenda for Change contracts, please use this as guidance for your level of practice in your area of work.

HIV Nursing Competencies

- Assessment of mental and emotion[...] impact of internalised or anticipate[...] discrimination I A
- Referral for mental health support [...] in relation to HIV stigma issues I A
- Promotion of self-management, pe[...] education and empowerment I A
- Supporting patient decision makin[...] choice I A
- Acting as a resource for people livir[...] relation to HIV stigma I A
- Escalating any reports of HIV discri[...] healthcare I
- Addressing complaints about HIV d[...] healthcare settings and promoting [...] learning environment to improve p[...]
- Design, participate and deliver in e[...] non-specialist areas in healthcare A
- Ensuring appropriate confidentialit[...] with and about people living with [...]

Recommended training

- **HIV Awareness courses**
- **NHIVNA e-learning modules**
- **Local HIV Stigma modules**
- **Intermediate STIF/NHIVNA competencies**
- **Advanced STIF/NHIVNA competencies**

Case Study: Fictitious case based on a number of real-life experiences

Beatrice is a 37 year old South African woman who was diagnosed with HIV while pregnant with her son who is now 12 years old. She has two older children. All the children are HIV negative. Beatrice finds it hard to attend appointments at the HIV clinic due to work and due to her concerns about meeting someone from her community. As a result, she has had intermittent antiretroviral therapy and her CD4 count is now 186 cells/mm. She has told only one friend about her diagnosis and is socially isolated.

Beatrice has high blood pressure and hyperlipidaemia [...]

Demonstrating quality HIV care in this segment

Demonstrating quality in healthcare is more important than ever. We have created a quality framework based on The Institute of Medicine's six dimensions of healthcare quality for you to use in the context of your role. This quality framework is intended for you to demonstrate HOW you are delivering this segment of the HIV model of care. It can help you:

- Define quality care for people living with HIV
- Link quality to the NMC code of conduct
- Communicate what HIV quality care means to all your stakeholders
- Develop continuous quality improvement projects in your area
- Link quality to the foundation of HIV care – *Person-Centred Care*

This can also be used in many different areas of your practice, for example, to reflect on your own practice, to engage your team on quality improvement projects, for your revalidation, teaching and other proactive elements of your role. Feel free to print this page off and start to scope out quality for your area of practice under the six dimensions.

The middle column is left blank for you to fill in as you explore the dimensions of quality and cross reference the information, guidance, standards and links on the following pages. The righthand column helps you to cross reference your work to the NMC Code of Conduct; this will support your revalidation process as a focus for professional reflection.

The dimensions of quality		NMC code
Safe Avoiding harm to patients from care that is intended to help them		
Effective Providing services based on evidence and which produce a clear benefit		
Person-centred Establishing a partnership between practitioners and patients to ensure care respects patients' needs and preferences		
Timely Reducing waits and sometimes harmful delays		
Efficient Avoiding waste		

Section 2 – Evidence, policy and Commissioning

Why include NHS plans, policy and guidance alongside HIV specific guidance/policy? The documents below are not a reference list. They are there to help you to synthesise HIV, HSA and NHS plans, policies and guidance to ensure you are aware of, and can describe, your role within a strategic context where required, secondly, for you to articulate and demonstrate the outcomes you are achieving in your role and finally, to support you to develop business cases or case for change narratives/documents.

HIV-Specific guidance/policy/references

Advanced Nursing practice in HIV care: Guidelines for nurses, doctors, service providers and commissioners 2016

BHIVA Standards of care 2018

HIV Commission 2020

HIV: Public Knowledge and Attitudes, National AIDS Trust 2021

HIV Service Specification 2013 (currently under review)

National Standards in HIV Peer Support 2017 (***https://hivpeersupport.com/***)

Peer Mentorship ***https://ukpublichealthnetwork.org.uk/wp-content/uploads/2021/02/A4-Best-Practice-Guidelines-for-Peer-Mentoring.pdf***

People living with HIV Stigma Index 2015

Positive Voices Study 2017

Tackling HIV Stigma, NAT 2016 ***https://www.nat.org.uk/sites/default/files/publications/Jun_16_Tackling_HIV_Stigma.pdf***

How this segment meets NHS Priorities

Transforming care through continuous improvement and sharing of best practice, teaching and educating others A

How this segment meets NHS Long Term Plan

Supporting mental health and working alongside peer support services and peer navigators

https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

Relevant key performance indicators:

- **Quality dashboard measures**
  - Domain 1: Preventing people from dying prematurely (audit of late presenters or hospital admission for those not in care)
  - Domain 4: Ensuring that people have a positive experience of care (evidence of patient satisfaction including reported stigma and discrimination experiences)
- **Key Performance indicators**
  - Retention in care and documented protocols (% nurse caseloads retained in care)
  - Documented care plans with patient involvement (BHIVA notes audit or NHIVNA care plan audit)
  - Improvement in the patient experience of individuals with HIV infection attending HIV outpatient service and improvement in reported understanding / self management of their condition

For further information on demonstrating the value of specialist nursing see Apollo Resource/Professor Alison Leary: ***https://www.apollonursingresource.com/***

1 Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington DC: National Academy Press, 1990, p244

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HIV Nursing Competencies

- Using Peer support prior to starting therapy I
- Following European AIDS Clinical Society guidance on assessing readiness to start and maintain ART I
- Assessing adherence and potential barriers at every visit I
- Addressing physical and psychosocial barriers to adherence A
- Treatment of any side-effects to maximise tolerability A
- Regular medicines check for drug interactions A
- Regular medication optimisation and prescribing management A
- Promote patient empowerment and self-management A
- Partners of patients not wishing to take HAART should be signposted to interventions such as PrEP to avoid transmission A
- Following guidelines for appropriate monitoring to ensure efficacy and tolerability I
- Manage virological failures by understanding resistance patterns and support patients during therapy switches A
- Understanding routine monitoring tests and blip management I
- Prevention of DDI, polypharmacy, adherence, prevention of resistance A
- Supporting patient decision making and patient choice A

Engagement Case Study

Marco is a 23-year-old MSM from Italy. He came to the UK 3 years ago and was diagnosed with HIV 2 years ago. This was his first HIV test here in the UK following STI screen with symptoms. Occasionally he uses chemsex drugs as part sex. He has no stable job and is living with friends who do not know of his diagnosis. He came from a religious family with strong beliefs. His sexuality is not acceptable to his family and the community. No one knows of his diagnosis, and they expect him to come home regularly. He is struggling to come to terms with living with HIV. He feels that this is a punishment for his deviation from his religion and therefore he should face the consequences of it. He reluctantly accepted to start HIV treatment.

As no one knows of his diagnosis, he can only keep three months at a time of his treatment. Marco suffers from anxiety and possibly undiagnosed depression.

In the last two years he was seen only four times and on the fourth occasion, he came because he had gonorrhea after a visit in Italy. When he came to clinic, he was unkempt and reported being homeless on this visit and sleeping rough.

Please consider the following points in relation to your level of competency / clinical practice. These trigger questions are to enable you to reflect on your role as a nurse and to engage in professional discussions about people living with HIV who disengaged in care in your workplace. There is not an expectation that everyone will know the definitive answer to these trigger questions. What is more important is that you recognise and address any gaps in your knowledge and practice.

- ***What are the barriers to retention in HIV care for this gentleman?***
- ***What strategies can help reduce the risk of HIV transmission for this patient?***
- ***What support can you offer Marco to help accept his HIV diagnosis?***
- ***What actions could have been taken on his first visit to try and keep him engaged?***
- ***Are there any RED flags in Marco's life that needs to be addressed urgently? And how?***
- ***Why adherence is important in this case and what strategies can help Marco engage?***

Next Steps

- 5 segments to go
- Proof reading across the whole model
- Michelle Croston in contact with Professor Brendan McCormack and Professor Andrew Miles to review the model
- Meeting scheduled with RCN re endorsement
- Engagement with key stakeholders
- Aim to launch September 2023

With many thanks to all the contributors

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