The NHIVNA Model of HIV Nursing

Eileen Nixon, Michelle Croston, Steve Callaghan

With special appearances from:

Garry Brough, Kirstie Salthouse, David Munns, Moses Shongwe, Christina Antoniadi , Katie Warburton, Liz Foote, Linda Panton, Martin Jones

Conflict of Interest

In relation to this presentation Eileen Nixon, Michelle Croston, Steve Callahan declare that they have no conflicts of interest

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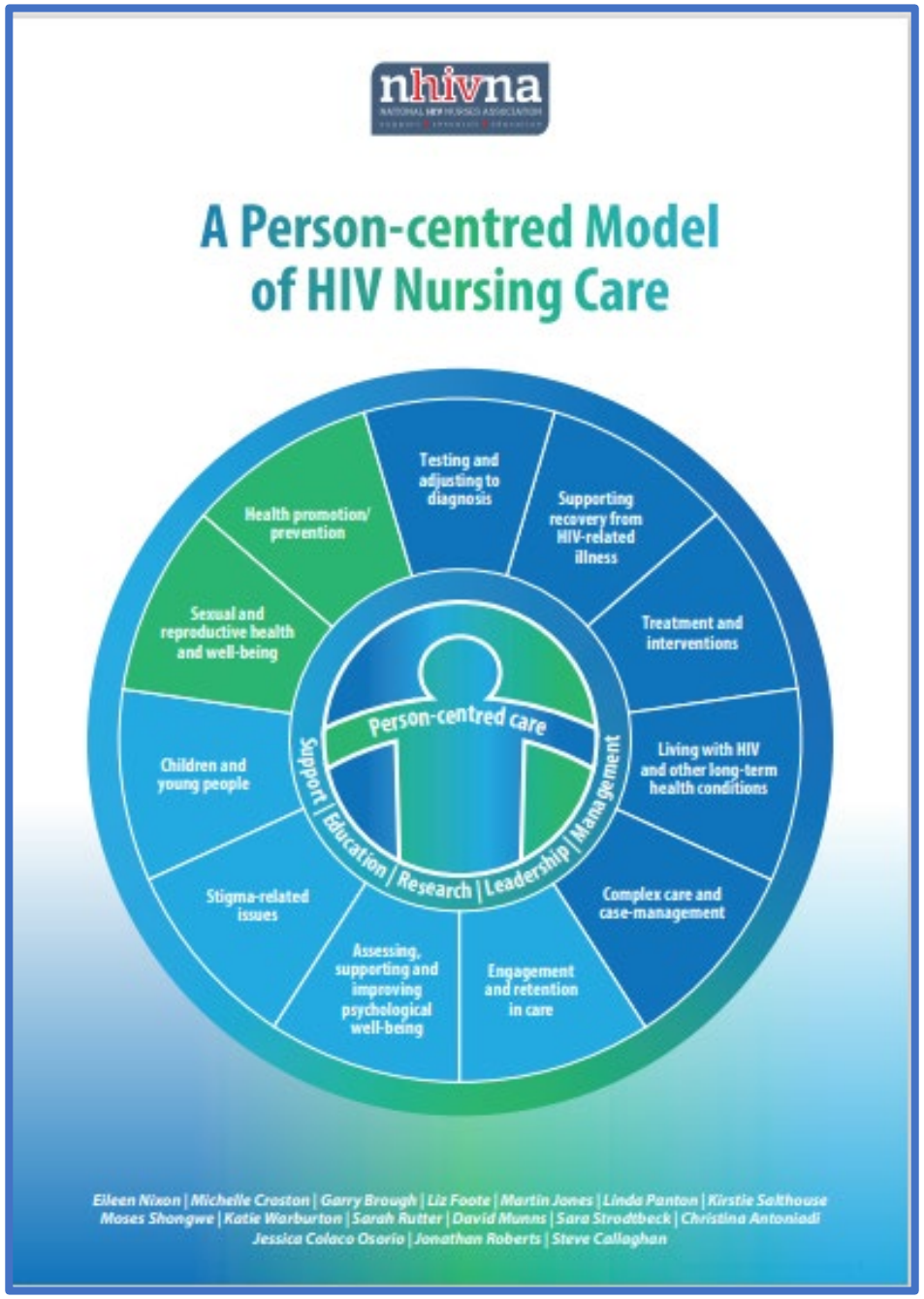
Eileen Nixon, University Hospitals Sussex



Live on NHIVNA Website

https://www.nhivna.org/image-map-draft.

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Jessica Colaco Osorio and Jonathan Roberts

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. This includes clinical research roles where relevant. 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 HIV testing and support for those adjusting to a new diagnosis. This will include the nursing care required to support HIV testing, disclosure of a positive HIV test result and adjustment to diagnosis.

3 This links with treatment and interventions, living with HIV and other long-term conditions, sexual and reproductive health and well-being, engagement and retention in care, psychological well-being and stigma-related issues.

4 There are enclosed examples of competency 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. It is also expected from HIV nurses to share best practice.

The end of HIV transmission in the UK is now considered to be an achievable ambition[1]. Increasing HIV testing and diagnosing the undiagnosed is a core component to reaching zero HIV transmission by 2030. The early initiation of ART, regardless of CD4 cell count, has clear benefit for the individual (with avoidance of morbidity and mortality), their sexual partners (avoidance of transmission) and public health (reduced community viral load and HIV transmissions)[2].

HIV testing is recommended in the following contexts[3]:

Individuals with increased risk of HIV for example; men who have sex with men (MSM) & their female sexual partners, Black Africans, injecting drug users, sex workers, prisoners, trans women and people from countries with high rates of HIV prevalence and their sexual partners, Individuals known to have/have had a mother living with HIV and who do not have documented HIV-negative status .

Individual attending the following healthcare settings: sexual health services, antenatal clinics, termination of pregnancy services, addiction and substance misuse services, health services for hepatitis B and C and TB and lymphoma.

All people presenting with symptoms and/or signs consistent with HIV indicator conditions.

- HIV testing is also encouraged for those in immigration centres

People accessing healthcare in geographical areas with high or extremely high HIV seroprevalence:

- High (>2/1000) if undergoing venepuncture and
- Extremely high (>5/1000) all attendees
- Sexual partners of an individual diagnosed with HIV

Opt out HIV/BBV screening programmes in Emergency Departments and in General Practice is being expanded across the UK[4].

HIV Nurses are therefore key to promoting, supporting or undertaking HIV testing depending on their role and are pivotal in supporting a patient newly diagnosed with HIV.

Recommended training

Basic HIV Awareness

Local HIV awareness courses

NHIVNA HIV E-Learning – HIV Nursing Modules are free and open to all. Register for online account: ***https://www.nhivna.org/NewRegistration***

http://www.nhivna.org/NHIVNA-HIV-nursing-modules.aspx

NHIVNA Competencies free of charge ***https://www.nhivna.org/competencies***

Intermediate HIV Competencies

NHIVNA HIV E-Learning as above

e-learning for healthcare (eHIV-STI) ***https://www.stif.org.uk/wp-content/uploads/2024/03/E-LEARNING-STIF-COMPETENCY-ALL-2024.pdf*** pg 13–17.

Free for NHS staff: ***http://portal.e-lfh.org.uk/Register***

Intermediate STIF/NHIVNA Competency ***https://www.stif.org.uk/competency-programme/stif-nhivna-core/***

Advanced HIV Competencies

NHIVNA HIV E-Learning as above

e-learning for healthcare (eHIV-STI) as above, pg 18–21.

Free for NHS staff. ***http://portal.e-lfh.org.uk/Register***

Advanced STIF/NHIVNA Competency ***https://www.stif.org.uk/competency-programme/stif-nhivna-advanced/***

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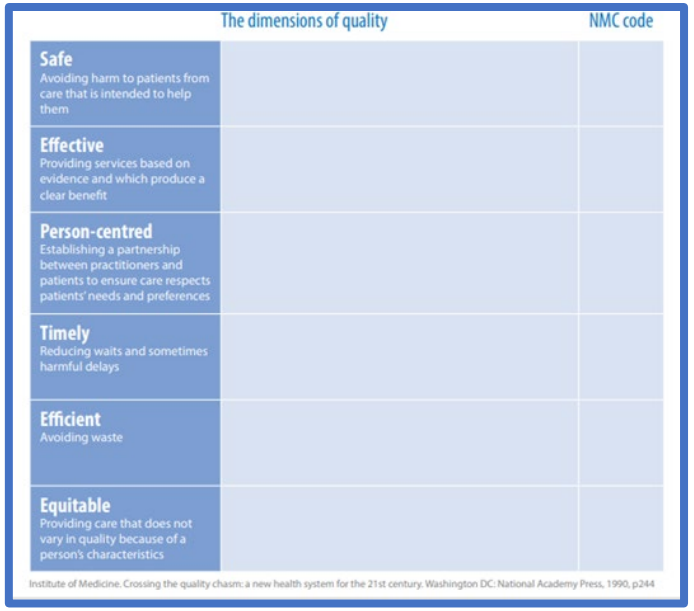
Competency levels

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

Competencies at **advanced level** (A) as defined by NHIVNA/STIF: These are aimed at nursing posts at band 7 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).



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

Nursing competencies

- Demonstrate competence in explaining HIV antigen and antibody tests & relevance of the window period I
- Explain rationale for opt out HIV testing and impact of this I
- Provide details for where to get an HIV test in local area I
- Competent at explaining a reactive results depending on job role I
- Has ability to order correct confirmatory HIV tests in line with to local and national guidelines I
- Competent in giving an HIV diagnosis depending on job role I
- Assessment of mental health, coping strategies and physical health at new diagnosis escalating concerns and referring on when required I
- Signposting to peer support, befriending, and health condition specific support or local support programmes and facilities I
- Arranges follow-up according to individual need and within local and national guidelines I
- Assess suitability for starting treatment and initiate appointment when ready or undertake prescribing depending on job role I
- Discuss rationale for and refer patient for partner notification I
- Initiate partner notification depending on role A
- Provide nurse led new patient clinics A
- Assess physical health, co-morbidities and concomitant medication at first appointment and discuss rational for PREP/PEP where relevant A
- Establish local pathways for newly diagnosed patients in accordance with national guidelines A
- Establish or support HIV testing in local area depending on job role/work setting A
- Transforming care through continuous improvement and sharing of best practice, teaching and educating others A
- Promotion of self-testing strategies where indicated A

Case Study – fictitious case based on merged real-life experiences

Jane is a 54 year old woman who has been HIV positive for 20 years. Her HIV is well controlled.

She attends the HIV clinic for her HIV annual health check and sees a Band 5 clinic nurse. Her blood pressure is 160/100 and the same when repeated in clinic. The clinic nurse looks at her previous blood pressure readings and sees they have been increasing over the last few years and refers her to her GP for further blood pressure monitoring. The clinic nurse also takes annual health check bloods, weight, a smoking history, recreational drug and alcohol history and undertakes psychological and memory screening. The clinic nurse gives some lifestyle advice in relation to blood pressure management.

Jane then has a telephone follow-up with the HIV Specialist Nurse for her results one month later. The Nurse Specialist calculates Jane's QRISK3 score[1] which is 25% and reviews her ARVs in relation to cardiovascular risks. Jane tells her nurse that she has started on new hypertensive medication and further checks identify a potential drug to drug interaction. The Nurse Specialist links in with the patient's GP and discusses alternative anti-hypertensive medications and gives further advice and online resources to Jane on self-managing her CVD risks.

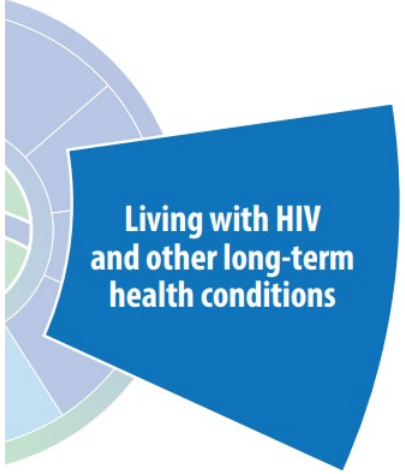
Please consider the following points in relation to your level of competency/clinical practice. These trigger questions are to enable you to reflect on your role as a nurse and to engage in professional discussions about people living with HIV who disengaged in care in your workplace. There is not an 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 patient pathways do you have in place to address high blood pressure?

What lifestyle advice would you give to a patient with hypertension?

In what circumstances do you undertake a QRISK3?

What health preventative advice do you give to patients to reduce their CVD risks?



Eileen Nixon and Michelle Croston

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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.

How this segment meets NHS Priorities

Admission avoidance – Triage and nursing advice to ensure appropriate referral to primary or specialist care settings and minimising use of A&E A

Recover the dementia diagnosis rate to 66.7% (LTP) and proactively screen for neurocognitive impairment I A

How this segment meets NHS Long-term Plan

- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 (LTP)
- Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% (LTP)
- Continue to address health inequalities and deliver on the Core20PLUS5 approach (LTP)
- Promoting integrated care A

HIV-specific guidance/policy/references

Advanced Nursing practice in HIV care: Guidelines for nurses, doctors, service providers and commissioners 2016. ***https://www.nhivna.org/Advanced-Nursing-practice-in-HIV-care***

Annual health review for people living with HIV: a good practice guide 2017 ***https://www.nhivna.org/annual-health-review-for-people-living-with-HIV***

BHIVA guidelines for the routine investigation and monitoring of adult HIV-1 positive individuals 2016 (2019 interim update). Available at: ***https://www.bhiva.org/monitoringguidelines***

(2019 interim update) ***https://www.bhiva.org/file/DqZbRxfzlYtLg/Monitoring-Guidelines.pdf***

British HIV Association (BHIVA) (2018) Standard of care for people living with HIV, London. ***https://standards.bhiva.org/***

EACS GUIDELINES Version 11.1. October 2022. ***https://www.eacsociety.org/media/guidelines-11.1_final_09-10.pdf***

HIV Commission ***https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025***

Hippisley-Cox J, Coupland C, Brindle P. Development and validation of QRISK3 risk prediction algorithms to estimate future risk of cardiovascular disease: prospective cohort study BMJ 2017; 357 :j2099 doi:10.1136/bmj.j2099

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

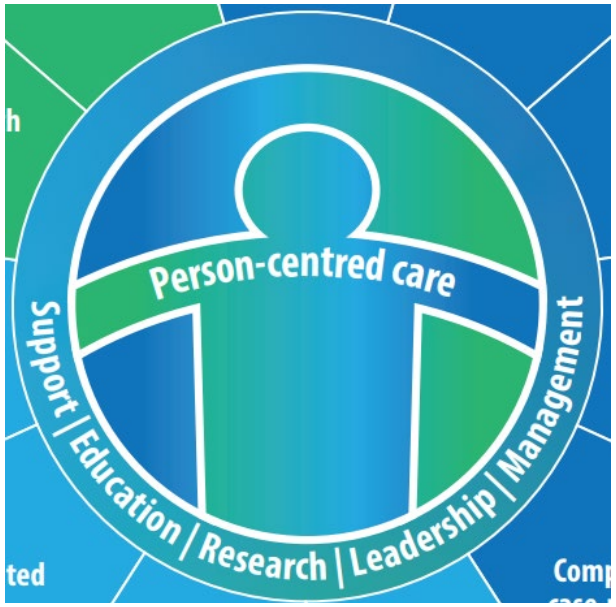
NHSE Integrated Care Resources. ***https://www.england.nhs.uk/integratedcare/what-is-integrated-care/***

Service specification: adult specialised services for people living with HIV ***https://www.england.nhs.uk/publication/adult-specialised-services-for-people-living-with-hiv/***

Relevant key performance indicators

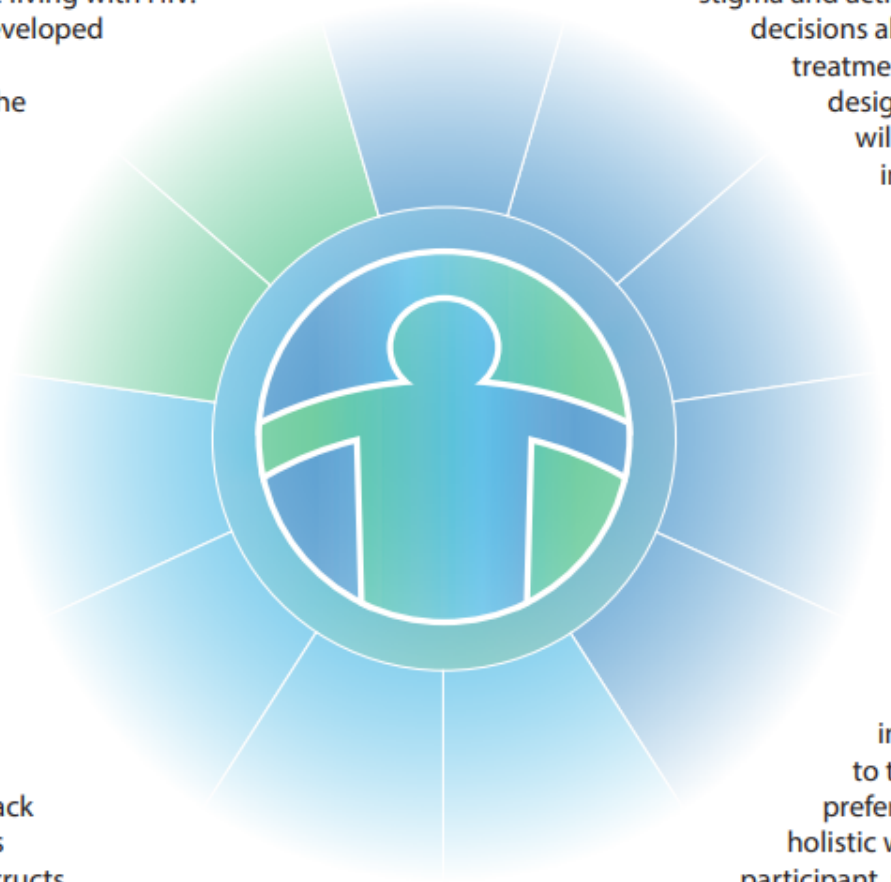
- **Relevant Specialised Services Quality Dashboard (SSDQ) indicators**
- **NHS Outcomes Framework:**
  - Domain 1: Preventing people from dying prematurely (audit of Annual Health Check)
  - Domain 2: Enhancing quality of life for people with long-term conditions
  - Domain 4: Ensuring that people have a positive experience of care (evidence of patient satisfaction)
- **Other performance indicators**
  - Documented care plans with patient involvement (BHIVA notes audit or NHIVNA care plan audit)
  - Documented adherence support and medicines review (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 (patient satisfaction audits)
  - Care and treatment to professional guidelines and commissioning policies.
  - Effectiveness of networked arrangements and documented pathways.
  - Documented health screens e.g. 10-year cardiovascular disease (CVD) risk, smoking, psychological needs, and appropriate referral (AHC audit)

Garry Brough, Fast-Track Cities London



to integrate this model of care into your practice, we believe that it will enhance care and improve quality of life for people living with HIV. This model has been developed to enable HIV nurses to facilitate and improve the delivery of care. The model was designed to be person-centred by a working group including people living with HIV, to ensure that their voices were heard and reflected within the model.

There are many definitions available as to what person-centred care means within the nursing literature. The most often cited is the person-centred framework by McCormack and McCance [1], which is comprised of four constructs, which are: prerequisites, care processes, person-centred outcomes and the



self-management skills, education and engagement in peer support, an ability to deal with HIV stigma and active participation in decisions about all aspects of treatment and care, service design and delivery. This will be increasingly important as we support an ageing population in managing comorbidities and polypharmacy.

Therefore, achieving person-centred care requires services to consciously prioritise the perspectives of individuals, families and communities in order to respond to their needs and preferences in humane and holistic ways. The person is a participant, not just a beneficiary of the health system [3].

NHIVNA recognises that stigma and self-stigma are

Kirstie Salthouse, North Manchester General Hospital

David Munns, Chelsea and Westminster Hospital

Co-Authors: David Munns and Sarah Rutter

Steve Callaghan, EQE Health

Commissioning – Continuous changes in the last 20 years

2004 - Small Primary Care Trusts (PCT)

2007/08 – merge to larger PCTs

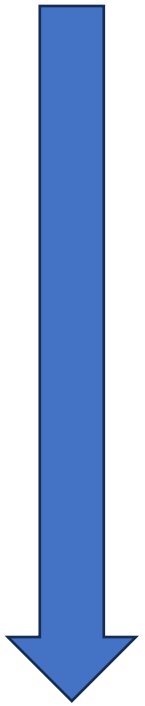
2012 – NHS / PH split

2012 Clinical Commissioning Groups (CCG) instead of PCTs

2022 Integrated Care Boards (ICBs) instead of CCGs

Currently, some specialised commissioning is being shifted to ICBs (previously NHSE) – Includes HIV

2024 – ?New government - ? New structure



Staff reduction and financial allocation reduced from 2008/09

Example: Liverpool (not uncommon to other parts of the UK)

Integrated Care Board

- £250m in debt
- Told to reduce this to a debt of £100m and submit plans on how to do it

- Questions are being asked what do nurses do? What's their value? How do they contribute to outcomes? etc

- You need to be clear on the value you bring to the service you provide, the outcomes that matter to patients and the wider healthcare agenda (political and financial)

Value in healthcare: Definition, context, example

Definition

'Health outcomes achieved per dollar spent'

'Value for the patient is created by ***providers' combined efforts over the full cycle of care.*** The benefits of any one intervention for outcomes will depend on the effectiveness of other interventions throughout the care cycle'.

'Value in health care is measured by the outcomes achieved, not the volume of services delivered'

Porter 2006, 2010

Context

Value should focus on outcomes that matter and make a difference to patients.

Up-to-date decision-making in healthcare around the world ***must consider value as well as evidence.***

Defining outcomes, reframe services, to measure and prioritise outcomes that matter, is essential to increasing value in addition to, being "proportionate", "fair" and "equitable"

Hurst et al 2019

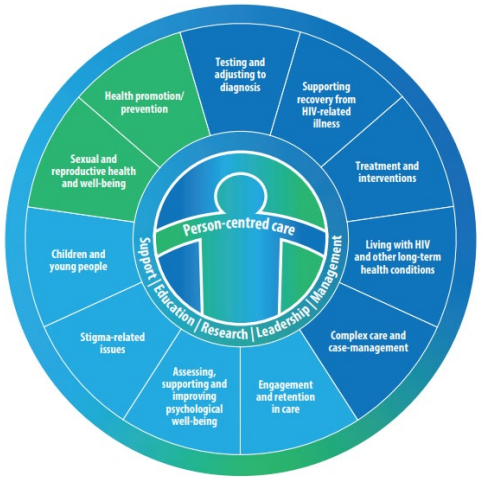
Example

'With more ANPs there is better access to care, better quality and reduction in avoidable costs (e.g., hospitalisations) in the process.

The study concluded that it is rare that a health policy change offers such gains across all three dimensions of health system performance'

Conover et al 2015

Moses Shongwe, Barts Health NHS Trust, London



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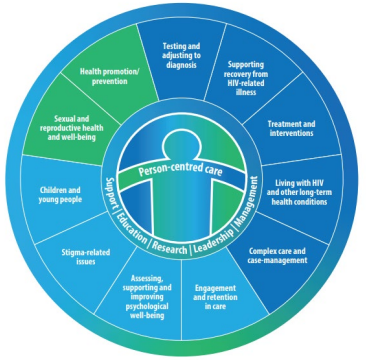
Christina Antoniadi, Chelsea and Westminster Hospital



 Co-Authors: Sara Strodtbeck and Christina Antoniadi

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Katie Warburton
University of Central Lancashire

Chiva Youth Committee

Top Tips for Nurses

1. Make sure you know what you're talking about. Misinformation or misunderstanding can affect me.
2. Please talk to me and not just my parent or guardian. If you have a private conversation (which seems to be about me) with a colleague when I'm in the same room, it makes me feel anxious.
3. Please take the time to explain my medicine and side effects.
4. Please treat me my age. Think about the language you use.
5. Don't make assumptions.
6. HIV doesn't define me; I'll always be me first and can still achieve my ambitions. Please acknowledge this and ask about my life.
7. HIV affects my mental health just as much as my physical health; stigma hurts. Please consider this.
8. Confidentiality is really important to me, don't gossip about my life.

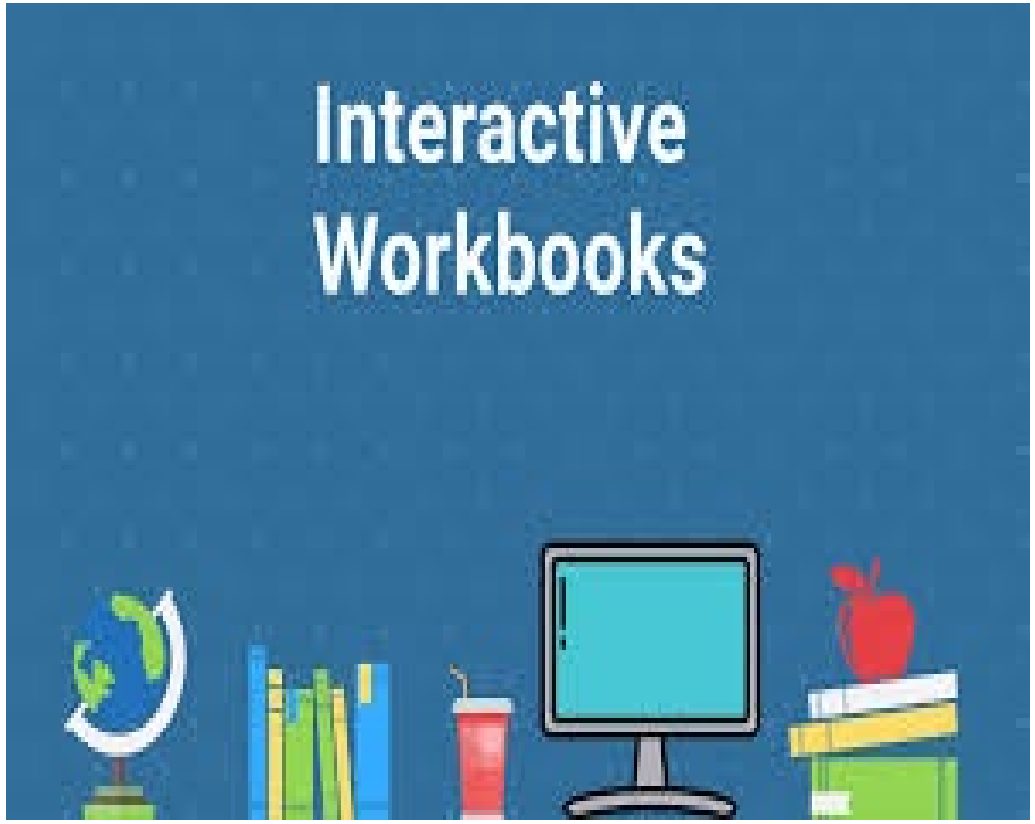
Michelle Croston, The Northern Contraception, Sexual Health & HIV Service

Why, When, How

WHY- I had been involved in developing the model and recently returned to clinical practice joining a team a varying points of their HIV knowledge. We wanted to create ‘something’ to aid nurse education and was unsure where to start.

WHEN –We would use the workbook to act as a guide for staff education, personal and professional development. We would link the workbook to PDR’s , CPD, career progression and revalidation

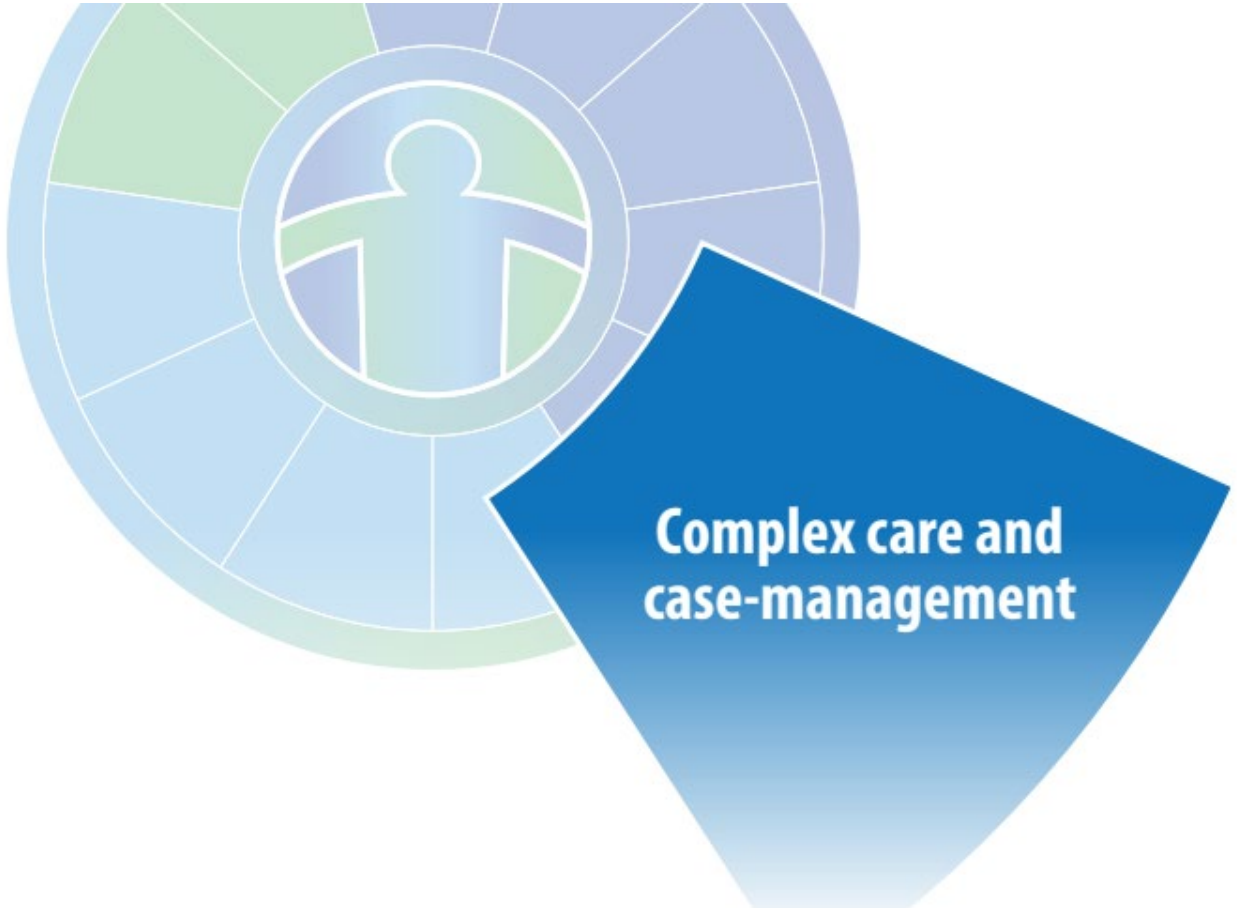
HOW –We developed a working group, myself, Justine Mellor, Jen Kendrick and Ali Smith to decide a way forward. Justine and I took the lead on developing the workbook and met to decide what the content should include to maximise teaching and learning.

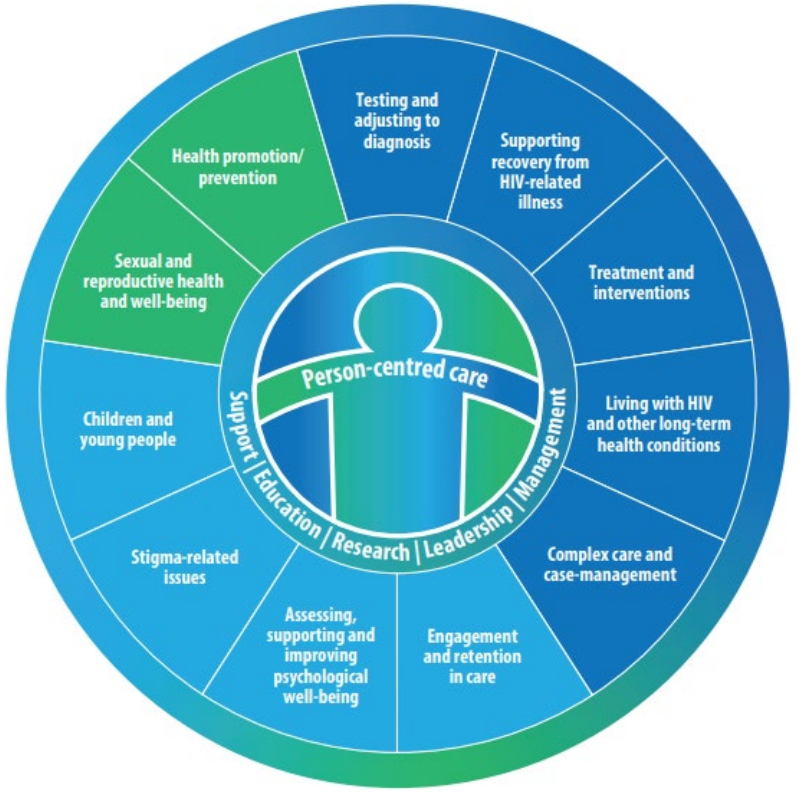


Key feature of the workbook

- Contains 13 sections that reflect the segments of the model of care and include person centred care and sharing of best practice.
- We start by inviting people to consider what person-centred care means to them , why they came into HIV care and what their own personal philosophy of nursing and how care should be delivered. Really important to spend time considering what this as being person centred is central to the model of care.
- Sharing of best practice section encourages the learner to pick a subject they would like to learn more about and then share that learning with peers. We also encourage people to share any resources that they have come across that helps enhance their learning.
- At the start of each section, we ask people to rate their level of competency usings Brenner's Novice to Expert.
- All learning activities are linked to the section of the model, we use a mixed modality of learning options, clinical supervision , reflective practice, videos, podcasts, articles, presentations (presentations have clearing learning outcomes and are linked to the model) and books.
- There are case based discussion from the model of care, and we also signpost learners to additional learning to enhance their understanding of that segment.
- Within the workbook there is a learning log for people to record their development. We considered learning in a variety of ways for the log, such as films, plays, TV programmes etc.
- At the end of the workbook, we also invite the learner to rate their level of competency using Brenner's Novice to Expert. We then invite people to develop a plan of what learning they may need to undertake to increase or sustain their competency in this section.
- We have extra reflective learning sheets for learners to link their external learning to the model, i.e. if they have accessed a conference or talk.
- The workbook is linked to PDR's , revalidations, career aspirations and can be used as a career progression tool(i.e. from band 5-6).
- We aim to start using the workbook in September as we have managed to gain funding to create an editable PDF.

Liz Foote, Specialist Nurse Advisor, ViiV Healthcare





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Linda Panton, Western General Hospital, Edinburgh, Chair of NHIVNA

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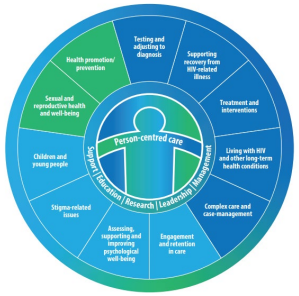
Martin Jones, East Sussex Healthcare NHS Trust



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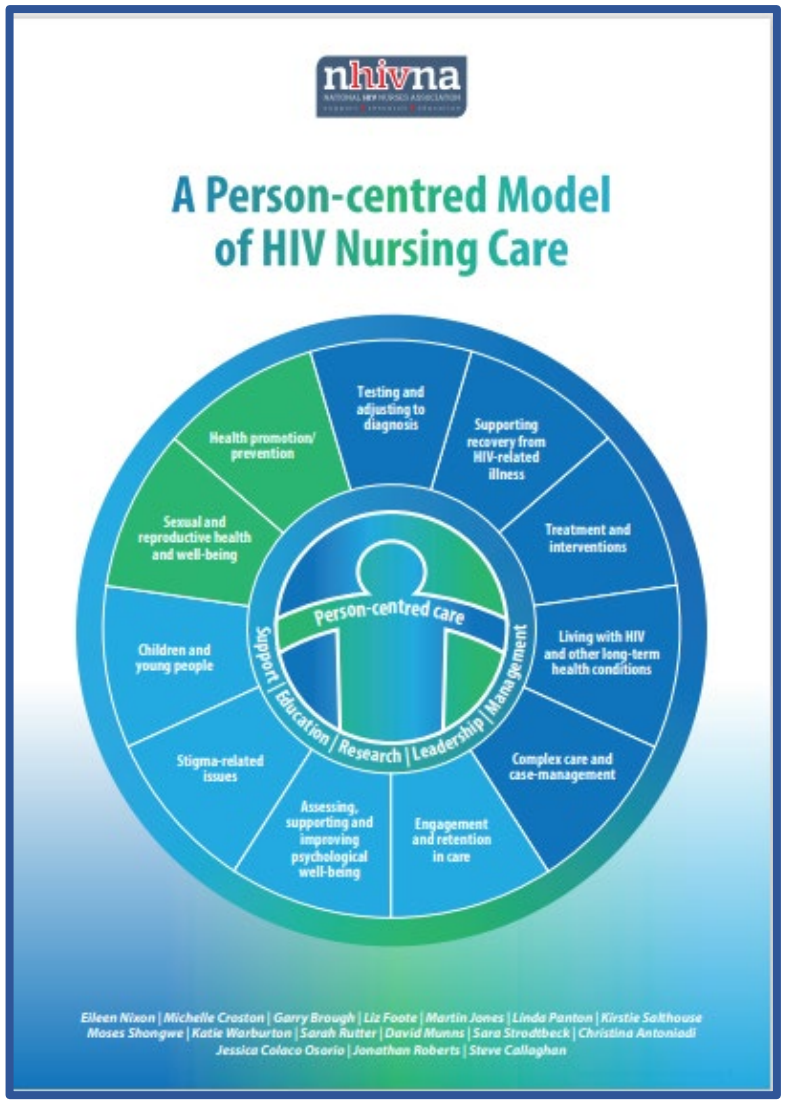
Garry Brough
Fast-Track Cities London

"Nurses working in the field need to be proactive in enabling HIV stigma free environments and acting as role model for other healthcare professionals"

Next Steps?

- Use it!
- Submit documents, guidelines, examples of good practice to share
- Dissemination plan
- Endorsement
- 6 monthly evidence updates



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