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Nurse led community HIV clinic: Practical planning and implementation

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Nurse Led Community HIV Clinic Practical Planning and Implementation

Jill Williams and Kellie Welsh

Conflict of Interest

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

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Where do you start usually with a 'Great Idea'

- Develop a nurse-led clinic within Sahir House



Great Idea to Business Case

Strengths

- Long History of a variety of community nurse led clinics at Sahir
- No cost implications as staff have capacity
- Improved patient assessment and care
- Reduced 'Need to Find' patients
- Clinic in safe space

Weaknesses

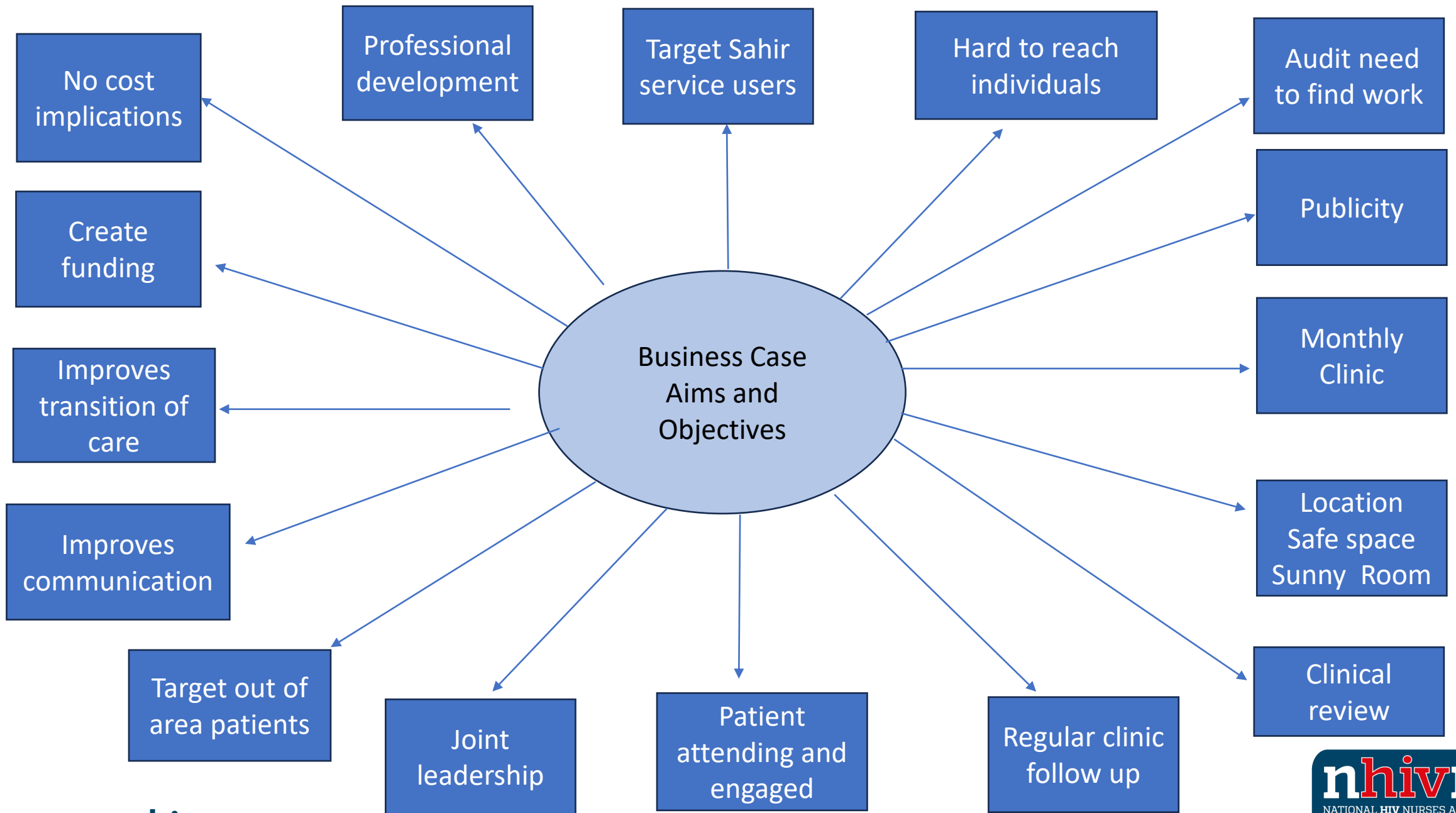
- Can we expect those who don't attend to turn up at a planned clinic time once a month
- Possible staff time wasted if DNA's

Opportunities

- Improve attendance of hard-to-reach/out of area patients
- Will create revenue as clinic registered on Lillie

Threats

- Some resistance as new commissioning of HIV education and testing – **stick to clinical care**
- Stepping on the toes of others
- Community nurses not funded for out of area patients – **clinic to run jointly with hospital team**



Clinic Development and Planning

- Discussion and planning with all stake holders
- Commissioning of HIV care has changed
- Education and testing provided by other services
- Identified final objective: Clinical review in a non-clinical area



Clinic Development and Planning

- Monthly afternoon clinic second Tuesday of the month
- To be attended by one nurse from hospital and a community and complex support worker
- Patients booked in advance for bloods/script/assessment
- Capacity for 4 clinic appointments at 45 - minute intervals

Clinic Development and Planning

- Medicines Management - nurses to bring script to Sahir clinic - can return to pharmacy within 5 days
- Community nurses have equipment to ensure safe observations, assessment and blood sampling
- Horary Contract for Kellie to engage in clinical consultation with patients consent
- MDT - medical consultant shared or remote management follow up

Progress and Evaluation

- Business case discussed and agreed at HIV clinical management group meeting Sept 23
- 1st clinic 9th November 2023
- 7 clinics to date – 3 cancelled due to DNA's
- 4 individuals re-engaged with care and treatment
- Clinics and MDT functioning well



Ready to Plan for Evaluation and Audit

- Improved communication supporting people with complex needs
- Improved attendance of small number of complex patients
- DNAS's and wasted time of team
- Plan to open the clinic to different patient groups

