Experience of HIV positive patients accessing a one stop clinic

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Background

• Large inner city HIV clinic – cohort around 1750
• Previously 2 separate appointments (blood followed by medical review/phone clinic)
• High DNA rates 17-18%
• Inconvenience
One Stop Clinic – increase options, reduce number of appointments, impact on DNA rate

Nurse led clinic protocol

Clinic pro formas and protocols were developed in accordance with BHIVA national guidelines (2011) and BHIVA standards of care for PLWHIV (2013) in collaboration with medical consultant colleague

Inclusion criteria set
Inclusion criteria

- Under MCSH at least 6 months
- Stable on treatment with at least 2 consecutive HIV VL <40
- If not on treatment CD4 above treatment threshold
- Patient agreed for evolution delivery
- Buffer stock of medication at home (at least 3 weeks)

The holistic consultation

- Medication review
- Onward referral
- Physical symptoms
- Mental health issues
- Social issues
- Sexual health
- Lifestyle review
- Vaccination review
- Prevenatination/ Disclosure/ child testing
- Patient
Virtual clinic review

- Blood results reviewed within 7 days
- Action on significant results
- Prescription (NMP)
- Summary of care – letter to GP
- Polypharmacy – review by pharmacist
- Encrypted email sent to patient – online survey link

Results

Feb – May 2015: 103 patients booked, 89 attended, 14 (13%) DNA

Gender:
- Male 83 (89%)
- Female 6 (7%)

Sexuality:
- M (HETEROSEXUAL) 86 (86%)
- M (WSTEM) 3 (4%)
- F (HETEROSEXUAL) 1 (1%)

Central Manchester University Hospitals NHS Foundation Trust
Results

Co-morbidities (no. of patients)

Lifestyle (no. of patients)

Results

STI screen

Recalls
**Patient feedback**

- Online survey tool – link via email
- Total sent n=85, Total returned n=28 (33%)
- Results received within 14 days (100%), within 7 days (82.1%)
- Confidence in care delivered by nurse = 100%

**Issues raised during holistic assessment**

- Changing of ARV’s – 2 patients
- Non-disclosure to sexual partners – 2 patients
- Non-disclosure of status to anyone – 1 patient
- Non-disclosure to occupational health – 1 patient
- Identification of unaddressed mental health issues – 2 patients
- Alcohol issues – referral to community alcohol team – 1 patient
Conclusions

• Co-morbidities – opportunity for interventions:
  Healthy diet, exercise, referral to club drug clinic, CAT,
  mental health services, GP, polypharmacy,
  support organisations eg George House Trust

• 50% appointment reduction for patients – continue to
  receive a face to face holistic consultation

• Reduced DNA rate 13% (current DNA for clinic 17-18%)

• Patients with poor clinic attendance continue to DNA –
  further work to explore reasons

Conclusions

• High patient satisfaction scores for patients - both
  convenience/delivery of care

• High staff satisfaction for nursing staff – ideally placed to
  provide holistic care for stable patients

• Future potential for expansion – other CNS team members

• Potential to develop and explore opportunities to change
  inclusion criteria