

13th Annual Conference of the
National HIV Nurses Association (NHVNA)



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6 years on: a review of primary nurse clinics within a collaborative team approach to HIV care

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Background

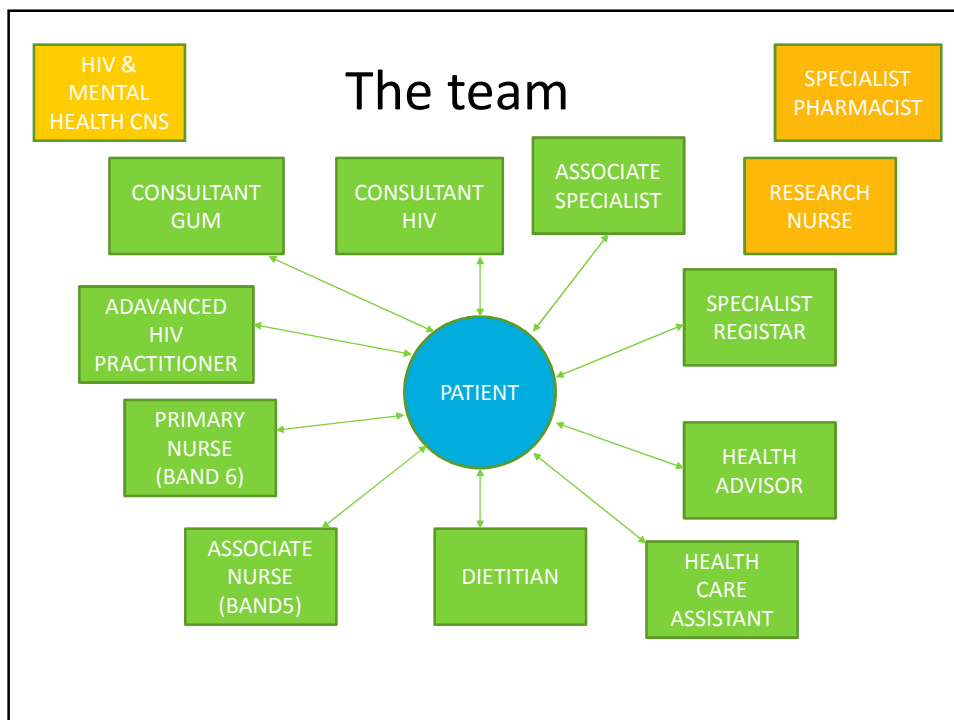
- Collaborative team approach introduced in 2005
- Ageing HIV population
- Long-term survivors both on and off anti-retroviral therapy (ART)
- Changing needs of HIV outpatients

Need for change

- Maintain continuity of care
- Enable follow-up by the most appropriate practitioner
 - All patients to have named consultant
- To identify patients who require more input and co-ordination of care
- To further define the nursing role within the team

Current drivers for change

- Patient needs
- Advancing nursing practice
- NHIVNA Nursing Competencies
- BHIVA Standards for HIV Clinical Care
- Supporting People with Long Term Conditions: Case Management (DOH)



Criteria for referral to primary nurse clinics (2005)

Referral by consultant/medical team
Stable on ART with viral load (VL) <40 for > 6 months
Stable not on ART with CD4 > 350 for > 12 months
No ongoing medical problems
3 monthly follow-up with yearly consultant review

Aims:

- To look at current practice in relation to the original primary nurse clinic referral criteria
- To identify potential improvements

Method:

- A case note and electronic note review of 50 patients in one primary nurse clinic.

Demographics

Sex	45/50 Male 5/50 Female	90% 10%
Age	44.9 (mean)	
On ART	49/50	98%
Not on ART	1/50	2%

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>3 months between appointments	36/50	72%	3 monthly follow-up

Additional findings:

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Patients requiring same day medical input (atypical chest pain and rash)	2	4%

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Thought to have psychosocial issues	20	40%

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Patients requiring same day medical input (atypical chest pain and rash)	2	4%
Thought to have psychosocial issues	20	40%
Adherence issues	8	16%

Stable Patient Referral Criteria

Original referral criteria	Proposed referral criteria
Referral by consultant/medical team	Referral from any source within MDT with discussion in pre-clinic meeting
Stable on ART with viral load (VL) <40 for > 6 months	Stable on ART
Stable not on ART with CD4 > 350 for > 12 months	Stable not on ART
No ongoing medical problems	Stable ongoing medical problems (under GP/specialist)
3 monthly follow-up with yearly consultant review	6 monthly follow with all patients attending for annual review (with any relevant HCP)

Referral outside the stable patient bracket

- Second tier to the referral process, to allow for those with who may benefit from increased nursing input with issues such as:
- Adherence
- Psychosocial
- Sexual health/smear tests
- Health promotion

Conclusion

- Primary nurse role has evolved beyond the original specification
- Nurses and other health care professionals have been empowered by the collaborative team process which fosters a culture of optimal communication
- Clear potential for further development and research to provide a more flexible service to meet the ever changing needs of individual patients

Thank-you

Questions?