Speaker Name	Statement
Eileen Nixon	This pilot study was developed following a joint working project with Gilead Sciences Ltd.
Date :	June 2017

Aim of pilot study

To explore the factors involved in the increased HIV clinic attendance of patients in the HARS category 2 stable patient group

National Background

- ❖ HARS categories are intended to inform the HIV tariff [1]

- ❖ HARS category 2 defines a stable patient as:
  - ❖ Clinically well with an undetectable viral load [2,3]

- ❖ HARS category 2 patients numbers estimated to constitute 80% clinic caseloads [4]

- ❖ BHIVA guidelines recommend that this group of patients are seen every 6 months [5]

[1] *HIV Outpatients – A simple guide. Gateway ref 18731.* [2] *HIV Outpatient Care pathway Version 12. Gateway Ref 18731* [3] *HIV Adult Outpatients Pathway Clinical Factsheet No1. Gateway Ref 18731.* [4] *Barton, S. 2011. Development of National Tariff and Payment by Results system for HIV outpatients.* Available at:
http://www.bhiva.org/documents/Conferences/Bournemouth2011/Presentations/110406/SimonBarton.pdf.
[5] *BHIVA Monitoring Guidelines 2016*

Local Background

Simulation project sponsored by Gilead

* Mapping processes
* Capacity simulation tool
* Observed that a number of HARS Category 2 patients were being seen more frequently than 6 monthly
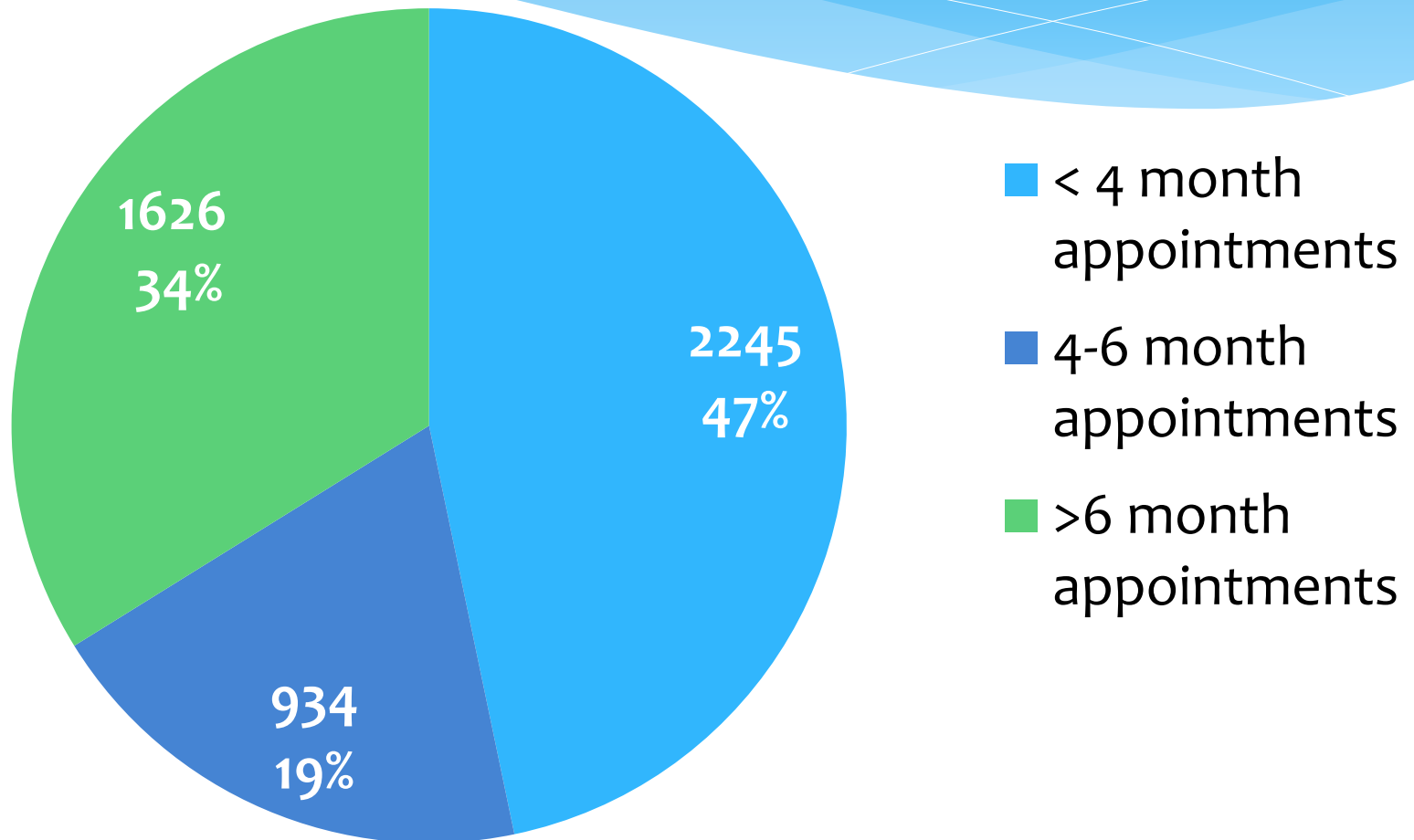* Anecdotal evidence that a proportion of stable patients required more support to remain within the stable category

Method

1. Stable patients in HARS category 2 were identified from clinic database

2. Patients seen between August 2015- August 2016 period were selected and grouped into
   a. 4-6 months between appointments
   b. 4 months or less between appointments.
   c. 6 months or more between appointments

3. 25 patients from group a and b were identified by electronic randomisation.

4. Electronic and paper notes were used to collect demographic data, CD4+ and viral load, ARV therapy, current health issues, comorbidities and reason for attendance
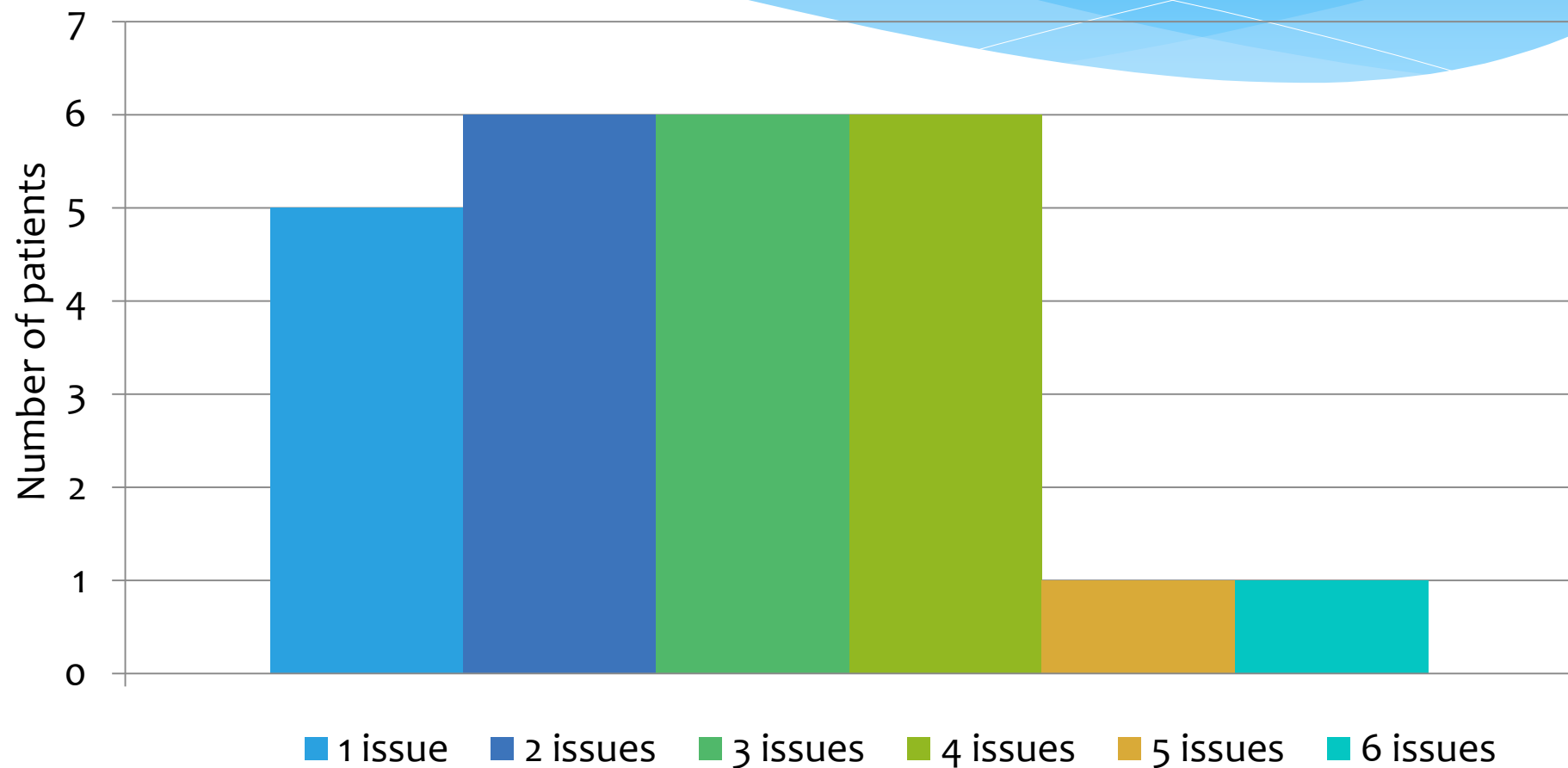
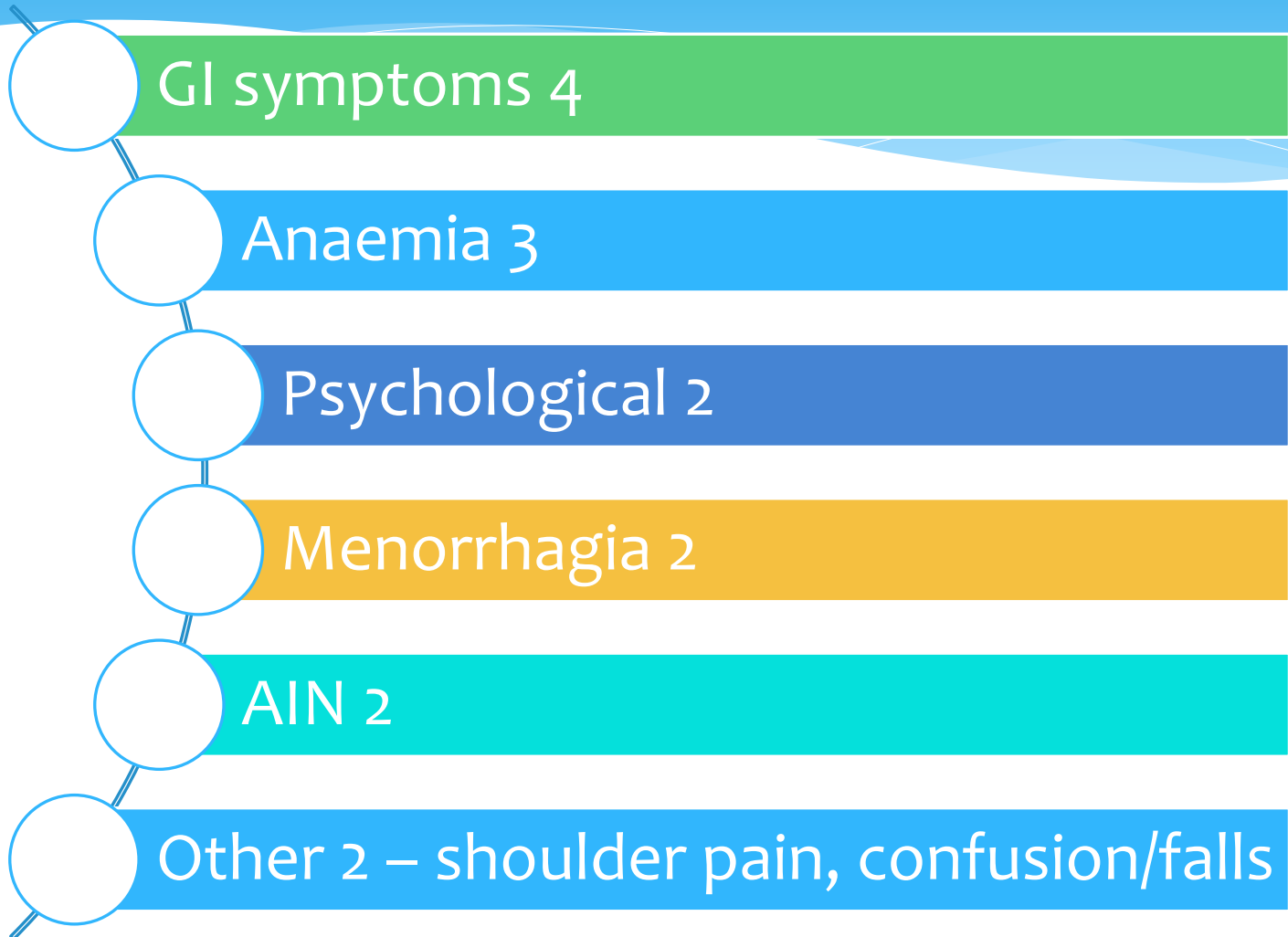Number of appointments for HARS 2 patients
August 2015-August 2016

- 1626 / 34% — >6 month appointments
- 2245 / 47% — < 4 month appointments
- 934 / 19% — 4-6 month appointments

Legend:
- < 4 month appointments
- 4-6 month appointments
- >6 month appointments

DEMOGRAPHICS	Group A (n = 25) 4-6 mths between appts	Group B (n=25) 4 mths or less between appts
Mean age yrs (range)	47 (29-65)	53 (27-72)
Male	22 (88%)	23 (92%)
Mean duration of HIV diagnosis yrs (range)	15 (1-32)	13 (1-17)
Mean CD4 (cells/mm^3)	703	569
HIV VL <40c/ml	24 (96%)	24 (96%)
On cART	24 (96%)	25 (100%)
Total appointments	65	132

Health Issues in Group A and Group B	Group A 4-6 mths between appts	Group B 4 mths or less between appts
Mental health issues	11 (44%)	15 (60%)
New symptoms	5 (20%)	15 (60%)
Recreational drugs	4 (16%)	10 (40%)
Previous AIDS Defining	6 (24%)	9 (36%)
Complex comorbidities	2 (8%)	9 (36%)
Recent hospital admission	2 (8%)	9 (36%)
Chem sex & STIs	0 (0%)	9 (36%)
Alcohol related	4 (16%)	6 (24%)
Virtual/Joint clinic	1 (4%)	5 (20%)
Social care needs	3 (12%)	6 (24%)
Total health issues	38	93

New Symptoms - Group B

- GI symptoms 4
- Anaemia 3
- Psychological 2
- Menorrhagia 2
- AIN 2
- Other 2 – shoulder pain, confusion/falls

Gp B - appts every 4 months or more frequently

Mental Health Support

3 seeing a psychiatrist

3 seeing a psychologist

3 seeing HIV CPN
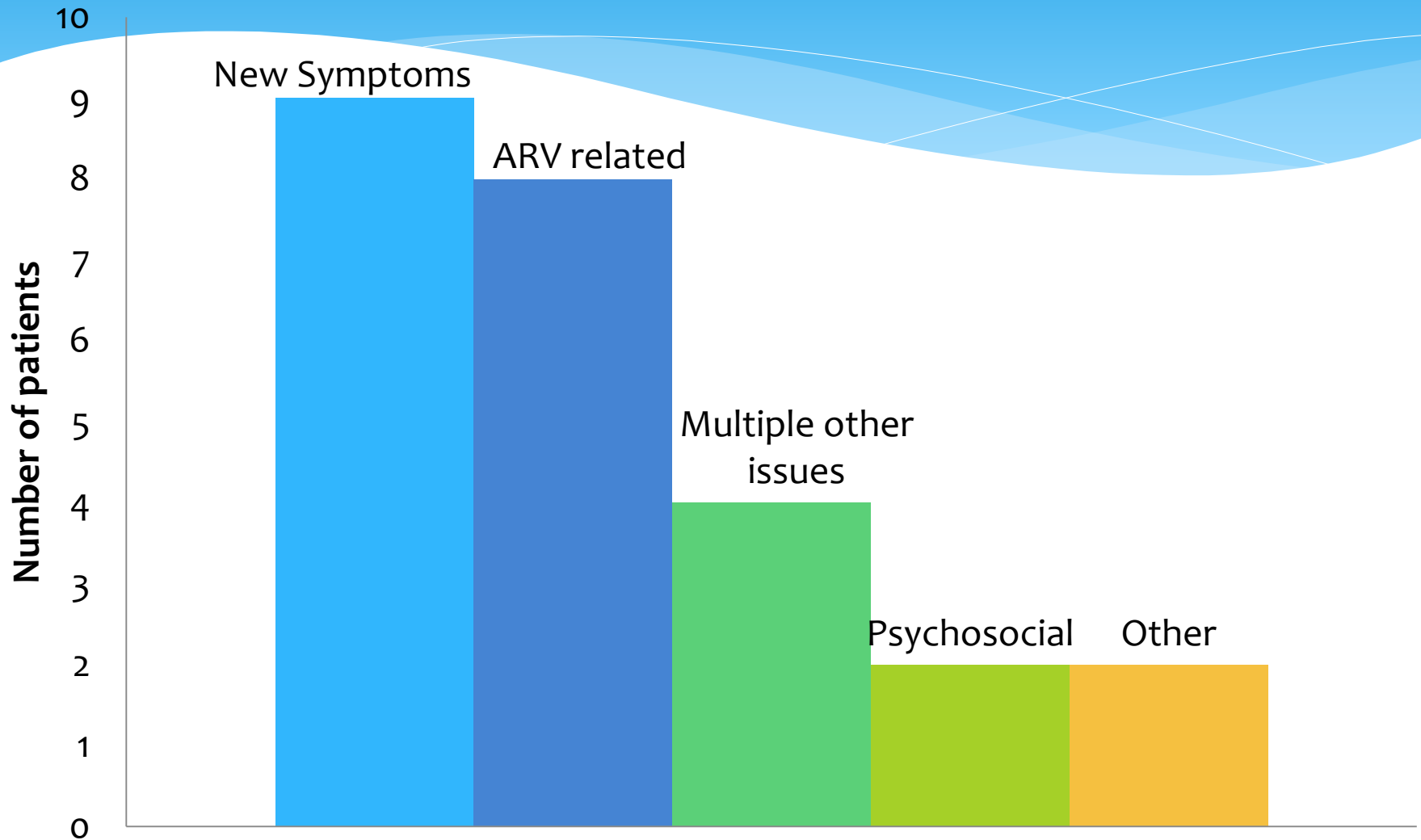
- Depression
- History of Depression
- Bipolar
- Personality Disorder
- Suicidal
- Anxiety

Summary of increased needs of this group of stable patients

"STABLE PLUS CATEGORY?"

26% of patients with alcohol or drug related problems

24% with social or domestic abuse issues

32% with ARV related issues

60 % with Mental Health issues

60% who had new symptoms that required investigation

Limitations

* Initial findings from a pilot study of small numbers of patients

* Search strategy and inclusion criteria needs further definition to accurately capture more frequent attenders in HARS category 2.

* Did not capture patients attending nurse-led clinics

Conclusion

* Highlights a number of health and social care issues for people with HIV who are in the HARS category 2 stable patient group

* Suggests that additional support / intervention is required from HIV services to sustain some people within the stable category

Implications for nursing care

* Indication that a proportion of stable patients have additional needs, of which many can be met by nurses

* Could assist in identifying patients who would benefit from self-management and /or peer support

* Potential to inform the tariff and service delivery models