

15th Annual Conference of the
National HIV Nurses Association (NHIVNA)

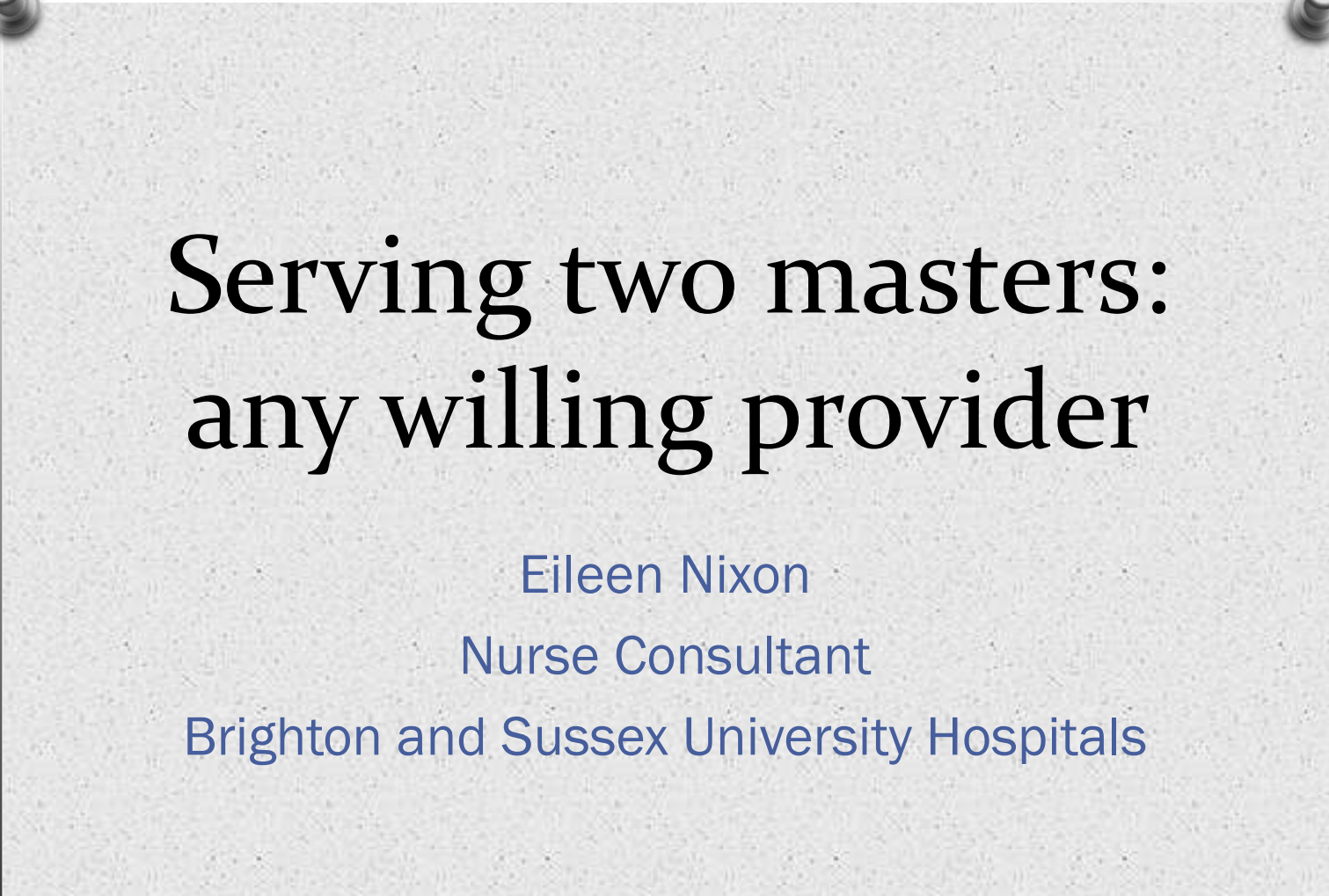


National HIV Nurses Association

Eileen Nixon

Brighton and Sussex University Hospitals NHS Trust

27-28 June 2013- The International Convention Centre, Birmingham



Serving two masters: any willing provider

Eileen Nixon

Nurse Consultant

Brighton and Sussex University Hospitals

BHIVA Standard 3



British HIV Association

Standards of Care
for People Living with HIV
2013



Provision of outpatient treatment and care for HIV, and access to care for complex morbidity

Standard 3 Summary

“People with HIV attending an outpatient HIV service should have their HIV infection monitored and treated safely in accordance with national guidance, and be able to access a comprehensive range of specialist comorbidity services as required”

Aim of Lecture

To explore how people with HIV perceive their routine outpatient healthcare needs

To identify how this relates to the changing healthcare environment

To consider the implications for any willing provider in delivering HIV care

Title of lecture delivered by Sir Robert Ormrod in
Faculty of Law, University of Birmingham, 1973



Gospel preached at Papal visit in Copton Park, Birmingham, 2010



"No one can serve two masters. Either you will hate the one and love the other, or you will be devoted to the one and despise the other. You cannot serve both God and money"

Matthew 6:24



Sermon on the Mount

Any willing provider (AWP)

“AWP has been defined nationally in its application to routine elective care, but can be adapted locally to facilitate patient choice in other services”

“The Any Willing Provider (AWP) model is designed to facilitate patient choice and offers rewards to providers that attract patients by demonstrating high levels of quality, responsiveness and user satisfaction”

BBC News - Sexual healthcare x

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19 October 2012 Last updated at 02:19

Sexual healthcare 'at risk from NHS changes'

COMMENTS (128)

By Dr Stephen Taylor & Dan Hartland
Sexual healthcare experts



The experts fear pursuing profit will skew health priorities

Many NHS services are being put out to tender - and private

Top Stories

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- Dancing in the dark**

Start

18:54
22/06/2013

Change to any qualified provider



Serving two masters in HIV healthcare?

BHIVA Standards of Care

- Do they protect the interests of the specialists at the expense of HIV patients and the health economy?

Any Willing (Qualified) Provider

- Is the new healthcare market ready to meet the needs of HIV patients ?



Routine outpatient care

Keypad Question

Q1: What percentage of your caseload would you estimate have routine outpatient care needs?

1. 20%
2. 40%
3. 60%
4. 80%

HIV Outpatients Clinical Care Pathway Categories

| Category 1 New Patients | Category 2 Stable Patients | Category 3 Complex patients |
|--|--|--|
| Newly diagnosed within one year or new to antiretroviral therapy within one year | Stable* on or off antiretroviral therapy for > 1year *Defined by CD4 count >350 cells/mm and no active AIDS diagnoses | Current active AIDS diagnosis, co-morbidity such as TB, Hepatitis C, end organ disease, HIV related malignancy, persistent viraemia on treatment, pregnancy, active mental illness |
| 10% | 80% | 10% |

Patient perception of stability

- “I went from being up in the 20,000s sort of viral load figure which I was told wasn’t high but to me 20,000 is a high sum of money so it seems like a high figure so within two months to go non-detectable and stay non-detectable for four years to me that’s important”*

Sebastian, Age 38

Extract from patient interviews HIV Models of Care PhD Study

Anticipation

o I think when you've got this you're always conscious that something at some point is going to go wrong I come in anticipation that the results will be good but always with a very slight heavy head maybe if that's the word there's always a chance that this might be the one where the results aren't quite what I want them to be

Simon, Age 56

Extract from patient interviews HIV Models of Care PhD Study

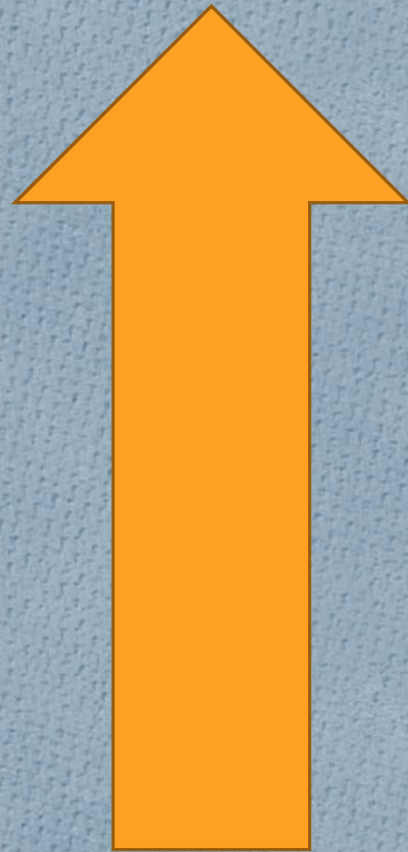
Symptoms in HIV

- o High profile of physical and psychological symptoms in people with HIV found in a number of studies
 - o *Spirig, Moody and Battegay et al 2005*
 - o *Harding and Molloy 2006*
 - o *Harding and Molloy 2008*
 - o *Mosack, Weinhardt and Kelly et al 2008*
 - o *Vincenzi, Moody and Spirig 2009*
 - o *Harding, Lampe and Norwood et al 2009*
 - o *Fierz, Nicca and Spirig 2012*
 - o *Sigma 2013*

Perceived Social Consequences of HIV

Positive social identity

HIV more integrated into life



More social isolation factors

Negative social identity

Less attachment to HIV services

Factors in patient perceptions of HIV

Preferences in HIV Service Utilisation

Minimal Symptoms
Minimal anxiety about future health
Minimal impact on social integration

Patients who advocate less
face-to-face contact with HIV services

Current/previous health issues
Anxiety about future health
Some impact on social integration

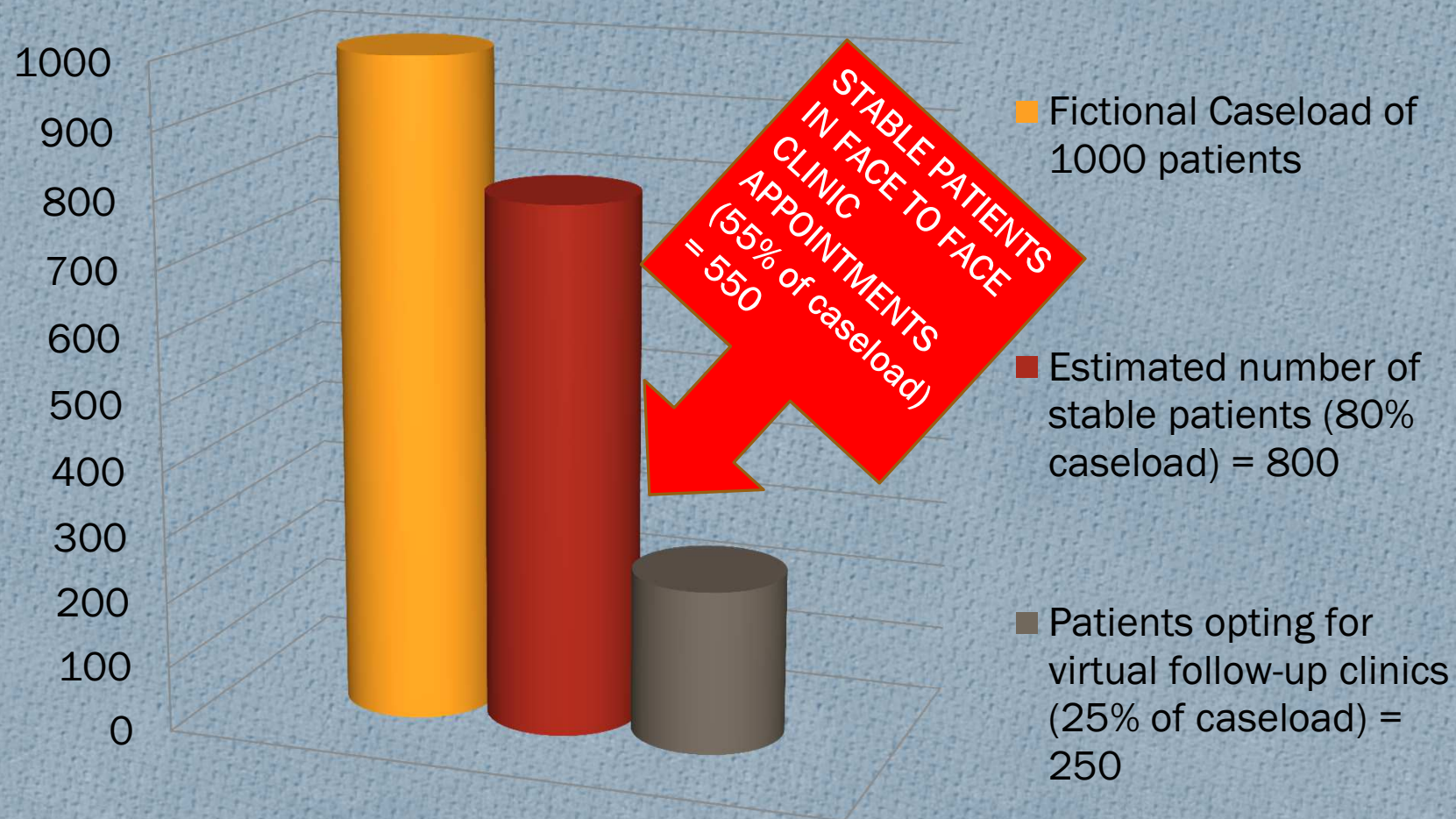
Patients who view HIV services as
to maintaining health

Current/previous health issues
Anxiety about future health
Socially isolated

Patients who view current HIV service
model as essential support structure

More attachment to HIV services

Modelled data of stable HIV patients in face to face and in virtual clinics



Source: Merged data from two HIV services from HIV Models of Care PhD Study



Patient Experience

Keypad Question

Q2: What do you think is the most important aspect of care for people with HIV?

1. Access to treatment?
2. Relationships with staff?
3. Quality of care?
4. Travelling distance to clinic?
5. All of the above?

Important factors in HIV healthcare

- 47% had used the same clinic since diagnosis or for a minimum of 11 years
- Staff excellence and reputation, comfort and ease of access
- Delivering a range of services
- Atmosphere and continuity of main healthcare provider



Values in HIV healthcare

Therapeutic
Relationships

Feeling Accepted

Working Together

Potential links with engagement in HIV care

What does this mean for other potential providers of HIV care?

- There are high levels of satisfaction with current HIV model of care
- There is considerable evidence of patient concern for GP involvement in care
- How do the values and perceived needs of people with HIV translate across new providers?

Sustainability of HIV care

- More diversification – menu of services
- Supported integration with other services
- Meaningful patient empowerment
- Adapting other chronic disease models
- Stigma reduction

One size does not fit all



Conclusion

- o The main master we serve is the patient
- o As the healthcare climate changes, further evidence is required to link care provision to outcomes
- o Our primary goal should be to respond to the diversity of patient need whoever is providing care and wherever care is delivered