

Speaker Name	Statement
MAXINE OWEN	NONE
Date : 28 th June 2016	

Surviving the Storm

A dramatic landscape with a dark, stormy sky. A bright lightning bolt strikes the ground in the distance, illuminating the scene. A road with yellow double lines leads towards the horizon, flanked by dry, scrubby vegetation and dark mountains in the background.

Maxine Owen
HIV Clinical Nurse Specialist
Thursday 30th June 2016

BIRMINGHAM HEARTLANDS HIV SERVICE

Innovation and vision in Sexual Health since... 1993



Hawthorn House



Beer Goggles Johnny !

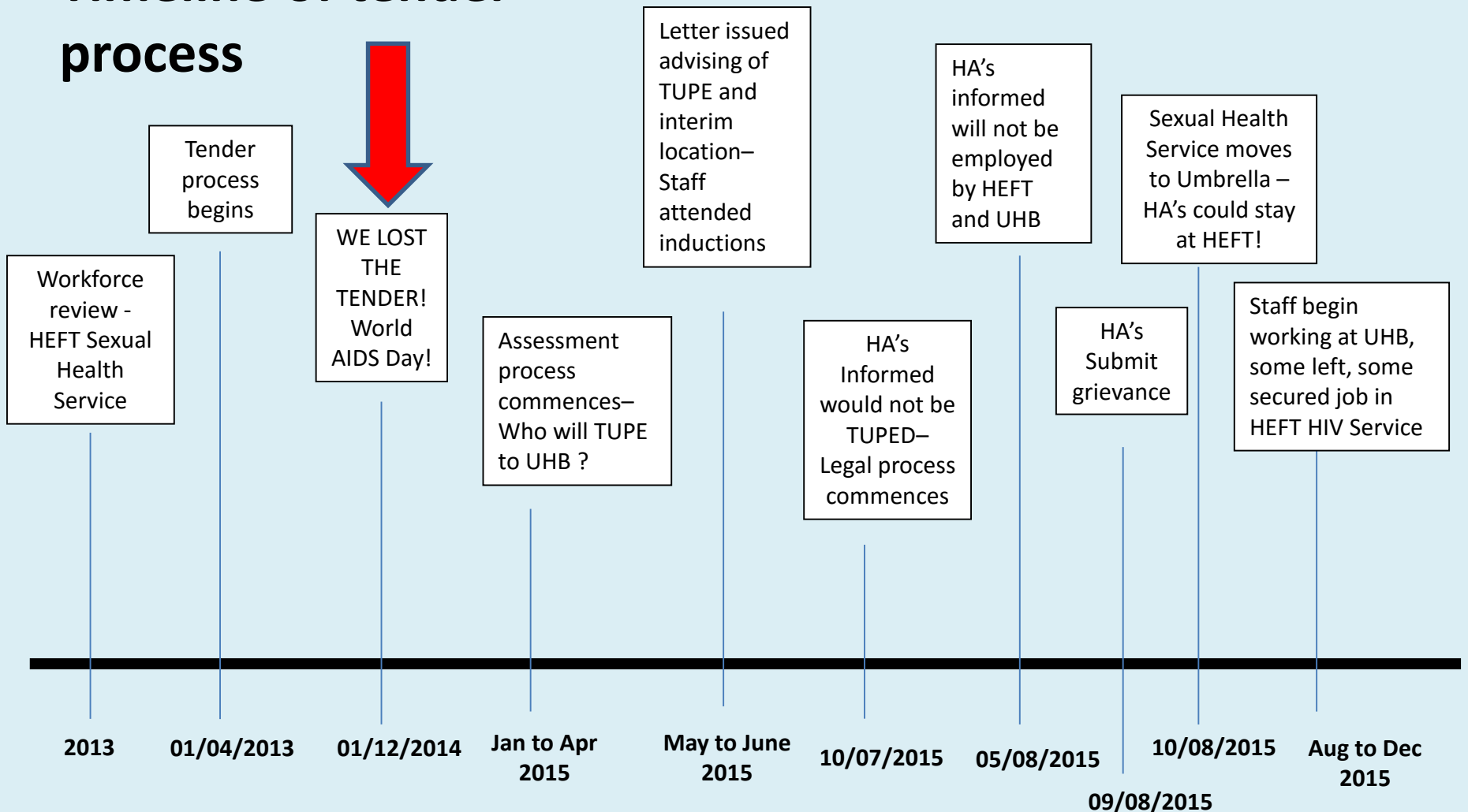


Birmingham
Heartlands
HIV Service

HIVBirmingham.nhs.uk

Heart of England 
NHS Foundation Trust

Timeline of tender process





Thoughts on Tendering Sexual Health Services

Why?

POINTLESS

The Futile Exercise



Profit Before Patients
You'll Lose Trust

NHS plc

Welcome To Privatisation



Devastated!

Throughout the process patients continued to receive a professional service from the team, patient care was not affected up to the end

The worst part of the tender process was potentially having the career I had worked on and dedicated over 10 years of my working life to, being taken away from me – being told “We don’t want you” was hard to accept. It was all completely out of control

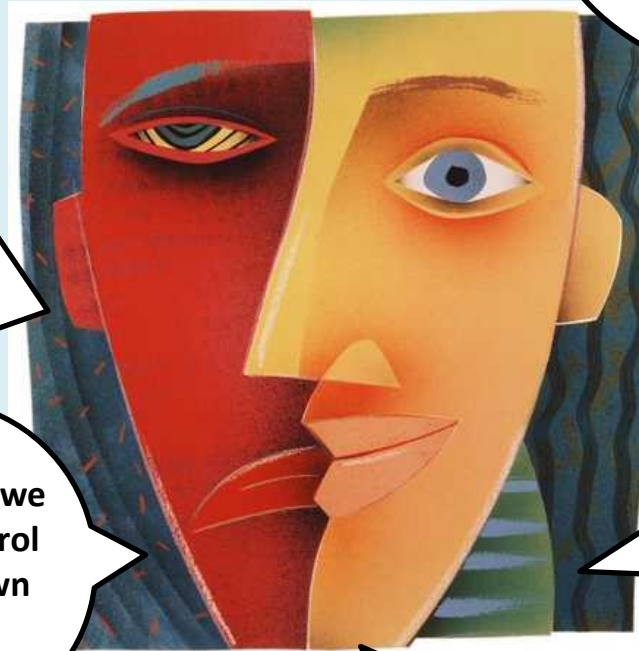
We felt that we had no control over our own destinies

The best part of it was the unbelievable support I received from colleagues – I wouldn’t have got through it without them

Where will the HIV patients now access Health Advisers, Sexual Health and contraception services

Utter Confusion!

Despite some staff in the team transferring, some offered jobs out of TUPE & some offered nothing, we were united as a health adviser team to the end



Prior to Tender

Nursing

- 3 x Band 7
- 3 x Band 6
- 5 x band 5
- 2 x Band 3
- 4 x band 2

15,000 pts
per annum

Health Advisors

- 1 x Band 7
- 5.5 WTE Band 6
- 2 x Band 3

This equates to 25.5 WTE staff in total to provide sexual health service to general population and HIV cohort

HA's had 70 +yrs experience between them

Post Tender

Nursing

- 1 x Band 7

1200
HIV pts

Health Advisors

- 1 x WTE Band 7 (Job Share)
- 1 x Band 6
- 2 x Band 3

This equates to 5 WTE staff in total to provide the sexual health service to our HIV cohort

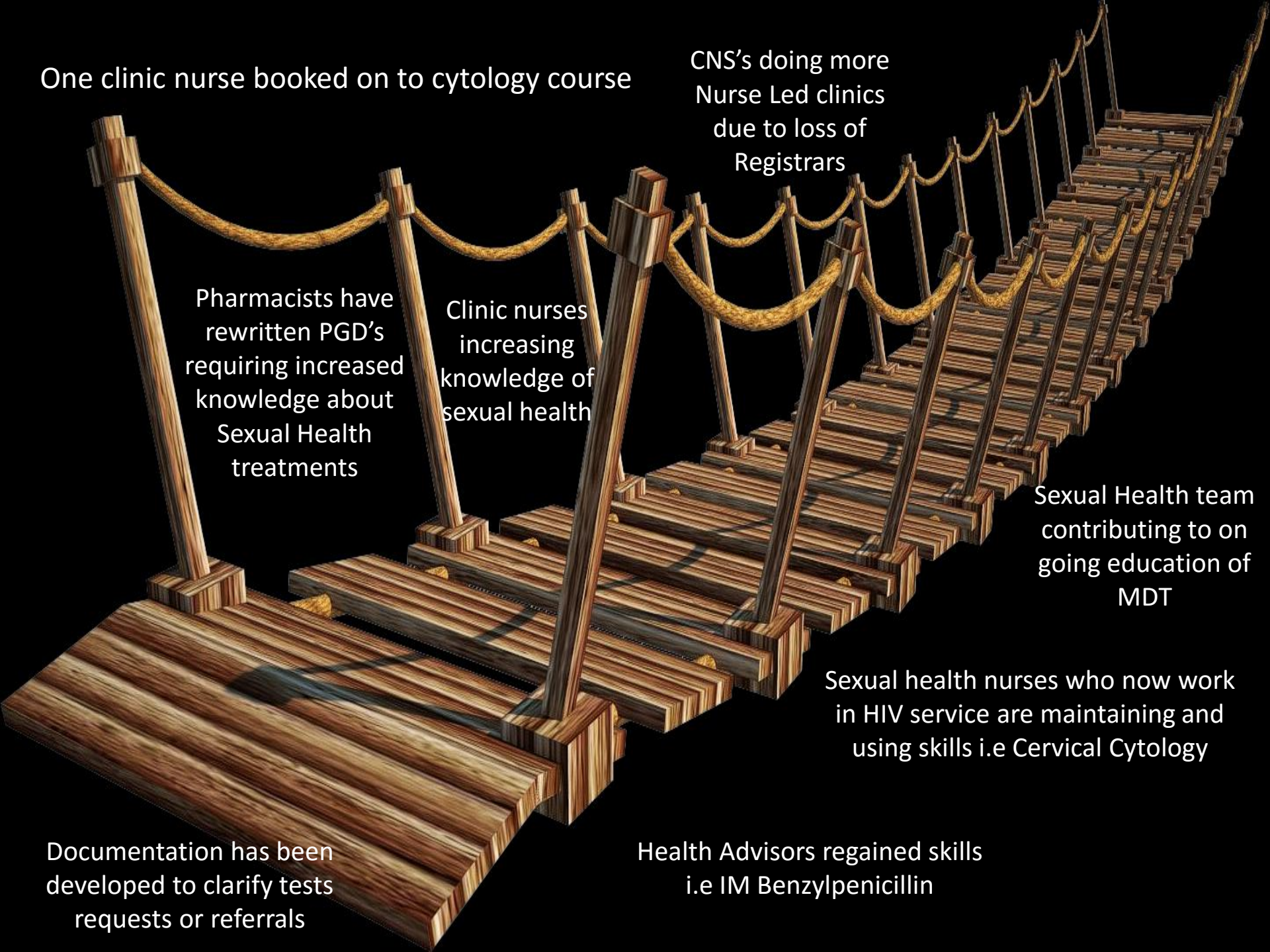
This small team totals 82 yrs of experience

HA Roles **prior** to loss of sexual health tender

- Partner Notification
- Results management
- HIV pre test counselling
- HIV testing
- HIV post test support
- All trained HA's rotated to cover main site and satellite services
- Health Advisor lead clinics
- Sexual Assault referrals
- Brief interventions for risk taking behaviours/ Motivational Interviewing
- Psychosocial support
- PEP and PEPSE
- Telephone PN service
- Supporting vulnerable patients
- PN service for HIV patients
- PN, counselling and referral for positive
- Psychological support for HIV cohort
- Annual Health check – HIV cohort
- Counselling service for SH and HIV service
- Safeguarding
- Community outreach
- Chlamydia screening programme
- Education and Training
- Audit

HA roles **post** tender

- Services are purely for the HIV cohort and includes HIV specific responsibilities they previously held



One clinic nurse booked on to cytology course

CNS's doing more
Nurse Led clinics
due to loss of
Registrars

Pharmacists have
rewritten PGD's
requiring increased
knowledge about
Sexual Health
treatments

Clinic nurses
increasing
knowledge of
sexual health

Sexual Health team
contributing to on
going education of
MDT

Sexual health nurses who now work
in HIV service are maintaining and
using skills i.e Cervical Cytology

Documentation has been
developed to clarify tests
requests or referrals

Health Advisors regained skills
i.e IM Benzylpenicillin

HEARTLANDS HIV SERVICE



PATIENTS NAME

DATE OF BIRTH

HOSPITAL NUMBER

TESTS NEEDED TODAY DATE

HIV viral load	<input type="checkbox"/>	TDM – drug to be measured -	<input type="checkbox"/>
Resistance assay (RT & PROTEASE)	<input type="checkbox"/>	Tropism VL >500 (plasma - send 1 EDTA)	<input type="checkbox"/>
Resistance assay (INTEGRASE)	<input type="checkbox"/>	Tropism VL <50 (but historic stored plasma >500)	<input type="checkbox"/>
FBC	<input type="checkbox"/>	Tropism VL <500 (PBMC - send 2 EDTA)	<input type="checkbox"/>
Syphilis serology	<input type="checkbox"/>	HLA – B*5701	<input type="checkbox"/>
U + E	<input type="checkbox"/>	CD4 COUNT – IMPORTANT	<input type="checkbox"/>
LFTs/AST/GGT	<input type="checkbox"/>	Annual CD4 count only - if on ARVs, VL <40 on 3 occasions and CD4 above 200	
Cholesterol/ HDL/ LDL/ Triglycerides	<input type="checkbox"/>	(follow pathway charts but ask for advice if unsure)	
Plasma glucose	<input type="checkbox"/>	Ferritin	<input type="checkbox"/>
Calcium and Phosphate	<input type="checkbox"/>	B12/Folate	<input type="checkbox"/>
Total Vitamin D	<input type="checkbox"/>	Coagulation (no anticoagulants)	<input type="checkbox"/>
CRP	<input type="checkbox"/>	Parathyroid hormone (PTH)	<input type="checkbox"/>
LDH	<input type="checkbox"/>	CK	<input type="checkbox"/>
HBA1C	<input type="checkbox"/>	Anti – liver antibodies	<input type="checkbox"/>
Hepatitis A – specify which below		TSH (thyroid stimulating hormone)	<input type="checkbox"/>
IgG (immunity)	<input type="checkbox"/>	AFP (alpha-fetoprotein)	<input type="checkbox"/>
IgM (acute infection)	<input type="checkbox"/>	Toxoplasma IgG	<input type="checkbox"/>
		Cryptococcal Antigen	<input type="checkbox"/>
Hepatitis B – specify which below		Standard Blood cultures	<input type="checkbox"/>

SEXUAL HEALTH NURSE (reason why)

REFERRAL

New partner

Partner testing

Child testing

HA support

Partner notification

Chem sex

FEMALE STI screen : if not seeing sexual health nurse

Introital vaginal NAAT (orange aptima) self-taken

Rectal NAAT (orange aptima) self-taken

Pharyngeal NAAT (orange aptima)

Tests taken by Date

Pregnancy test required **NEGATIVE**

Date vaccine given (please prescribe)

Who gave vaccine

Fractional excretion of phosphate/urate protocol

Today Next visit Specific date

Fasting Non - fasting

Urinalysis

Leucocytes (LEU)

Nitrites (NIT)

Proteins (PRO)

Blood (BLD)

Specific gra

Ketones (K)

Glucose

pH

WHAT

Rectal vaginal NAAT (orange aptima) self-taken

Pharyngeal NAAT (orange aptima) self-taken

Tests taken by

Result : **POSITIVE** **NEGATIVE**

Batch number of pregnancy test

Expiry date

1st check sig

2nd check sig

BLOODS / TESTS FOR NEXT TIME

State approx month due

CD4 (only if needed)

LFT / AST / GGT

PLASMA GLUCOSE

HLA B5701

PROT / GREAT RATIO

NOT SO CAN BE READ

REFERRAL TO SEXUAL HEALTH NURSE (reason why)

- STI screen
- Cervical cytology (smear)
- Contraception/advice
- Treatment for an STI
- Pregnancy Test
- (Clinic nurses can also do if nil else needed – see below for log)

MALE STI screen : if not seeing sexual health nurse

- Urine NAAT (yellow aptima)
- Rectal NAAT (orange aptima) self-taken
- Pharyngeal NAAT (orange aptima)

Tests taken by

Hep B vaccinations

- Commence Hep B vaccination (please prescribe)
- Hep B Booster (please prescribe)

Date vaccine given

Who gave vaccine

Fractional excretion of phosphate/urate protocol

Today Next visit Specific date

Fasting Non - fasting

Urinalysis

REFERRAL TO HEALTH ADVISER (reason why)

- New partner
- Partner testing
- Child testing
- HA support
- Partner notification
- Chem sex

FEMALE STI screen : if not seeing sexual health nurse

- Introital vaginal NAAT(orange aptima) self-taken
- Rectal NAAT (orange aptima) self-taken
- Pharyngeal NAAT (orange aptima)

Tests taken by

Pregnancy test required **Date**

Result : **POSITIVE** **NEGATIVE**

Batch number of pregnancy test

Expiry date

1st check sig

2nd check sig

BLOODS / TESTS FOR NEXT TIME

State approx month due

HIV Viral Load CD4 (only if needed)

FBC U+E LFT / AST / GGT

PATIENT GROUP DIRECTION FOR PODOPHYLLOTOXIN 0.15% (TOPICAL CREAM)
PGD NUMBER DA142

1. Clinical condition or situation to which the direction applies.

Indication	Treatment of vulval and peri-anal genital warts, or penile warts if patient has had difficulty in using podophyllotoxin 0.5% solution
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PATIENT GROUP DIRECTION FOR CEFTRIAXONE 500MG IM INJECTION
RECONSTITUTED WITH 2MLS OF 1% LIDOCAINE
PGD NUMBER DA141

1. Clinical condition or situation to which the direction applies.

Indication	<ul style="list-style-type: none"> • Management of patients with uncomplicated genital and extra genital gonorrhoea infection or their contacts.
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PATIENT GROUP DIRECTION FOR PODOPHYLLOTOXIN 0.5% (TOPICAL LIQUID)
PGD NUMBER DA143

1. Clinical condition or situation to which the direction applies.

Indication	First line treatment of penile or easily visualised warts
Criteria for inclusion	<ul style="list-style-type: none"> • A clinical assessment must be undertaken using local protocols • Valid consent has been given in line with local policy • Patient falls within age limit for service and for patients under 16, conditions Fraser guidelines are understood and met • First line treatment of penile warts or warts in pubic area that the patient can visualise.

Where are we now and



- Contraception
- STI screening/treatment
- Partner notification
- Smears
- Hep B / other vaccines
- Transition
- Pregnancy
- PREP study
- Women's group
- HARS data
- Chemsex support group
- Counselling
- HIV online testing
- Pride/WAD /Testing wk
- Counselling
- Finishing PROUD
- Child testing
- Education
- Hep C





THANKYOU

Any Questions?