

<b>Speaker Name</b>	<b>Statement</b>
<b>Date :</b>	<b>June 2016</b>

# Developing and sustaining an HIV nursing workforce: insights from a national study NHIVNA 2016

Hilary Piercy, Gill Bell, Simone Naylor,  
Charlie Hughes, Christine Bowman

*Supported by an unrestricted educational grant from ViiV Healthcare*

# Background

HIV services are facing substantial challenges as result of:

- The changing needs of the HIV population
- Changes in commissioning and funding
- Expected move towards greater community based provision

# Background

- Acknowledged need to maximise the contribution of HIV nursing to service delivery (House of Lords Select Committee on HIV and AIDS in the UK, 2011)
- Dependent on ensuring we have a nursing workforce capable of delivering advanced level HIV care.

# Overall aim of ANCHIV Study:

To examine how advanced nursing practice currently contributes to HIV care and the potential for maximising that contribution

# Methods

- Two stages of a multi-method qualitative national study.
  - Stage 1 - Interviews with 19 key stakeholders representing service providers, commissioners and service user
  - Stage 2 - 42 paired nurse / physician interviews from 21 HIV services (13% of total in England)

# Stage 2 nurse participants

- Most senior in their service
- Highly experienced - 80% > 10 yrs; 33% > 20 yrs in HIV care
- Most had background in sexual health nursing
- Most held an HIV specific qualification - ENB 934.
- Nearly one third held masters level qualification (8/21)
- Over two thirds were non-medical prescribers (68%)

# Retaining and developing the existing workforce

*For whatever reason people aren't interested in coming to HIV in the way that they used to be..... I don't know whether people are worried about the fact that it is supposedly such a manageable condition, what are the long-term options career-wise?*



# Replacing a highly experienced workforce

*What I see for the future is not that great to be honest, because I can see these [specialist nurses] retiring very soon. We will be losing experience, and that's my main worry, I want [them] to replace like with like, but I don't think there are many people like them in the market anyway*

*I think she has a lot of skills over a lot of years from some very busy places that saw a lot of AIDS-related stuff that we rarely see these days. New people coming through, where they would get a lot of that experience from? I suspect it will be difficult to get people with that advanced levels of skills*

# Access to higher educational qualifications

- Variable degree of support and access to funding.
- An overall lack of funding was significant barrier
- Workplace pressures made it difficult to secure study time even when funding was available.
- Lack of support reduced inclination for self-investment and increased time to completion

# Lack of HIV specific training

To support pathways into HIV nursing:

*We need to upskill all the nurses but how do we do that without the qualifications that back it up really?*

To support advanced level practice

*There are no advanced practice courses in HIV... on advanced practice courses ... you don't get taught the advanced practice nurse HIV knowledge.*

# Options for HIV specific training

*I would love there to be a more formal qualification for nurses. In fact I'd like to be able to do the diploma or maybe some sort of equivalent.*

*I think there needs to be national HIV competences run along similarly to the BASHH/STIF intermediate competencies. ... I think that should be done at a national level and then for nurses to get some recognition for achieving that.*

# Succession planning

*I think probably one of the challenges for the future is making sure we have got contingency plans for the future .. we [need to] make sure that the generation coming up are being well trained and supported so they can carry on.*

*In order to hand over what we've developed to other people, they need to be in a post a length of time in order to develop the skillset and also the knowledge base and the attitude.'*

# Succession planning

- Identified as particularly difficult in small services
- Separate funding of GU and HIV have reduced natural progression opportunities
- Requires strategic vision and creative thinking and forward planning

# Succession planning

*'There is no natural progression, I want a full-time band 6 ... like a junior [HIV specialist nurse] who could work up that way. But they decided that actually they would take the band 6 nurses and just rotate them ...we'll be replaced as a band 6 and the HIV expertise won't be there.'* (N 20)

# Succession planning

*we opted to reshape the service in terms of introducing a skill mix within the team to make it future-proof. When [specialist nurse] decided to semi retire and downgrade, [it] it freed up money to make the team bigger. ... now there are four of us ... and it's a mixture of grades and hours*

*it's difficult with GU commissioning being different to HIV commissioning ...but where there has been a little bit of overlap she has taken [GU nurses] under her wing to develop their skills and involve them in HIV... So it's a bit more ad hoc development.*



# Conclusion

- Need to protect progression into HIV nursing which is under severe threat from separation of HIV and sexual health commissioning
- Succession planning which capitalises on the expertise of the existing workforce is urgently needed
- Need a clear career pathway within HIV nursing which is supported by a nationally recognised education and training pathway

Thank you.....