

13<sup>th</sup> Annual Conference of the  
National HIV Nurses Association (NHVNA)



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*16-17 June 2011, Arena and Convention Centre, Liverpool*

## Models of HIV Nursing – UK Perspective

Eileen Nixon  
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2 - 1

Liverpool v QPR

Anfield

19 August 1978, KO: 0:00

Attendance: 50,793



## Plan for session

Which model of nursing?

Flavour of some of the different models of HIV nursing across the UK

Explore those models in relation to current and future HIV healthcare provision

## What do we mean by models?



Photo Rex: Telegraph.co.uk 12/6/2011

Standard to be imitated; representative form, style or pattern;  
simplified representation or description of a system or complex entity

Source: Collins English Dictionary 21<sup>st</sup> Century Edition

## Models in relation to nursing

### Models of nursing care

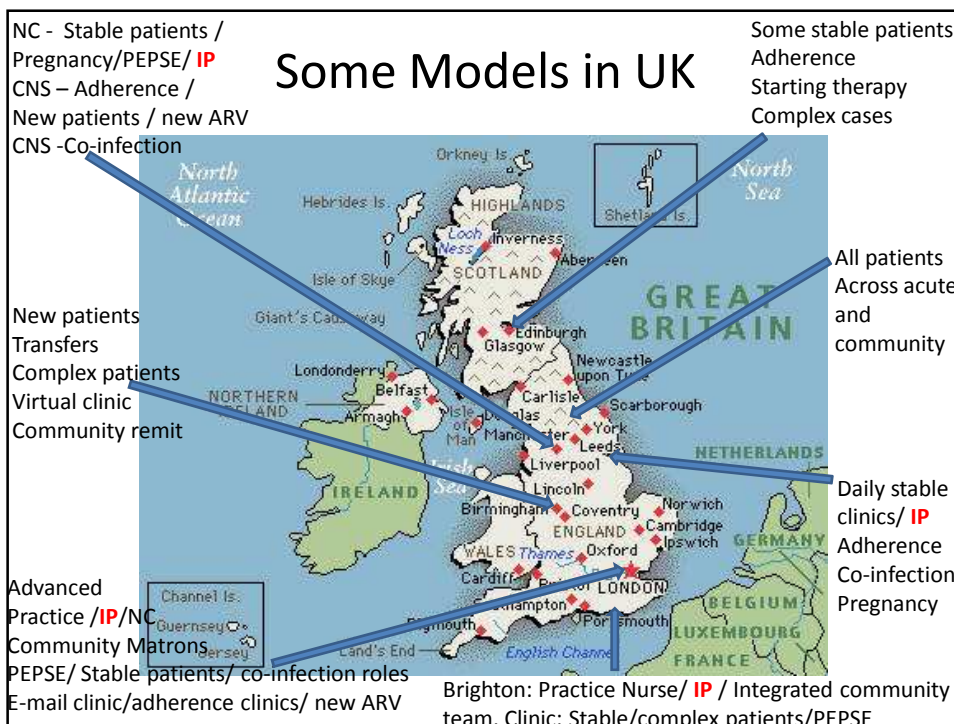
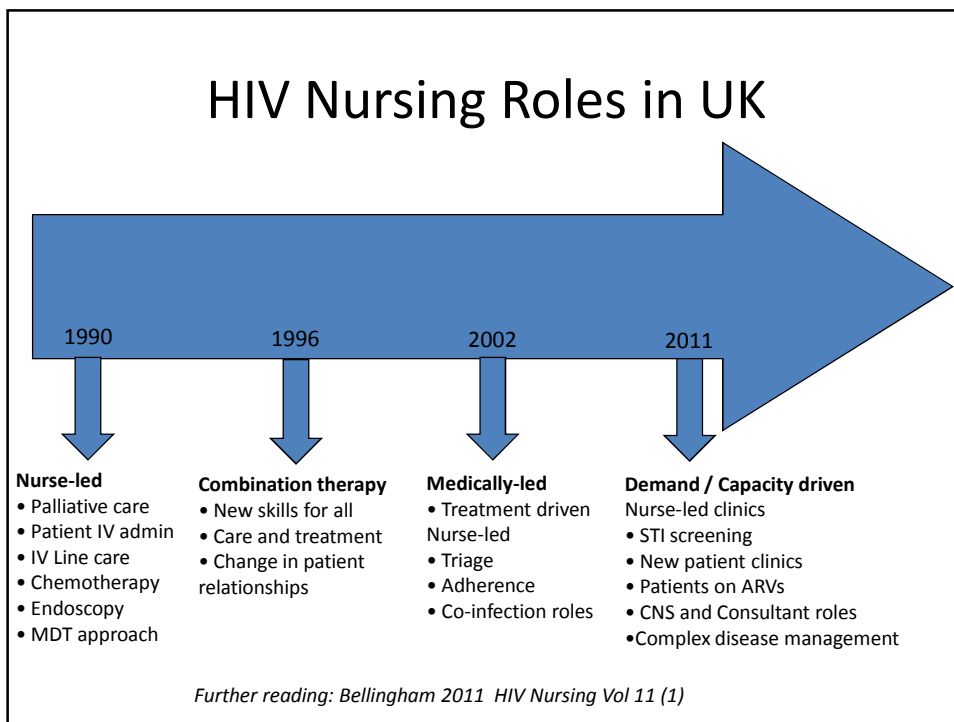
- E.g. Roper- Logan- Tierney; Orem; Roy

### Models of nursing care delivery

- Team nursing; Primary nursing

### Disease or healthcare setting models

- Cancer; A&E; Primary care





## Common themes from snapshot

1. CNS dominated
2. Varied approach to routine stable care delivery
  - I. Virtual clinics
  - II. Face to face clinics
  - III. Often see other patients on those clinics
3. Adherence appears to be a core element
4. Nurses are seeing complex patients
5. Unclear role for Band 5 nurses

## How do these models evolve?

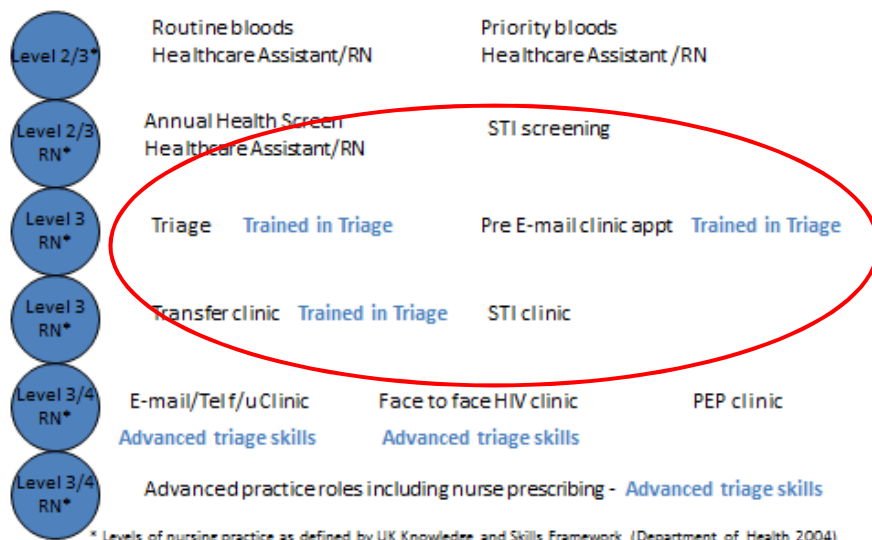
Influenced by numbers of patients in caseload

Management support for developing roles

? Role of commissioning

Driven by local needs and local resources

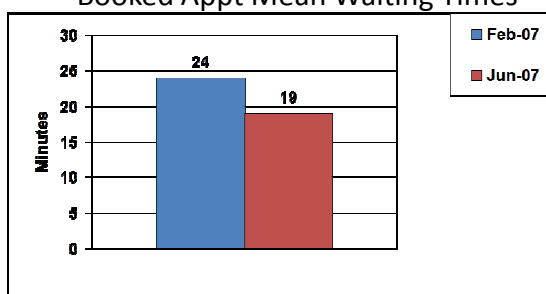
### Pathway for developing the role of the nurse in an HIV clinic in Brighton, UK



## Review of Blood Appointments in Brighton April 2008

- 50-75% patients attending for routine bloods do not require other interventions
- HCA roles can be introduced safely within defined parameters

Booked Appt Mean Waiting Times



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## Routine stable care

### BHIVA's clinical categories

1. **stable patients on or off therapy 60 – 80% of caseload**
2. Patients with medical complexities/ co-infections/ co-morbidities
3. Patients with complex social challenges
4. The 'Wild card'  
Late presenter

### HIV PbR development

- New patients 14%
- **Stable patients 60%**
- Complex patients 26%

*(Barton 201001; Brown 2011)*

## Evidence for nurse-led routine stable care

Audit of specialist nurses managing patients with non complex problems

- *Kirkpatrick et al 2006*

Randomised Controlled Trial and non-inferiority studies

- *Sanne et al 2010; Humphreys et al 2010*

Protocol driven ART management

- *Bedelu et al 2007; Morris 2009*

Option E

- *Coyne et al 2008*



## Issues to consider for nurses roles in managing stable patients



Mini Doctor/Maxi nurse

- Is it the best thing for the patient?
- Is it about nursing?
- Is it the right care, by the right person at the right time?
- What level of practice?
- Balancing caseloads and medical training

### Some Models in UK

NC - Stable patients /  
Pregnancy/PEPSE/ **IP**  
CNS – Adherence /  
New patients / new ARV  
CNS -Co-infection

New patients  
Transfers  
Complex patients  
Virtual clinic  
Community remit


Advanced  
Practice **IP/NC**  
Community Matrons  
PEPSE/ Stable patients/ co-infection roles  
E-mail clinic/adherence clinics/ new ARV

Some stable patients  
Adherence  
Starting therapy  
Complex cases

All patients  
Across acute  
and  
community

Daily stable  
clinics/ **IP**  
Adherence  
Co-infection  
Pregnancy

Brighton: Practice Nurse/ **IP** / Integrated community  
team. Clinic: Stable/complex patients/PEPSE



### North Yorkshire Model

- Inpatients and outpatients
- From newly diagnosed to stable to complex
- Outreach clinics
- Physician support by phone
- MDT decision on ARVs
- Refer to primary care for CVD, statins, smoking cessation etc.

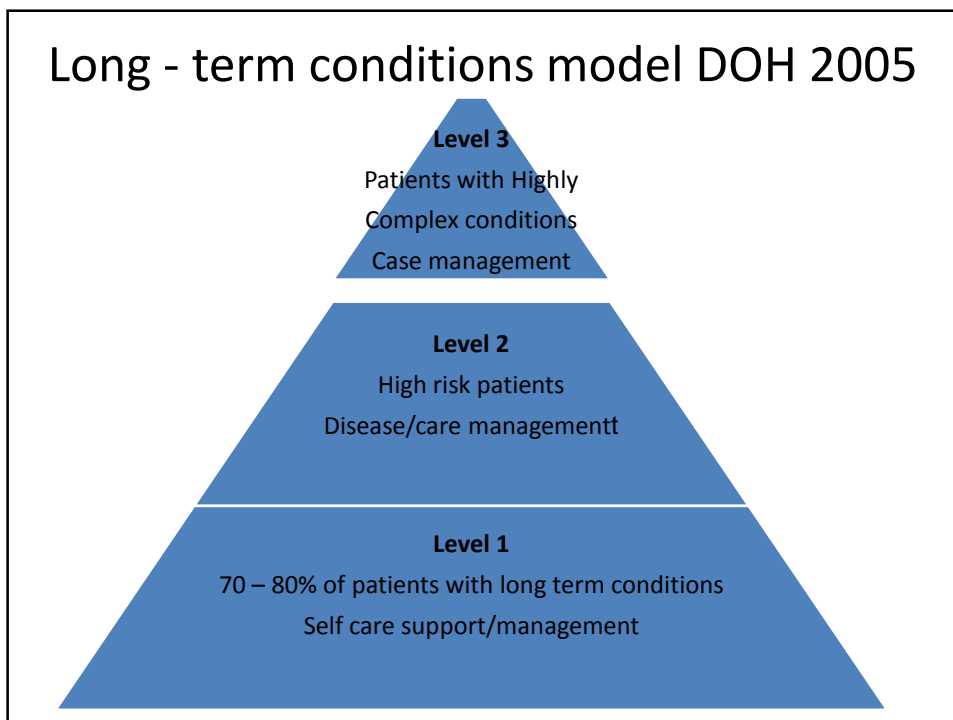
205 patients

2 CNS posts

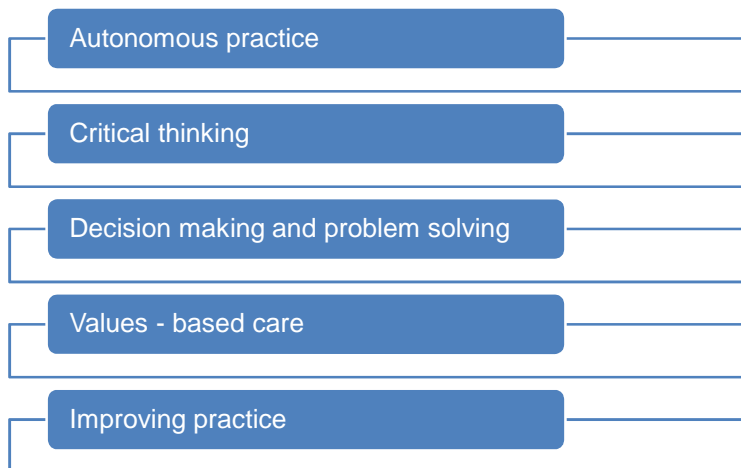
Based in Acute Trust

Community remit

**CASE MANAGEMENT MODEL**



## Underpinning principles of advanced practice



*Association of advanced nursing practice educators [www.aanpe.org/AdvancedNursingPractice](http://www.aanpe.org/AdvancedNursingPractice)*

## Advanced Practice in HIV

### Case Management\*

- Complex decision making
- Whole patient episode
- Working in partnership with patients
- Individualised care

Role for prescribing and physical assessment?

*\*Royal College of Nursing 2010*



## Primary Care Model Brighton

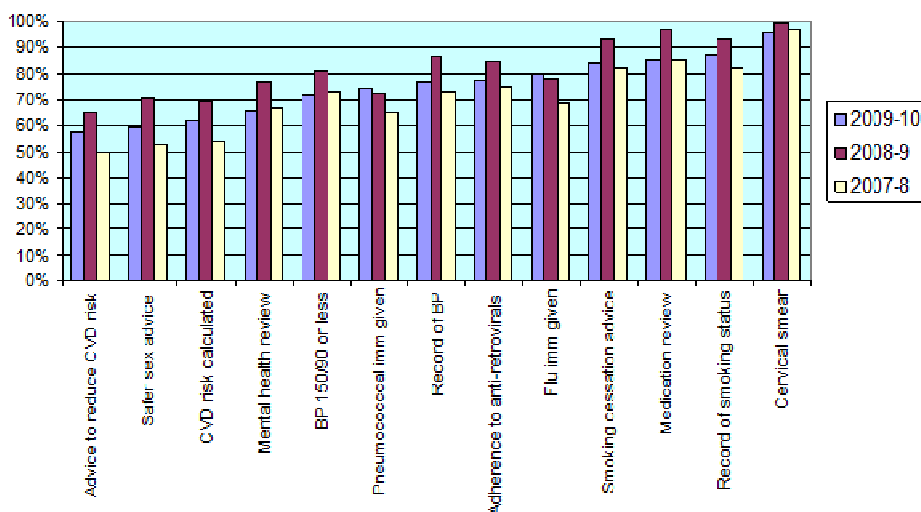
2 Practice Nurses ( 1 lead for HIV clinics)

Local enhanced service for HIV – 106 patients

Annual health check for HIV patients

- Bloods
- Sexual Health Check
- Overall health check
- Individualised care plan

**HIV LES annual review items : percentage yes or n/a over 3 years**



Source: NHS Brighton & Hove October 2010



## Primary Care Model Brighton

2 Practice Nurses ( 1 lead for HIV clinics)

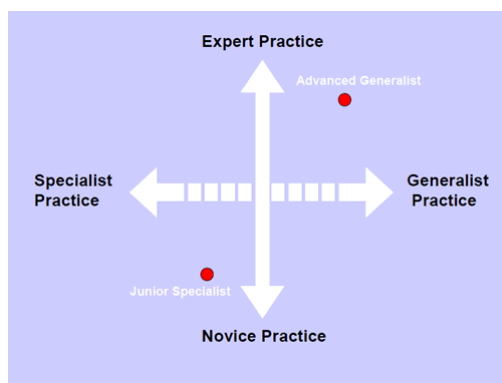
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**GENERALIST ADVANCED PRACTICE MODEL INCORPORATING HIV PATIENTS**

## Specialist Practice V Generalist Practice



## HIV in General Practice Debate

Concerns from patients, GPs and HIV physicians about the role of general practice in HIV

– *Kennedy et al 2008; Benn et al 2008; Munir et al 2009; Defty et al 2010; Namiba et al 2010*

BHIVA briefing paper on the role of primary and community care in HIV (2009)

## Is Every Nurse an HIV Nurse?

Prevention and testing

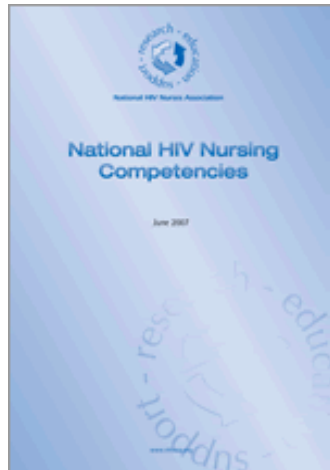
Recognising signs and symptoms of HIV infection

Adherence and interactions

Chronic disease interventions

*Bradley-Springer, Stevens and Webb, 2010. American Journal of Nursing Vol. 110 (3) pp 32-9*

## Does having different models matter?



Application of competencies to all levels of practice

Consider education needs and commissioning of nurse-led roles

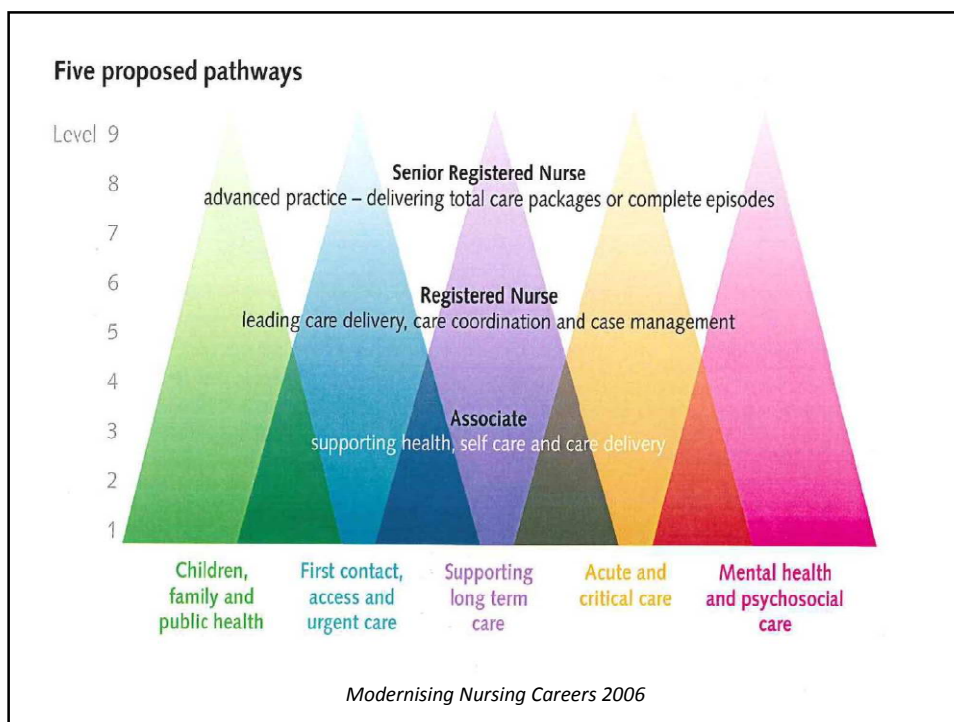
## Future considerations

The whether forecast: HIV Services in the cut back era



- Increasing numbers
- Ageing population
- General healthcare policy
  - Economics
  - Commissioning
  - Role of HIV as a specialist area
- Provide the evidence base for HIV nursing in UK

*HIV Treatment Update December 2010 Issue 202*



## Conclusion

Considerable variance in HIV nursing models

- Responding to key elements of HIV treatment and care

Continue to evolve our practice to meet the changing needs of people with HIV

Right care by the right person at the right time



## Acknowledgements

- Fiona Wallis, Peter Tovey
  - North Yorkshire
- Anna-Luisa Simonini
  - Leeds
- Maxine Owen
  - Birmingham
- Chris Whitehead
  - Liverpool
- Katherine Bethell, Sheila Morris, Linda Panton
  - Edinburgh
- Eileen Brencher, Anne Smith, Elizabeth Tinley, Jonathan Roberts, Martin Fisher
  - HIV LES Brighton and Hove
- Nursing Team, Brighton
- Jane Bruton, Nathan Ault
  - London
- Nicky Perry