

14th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

Linda Panton

Western general Hospital, Edinburgh

14-15 June 2012, Manchester Conference Centre



**LOST TO FOLLOW UP-
HOW CAN NURSE SPECIALISTS
MINIMISE THIS?**

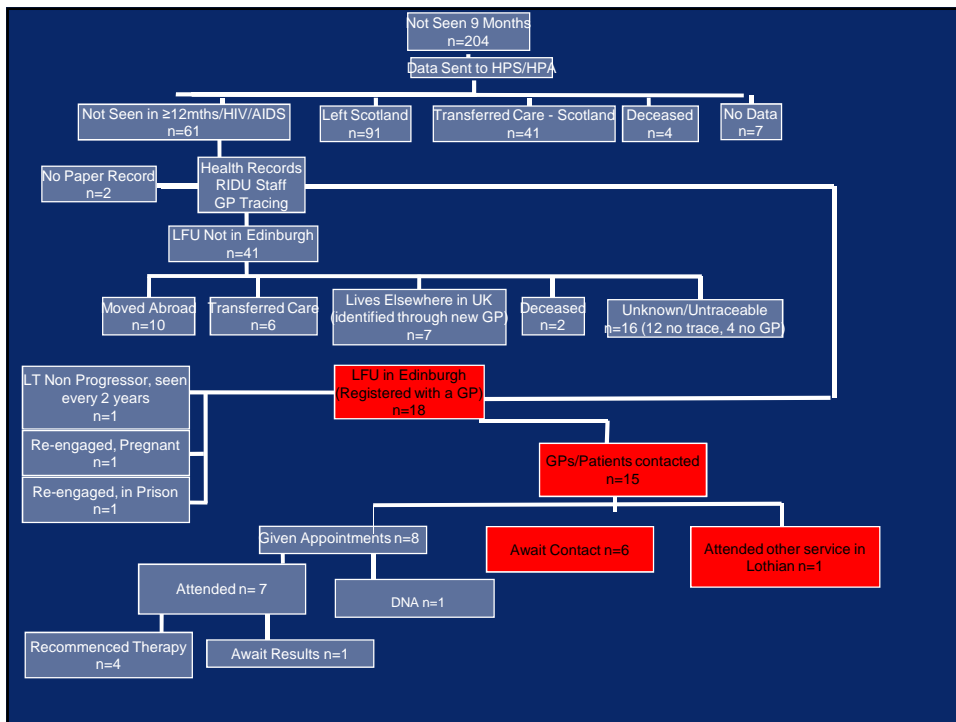
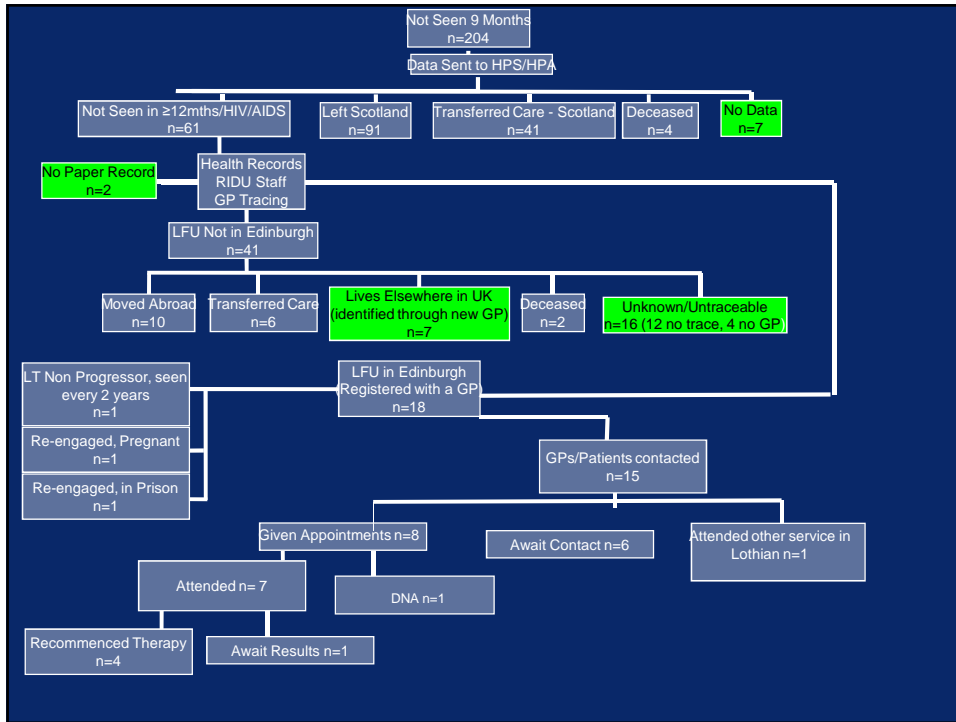
Linda Panton
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NHIVNA Conference, June 2012

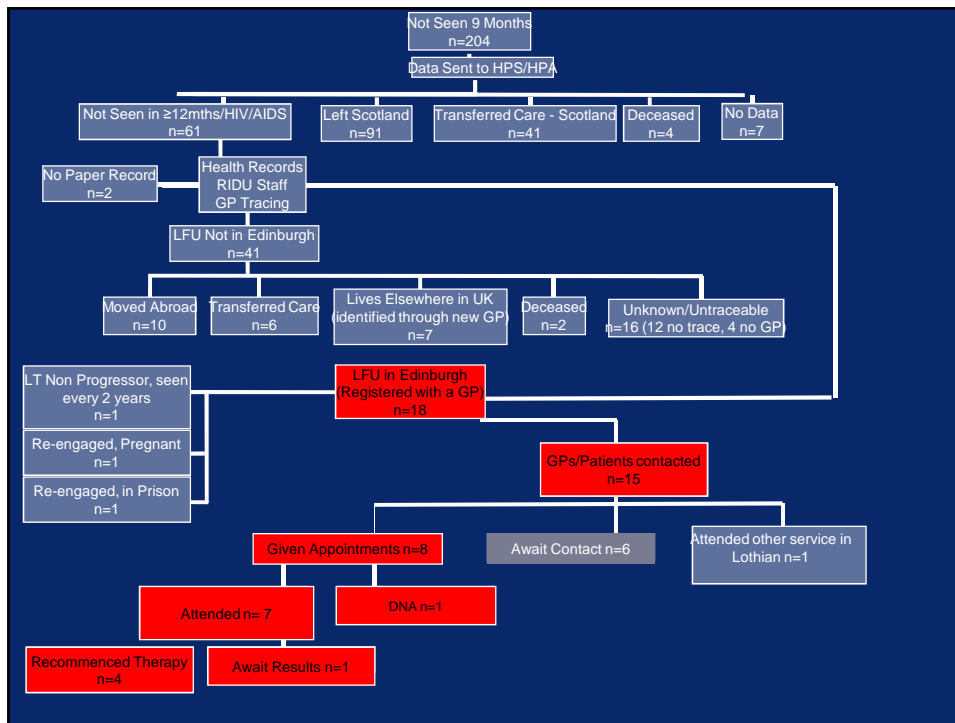
AIMS

- Invite LTFU patients back to clinic
- Improve practice to minimise future LTFU

METHOD

- Database - not attended in last 9mths
- HPS/HPA
- RIDU /GP /Health Records
- Contacted those still registered with local GPs
- Personal communication
- Retrospective case note review






	CD4 Last visit	VL	ON/OFF Rx	MONTHS SINCE LAST APPT	NO OF DNAS	CD4 ON RETURN TO CLINIC	ACTION
A	488	42476	ON	33	5	41	RESTARTED
B	754	11186	ON	14	5	770	RESTARTED
C	482	40	ON	23	4	24	RESTARTED
D	371	40	ON	20	3	157	RESTARTED
E	263	79920	OFF	18	5		DNA
F	444	40	NAIVE	38	4		AWAIT BLOODS
G	368	71	NAIVE	29	5	302	LT NON-PROGRESSOR
H	633	308	NAIVE	46	2	521	LT NON-PROGRESSOR
I	215	40	ON	40	4		AWAIT CONTACT
J	229	16281	ON	32	3		AWAIT CONTACT
K	267	6398	ON	25	5		AWAIT CONTACT
L	263	35425	ON	18	1		AWAIT CONTACT
M	291	45	NAIVE	54	2		AWAIT CONTACT-DELUSIONAL
N	343		PRE HAART	1994			
O	161	49	ON	2003			


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DISCUSSION

- Number LTFU small – 7%
- Database updates
- Pathway for DNAs
- Contact methods



CONCLUSION

It remains a challenge to keep the number of patients LTFU to a minimum, but essential, to manage those at high risk of disease progression or who are on HAART.

THANKS TO :



**Katherine Bethell
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Alan Wilson
Sheila Morris
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**HPS/HPA staff
Gary Black, Health Records
All my colleagues in RIDU**