

UK Joint Working Agreement: Providing High Quality And Sustainable Care For Stable HIV Patients

Executive summary

Project aim:

Implement a new model of care for stable HIV patient management across multiple clinics; model to provide one-year of care for >1000 patients. Model is a nurse-led, technology-enabled service centred around an Annual Review consultation.

Project background:

ViiV Healthcare's innovation unit, 'the hive', and Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) previously undertook a joint working agreement to pilot a service concept that aimed to address challenges related to the management of virally-stable patients at the Kobler Clinic, one of CWFT's HIV clinics. The pilot demonstrated promising outcome signals. The pilot was appraised by a panel of ViiV and CWFT stakeholders and joint approval was secured to implement the concept at scale, drawing on the expertise of both parties.

CWFT and ViiV Healthcare have agreed to develop the stable patient service from a concept to a working model of care. As part of this development, the stable patient service must be scaled-up so that it can provide care for a larger number of patients (vs. pilot) and maintain the benefit observed during the pilot period. In addition, the stable patient service must be implemented in multiple clinics so that its final configuration is flexible enough to work at other sites.

Project challenge:

Advances in HIV care mean that services now need to transform from acute centres of care to services that manage people living with a long-term condition, referred to as 'stable' patients. These patients present a new set of clinical needs as they are an aging demographic and have associated co-morbidities. The clinical characteristics of this patient population, along with an increasing cohort size, has placed burden on services in providing both quality and sustainable care. There is a logical need to transform how care is provided so that positive clinical outcomes are matched with positive service outcomes. It is important that any new model of care works consistently across CWFT's four HIV clinics. The CWFT stable patient cohort represents one of the largest HIV services in Europe – so the new model of care must work at scale. CWFT is currently updating its IT systems and it is important that the new model of care leverages opportunities presented by digitally-enabled healthcare. This project aims to implement a new model of care for stable patients that is technology-enabled, adaptable to local context, sustainable at scale, and delivers high-quality care as per BHIVA standards.

Project delivery and evaluation:

The project will run from Q4 2019 to Q4 2020. The project will be delivered across three phases. During initial implementation, technology from the pilot period will be adapted and deployed in two clinics. Additional technology features will be introduced during a full implementation period, and the model will be spread to additional clinics. A core operating period will follow, where the deployed model will be observed/evaluated. The project aims for >1000 patients to be managed by this model of care.

The project will be evaluated across four domains:

1. Creating a technology component for stable patient management that is adopted by patients and clinicians
2. Enabling CWFT HIV/GUM Directorate sites to appraise and adapt the new model of care to their context
3. Sustaining the new model of care for one year and management of >1000 patients, with pre-allocated human resource
4. Developing and implementing a quality improvement/innovation strategy, utilising data gathered by the technology solution

A report on project outcomes will be available following project completion.