

Surviving The Storm

The Nursing and MDT Perspective
of Tendering Sexual Health and HIV Services

Presented at NHIVNA June 2016

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Birmingham
Heartlands
HIV Service

HIVbirmingham.nhs.uk

Surviving the Storm

“This is our story about a sexual health service tendering process that tore a team apart and threatened the HIV service”



Narrative LIGHTNING BOLT SLIDE (INTRODUCTION)

“This is our story about a sexual health service tendering process that tore a team apart and threatened the HIV service”

“It is a story of sadness, distress and loss - but also one of courage, hope and optimism.”

“Ten minutes is so little time to do justice to the narrative, given the strength of emotion and the events that took place but here goes.”

Innovation and vision in Sexual Health since... 1993



Hawthorn House



Beer Goggles Johnny !

Narrative HAWTHORN HOUSE PHOTO

“Heartlands Hospital had had a purpose built sexual health service for over 20 years”.

“Unfortunately Beer Goggles Johnny took the photo, hence the poor quality. I will say little about the vision in pink, except that one of our consultants is inside it.”

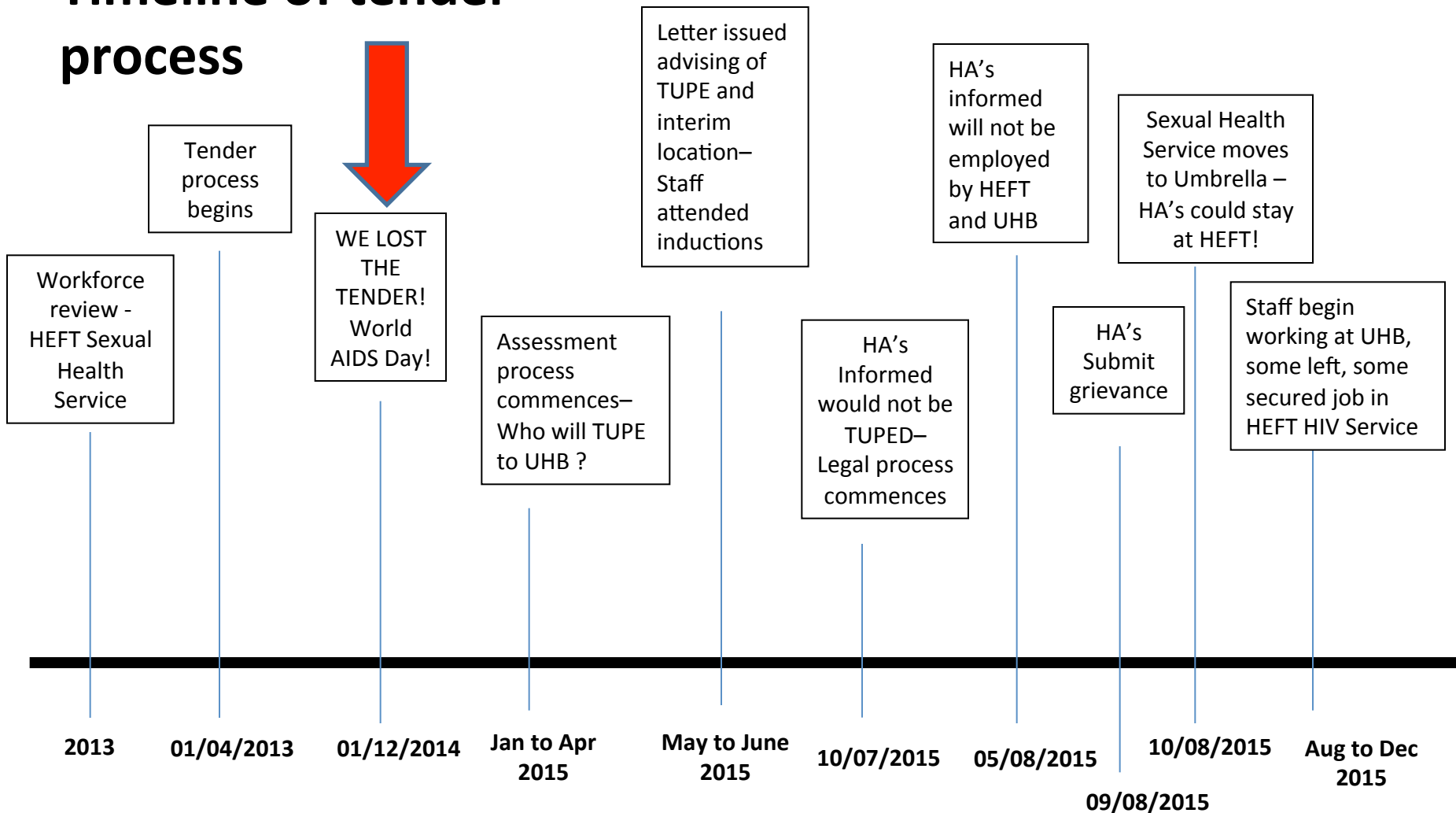
“The Department was extremely busy, seeing around 15 thousand patients annually, serving both our HIV patient cohort and the general population”

“Although working together to support HIV patients, sexual health and HIV services were funded separately and teams felt quite distinct– with GUM located in one part of the building - and HIV, Allergy, Immunology and infectious Diseases in another.

Narrative

- The GUM team consisted of
- Consultants working in both Sexual Health and HIV
- SAS Drs
- Nurse Specialists in sexual health and contraception
- A Nurse Specialist for Education
- Registered nurses
- Health Advisors
- A Psychosexual Counsellor
- Health Care Assistants and numerous Admin roles
- Staff worked onsite and at various satellite clinics.

Timeline of tender process



NARRATIVE : TIMELINE 1

- “The incredibly complex tendering process commenced on the 1st April 2013 when the Health Authority placed the responsibility (and funding) with Birmingham City Council to provide sexual health services for Birmingham.”
- “We, and several other organisations entered the arena. Some withdrew, including Virgin, leaving us and University Hospital Birmingham in a two horse race.”
- “We were fearful, given the outcome of other services who’d endured the tender process, but what ensued was emotionally damaging in a way we’d not anticipated.”
- “A team of incredibly dedicated individuals worked day and night on our proposed bid, which was viewed in such a positive light that agencies such as THT, Brook, Bernardos, British Red Cross, AB+ Freshwinds and many others decided be our partners” .



NARRATIVE STAFF WORKING ON BID

“These photographs are of just a few of those who worked on the bid – regularly at evenings and weekends. Colleagues supported them but their commitment and diligence warrants a particular mention.”

“Dr Robertson had one baby at home and was nauseous as pregnant again, it was an immensely difficult time.”

NARRATIVE : TIMELINE 2

“It wasn’t a subtle irony that we were told on December 1st 2015 that we had lost the bid and were to lose the sexual health service. With World AIDS Day promotional activities in place, it was an unbelievably sad day as the news spread.”

“Staff had chosen to work in at HEFT GUM for a variety of reasons – job role, working hours, ease of travelling, child care and so on They found themselves completely destabilised.”

“ A nurse specialist expressed a common theme - “you have stability and then someone you DON’T know comes along and chooses what you will do and where you will do it. In your existing team you felt trusted and valued but you became just a role and a number”.

“Health Advisors had already been subject to a workforce review in 2013, applying for and being interviewed for their own jobs. Despite initial reassurances that all staff would be subject to TUPE and at least have a job, some Health Advisors found this not to be the case and unemployment became a real possibility.”

“ It was only at the 11th hour that HEFT agreed to place them in the redeployment pool as all were also registered nurses. Just imagine how they felt.”

NARRATIVE : TIMELINE 3

“Alongside these personal traumas, there were concerns about the impact on the HIV service - losing GUM was a huge blow. Fortunately, several forces came in to play.”

“Thanks to our strong clinical leadership, those at a higher organisational level within the Trust were encouraged to understand the potential risks of destabilising the HIV service if we did not have an accessible, fit for purpose sexual health service to offer”.

“Additionally a strong element of patient power saw many voice concerns via petitions and to their local MPs”

“It would be a huge undertaking requiring creativity and flexibility to meet patient need and bridge any gaps. Time for courage, hope and optimism !”

Thoughts on Tendering Sexual Health Services

Why?

POINTLESS

The
Futile
Exercise

NHS
plc

Profit Before Patients
You'll Lose Trust

Welcome
To Privatisation

MISERY




Narrative “THOUGHTS ON THE TENDER PROCESS” (TWO SLIDES)

“This representation needs little explanation.
Amusing to look at but symbolising the strength
of feeling”

“Sadly there were colleagues whose health
suffered, including depression”

“Feelings remain very raw and preparing for this
presentation has been cathartic for many -
revisiting and talking through the events.”

“ It has been a remarkable team achievement to
reach a point where there is so much positivity”.



"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"

"Devastated!"

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

"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: Sexual Health and HIV service

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
+1200 HIV
patients

Health Advisors

- 1 x Band 7
- 5.5 WTE Band 6
- 2 x Band 3 (assistants)

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 HIV Service and Sexual Health for HIV patients

Nurses

- 1 x Band 7

1200
HIV
positive
patients

Health Advisors

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

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

Narrative: STAFFING LEVELS PRE and POST TENDER

“These staffing levels only refer to Nurses and Health Advisors but as already acknowledged, it was an extremely busy GUM Department.”

“We were acutely aware of their difficulties in meeting commitments to the HIV service, despite willingness and efforts to do so”.

“Patients sometimes had lengthy waits for STI screens, Hep B vaccines, smears and so on, irritating and inconvenient, having already spent time in HIV clinic”.

“Despite the post tender sexual health team being small in number, it is vast in terms of knowledge and experience – now purely for the HIV cohort, many aspects of provision have improved and continue to do so.”

HA Roles prior to loss of sexual health tender

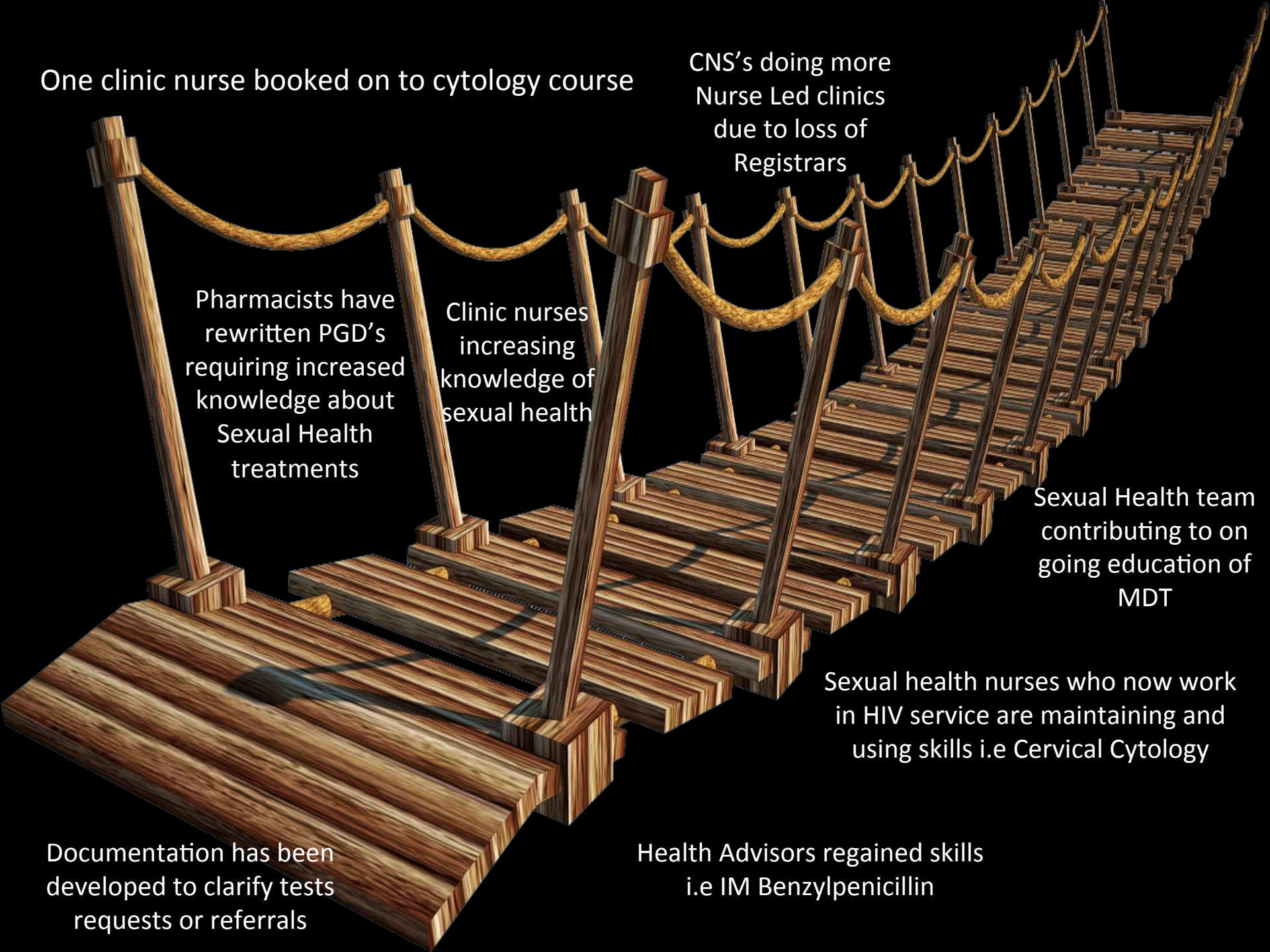
- Partner Notification
- Results management
- HIV pre test counselling
- HIV testing
- HIV post test support
- All trained HA's rotated to cover main site and satellite services
- Health Advisor lead clinics
- Sexual Assault referrals
- Brief interventions for risk taking behaviours/ Motivational Interviewing
- 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

Narrative: HEALTH ADVISOR ROLES PRE TENDER

“This just evidences how busy Health Advisors were pre tender – one only has to imagine the numbers of individuals requiring partner notification for STI’s alone to understand why !”



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

Narrative : BRIDGING THE GAPS

“Clearly there are still be gaps in service – whether due to holidays or volume of work. Achieving solutions has required a real team spirit and willingness to be flexible.”

“ Nurses from HIV clinic but with previous experience in sexual health have regained or are maintaining their skills in performing smears and one of the general clinic nurses is due to attend a Cytology course.”

“ It is notable that pre tender, in a 5 month period, 35 smears were carried out on HIV positive women. Post tender, with our newly created team, over 100 were performed in the same time frame – with one diagnosis of invasive carcinoma.”

“ This on a reluctant patient but achieved thanks to the persistence and support of the sexual health Nurse Specialist, working closely with the patients named HIV Nurse Specialist. It is particularly supportive to patients who often find it difficult to persuade their GP to do yearly smears”

HEARTLANDS HIV SERVICE

PATIENTS NAME _____ DATE OF BIRTH _____ HOSPITAL NUMBER _____

TESTS NEEDED TODAY ☐ DATE _____

HIV viral load ☐ TDM – drug to be measured - ☐

Resistance assay (RT & PROTEASE) ☐ Tropism VL >500 (plasma - send 1 EDTA) ☐

Resistance assay (INTEGRASE) ☐ Tropism VL <50 (but historic stored plasma >500) ☐

FBC ☐ Tropism VL <500 (PBMC - send 2 EDTA) ☐

Syphilis serology ☐ HLA – B*5701 ☐

U + E ☐ CD4 COUNT – IMPORTANT ☐

LFTs/AST/GGT ☐ Annual CD4 count only - if on ARVs, VL <40 on 3 occasions and CD4 above 200 (follow pathway charts but ask for advice if unsure)

Cholesterol/ HDL/ LDL/ Triglycerides ☐ Ferritin ☐

Plasma glucose ☐ B12/Folate ☐

Calcium and Phosphate ☐ Coagulation (no anticoagulants) ☐

Total Vitamin D ☐ Parathyroid hormone (PTH) ☐

CRP ☐ CK ☐

LDH ☐ Anti – liver antibodies ☐

HBA1C ☐ TSH (thyroid stimulating hormone) ☐

Hepatitis A – specify which below ☐ AFP (alpha-fetoprotein) ☐

IgG (immunity) ☐ Toxoplasma IgG ☐

IgM (acute infection) ☐ Cryptococcal Antigen ☐

Hepatitis B – specify which below ☐ Standard Blood cultures ☐

HEARTLANDS HIV SERVICE

PATIENTS NAME _____ DATE OF BIRTH _____ HOSPITAL NUMBER _____

TESTS NEEDED TODAY ☐ DATE _____

HIV viral load ☐ TDM – drug to be measured - ☐

Resistance assay (RT & PROTEASE) ☐ Tropism VL >500 (plasma - send 1 EDTA) ☐

Resistance assay (INTEGRASE) ☐ Tropism VL <50 (but historic stored plasma >500) ☐

FBC ☐ Tropism VL <500 (PBMC - send 2 EDTA) ☐

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Cholesterol/ HDL/ LDL/ Triglycerides ☐ Ferritin ☐

Plasma glucose ☐ B12/Folate ☐

Calcium and Phosphate ☐ Coagulation (no anticoagulants) ☐

Total Vitamin D ☐ Parathyroid hormone (PTH) ☐

CRP ☐ CK ☐

LDH ☐ Anti – liver antibodies ☐

HBA1C ☐ TSH (thyroid stimulating hormone) ☐

Hepatitis A – specify which below ☐ AFP (alpha-fetoprotein) ☐

IgG (immunity) ☐ Toxoplasma IgG ☐

IgM (acute infection) ☐ Cryptococcal Antigen ☐

Hepatitis B – specify which below ☐ Standard Blood cultures ☐

HEARTLANDS HIV SERVICE

Heart of England NHS
NHS Foundation Trust

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 (follow pathway charts but ask for advice if unsure)	
Cholesterol/ HDL/ LDL/ Triglycerides	<input type="checkbox"/>	Ferritin	<input type="checkbox"/>
Plasma glucose	<input type="checkbox"/>	B12/Folate	<input type="checkbox"/>
Calcium and Phosphate	<input type="checkbox"/>	Coagulation (no anticoagulants)	<input type="checkbox"/>
Total Vitamin D	<input type="checkbox"/>	Parathyroid hormone (PTH)	<input type="checkbox"/>
CRP	<input type="checkbox"/>	CK	<input type="checkbox"/>
LDH	<input type="checkbox"/>	Anti – liver antibodies	<input type="checkbox"/>
HBA1C	<input type="checkbox"/>	TSH (thyroid stimulating hormone)	<input type="checkbox"/>
Hepatitis A – specify which below	<input type="checkbox"/>	AFP (alpha-fetoprotein)	<input type="checkbox"/>
IgG (immunity)	<input type="checkbox"/>	Toxoplasma IgG	<input type="checkbox"/>
IgM (acute infection)	<input type="checkbox"/>	Cryptococcal Antigen	<input type="checkbox"/>
Hepatitis B – specify which below	<input type="checkbox"/>	Standard Blood cultures	<input type="checkbox"/>

Narrative : BRIDGING THE GAPS

“The MDT have been willing to develop knowledge and skills in sexual health, being supported by those with experience. HIV specialist Pharmacists have rewritten sexual health PGDs and are prescribing treatments previously unfamiliar to them”

“Clinic nurses and HCA’s are now taking responsibility for asymptomatic STI screens and managing Hep B vaccination programmes, including the development of a PGD.”

“ The expansion of roles is being supported by new documentation – our regular bloods request form now adds clarity to test requests or referrals to the sexual health nurses or health advisors”

“SLA agreements for Consultants were negotiated so as to maintain sexual health skills and continuity for the HIV cohort”

Narrative : BRIDGING THE GAPS

“Pre tender, Sexual Health Registrars also supported HIV clinics. Capacity was lost once they had to leave”

“Additional nurse posts were created enabling HIV Nurse Specialists to run more Nurse-Directed clinics and together with Pharmacists, we’ve increased the number of Remote Clinics on offer”

“An increase in Annual Health Check Clinics (a service inspired by NHIVNA) all contribute to bridging the gaps”.

REFERRAL TO SEXUAL HEALTH NURSE (reason why)	REFERRAL TO HEALTH ADVISER (reason why)
STI screen <input type="checkbox"/> Cervical cytology (smear) <input type="checkbox"/> Contraception/advice <input type="checkbox"/> Treatment for an STI <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> (Clinic nurses can also do if nil else needed – see below for log)	New partner <input type="checkbox"/> Partner testing <input type="checkbox"/> Child testing <input type="checkbox"/> HA support <input type="checkbox"/> Partner notification <input type="checkbox"/> Chem sex <input type="checkbox"/>
MALE STI screen : if not seeing sexual health nurse	FEMALE STI screen : if not seeing sexual health nurse
Urine NAAT (yellow aptima) <input type="checkbox"/>	Introital vaginal NAAT(orange aptima) self-taken <input type="checkbox"/>
Rectal NAAT (orange aptima) self-taken <input type="checkbox"/>	Rectal NAAT (orange aptima) self-taken <input type="checkbox"/>
Pharyngeal NAAT (orange aptima) <input type="checkbox"/>	Pharyngeal NAAT (orange aptima) <input type="checkbox"/>
Tests taken by	Tests taken by
Hep B vaccinations	Pregnancy test required <input type="checkbox"/> Date
Commence Hep B vaccination (please prescribe) <input type="checkbox"/>	Result : POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/>
Hep B Booster (please prescribe) <input type="checkbox"/>	Batch number of pregnancy test
Date vaccine given	Expiry date
Who gave vaccine	1 st check sig
	2 nd check sig
Fractional excretion of phosphate/urate protocol	BLOODS / TESTS FOR NEXT TIME
Today <input type="checkbox"/> Next visit <input type="checkbox"/> Specific date	State approx month due <input type="text"/>
Fasting <input type="checkbox"/> Non - fasting <input type="checkbox"/>	HIV Viral Load <input type="checkbox"/> CD4 (only if needed) <input type="checkbox"/>
Urinalysis	FBC <input type="checkbox"/> U+E <input type="checkbox"/> LFT / AST / GGT <input type="checkbox"/>

Narrative

BLOOD FORM – front page

“This is the original front page of our bloods request form – updated recently to guide on our CQUIN to reduce CD4 counts appropriately. The identical back page was used to request **Blood tests needed next time.**”

SEXUAL HEALTH FORM – back page

“The back page was completely redesigned to achieve the clarity previously mentioned around sexual health tests and referrals – including urinalysis, pregnancy tests and so on”.

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

Narrative: WHERE WE ARE NOW AND WHERE ARE WE GOING?

“We are optimistic about the future and determined to take advantage of the opportunities we have been given and created”

“Partner Notification is improving, our sexual health team can now commit to attending Annual Health Check Clinic and Adolescent Transition Clinic.”

“Health Advisors are building a database of child testing and HARS data has improved beyond recognition, thanks to a brilliant pair of Band 3 ‘all rounders’ who joined us from the sexual health team”

Narrative: WHERE WE ARE NOW AND WHERE ARE WE GOING?

“We provide contraception, well supported by the HIV pharmacists who advise on drug interactions - potential issues sometimes lost amongst the busy workload of GPs or the patient’s reluctance to share information with their GP”

“We help support a postal HIV testing service via an SLA with the Saving Lives Charity”

“ Work is underway to develop a Chemsex support group that will involve a Psychologist and a drugs support worker from a local service.

“As they say, from little acorns, mighty oak trees grow.

Narrative: Final thoughts

“We couldn’t change the outcome of the tender, we lost that - and along with it some very dear friends and colleagues. This sadness persists.”

“ However, we have stepped up to the challenges and refused to give up. We owe a great deal to certain individuals (Steve Taylor in particular) who without doubt went above and beyond their duty to try and ensure everyone had a job and that the HIV patient cohort has an easily accessible, skilled, comprehensive sexual health service”.

“Despite odds against it we are very proud to be achieving it”

Narrative: Final thoughts

“Although trying to avoid an Oscar – like performance, I’d like to thank all who have worked tirelessly to save our service, who contributed to this presentation and particularly to those staff in the sexual health service who make me feel humble every time I think of what they have been through and how despite it all, work so hard so be part of the team and make such a difference”

“ I think we all agree that we have most certainly survived the storm.”

Words by

Maxine Owen; Clinical Nurse Specialists

Birmingham Heartlands HIV Service,

Presented at the NHIVNA conference Summer 2016

A dramatic landscape featuring a long, straight road that stretches towards the horizon. The road is wet, reflecting the sky and the rainbow. A vibrant rainbow arches across the sky, starting from the horizon and extending upwards. The sky is filled with large, dark, textured clouds, with a patch of blue visible on the left side. The ground on either side of the road is covered in dry, yellowish-brown grass. In the distance, there are some small structures and a signpost on the right side of the road.

THANK YOU

HIV-CNS's NHS email
bhs-tr.hivcns.net

www.HIVbirmingham.nhs.uk

Important Contacts for you:

- If you need to cancel your appointment please contact:
ID Outpatients reception on 0121 424 3359 or 0121 424 2847
- If you need to speak to an **HIV Clinical Nurse Specialist**
Call: **0121 424 0361** between 9-5pm
or email: **bhs-tr.HIVCNS@nhs.net**
- If you have a problem with your HIV medication or have questions about
HIV drug-interactions you can contact our **HIV Pharmacy Hotline**
Call: **0121 424 0865** between 9-5pm
or email: **bhs-tr.HIVPharmacists@nhs.net**
For online drug interactions information please use:
www.HIVdruginteractions.org
- To arrange a sexual health check up, a cervical smear, discuss contraception
or to speak to **Health Advisers** or **Sexual Health** specialist:
Call: - **0121 424 2847**
or email: **bhs-tr.HIVsexualhealth@nhs.net**
- For information on the HIV Paediatric/Family/Adolescent service:
Please call – **0121 424 2834/0361**