

# Reduced monitoring in a stable patient pathway: Patients' perspective and co-design

Stephanie Tyler, Krystian Grajczak, Peter Richards, Daniella Chilton  
Harrison Wing Department, Guy's and St Thomas' Hospital NHS Foundation Trust

## Background

- Reduced monitoring during COVID enabled evaluation of new models of care.
- We sought patients' perspectives and co-designed a stable patient pathway (SPP) where routine monitoring is extended from 6 monthly to annually.

## Method

- We conducted an online survey and focus group in June 2021 with patients meeting the 'stable patient' clinical criteria (Table 1).

**Table 1: Clinical criteria for SPP**

Unlikely to need ART switch in the next year
Viral load: Undetectable for > 1 year
Stable co-morbidity
No concern regarding adherence to ART
No concern regarding vulnerability
Stable mental health
High patient activation measure (PAM)

## Results



'I would prefer to be more closely monitored'

'A year between bloods feels too long to pick up changes / problems'

'Will not provide STD screening'

'What if there is a change in your blood levels; this will not be picked up till another 11 months'

'My condition is under control'

'I think that if I had any concerns about my health in the interim I would contact the clinic rather than going when feeling well.'

'This could open up appt. for other people'

'I have full confidence in the doctors treating me so if they think once a year bloods is enough for stable patients I would prefer that option as it causes less disruption to daily lives of patients'

'Nothing changes for me so this is perfect'

'This is much more suitable given my results are the same year on year. Presumably there would be an option to revert to a different option if my medical situation changed.'

**26% concerned about SPP**

'What if I want to look at alternative medications'

**61% felt SPP is better**

- 180/765 (24%) online survey responses were received.**

### Online focus group

- 4 patients recruited that met the SPP clinical criteria
- All keen for SPP, comfortable with reduced monitoring
- Discussed older age/ comorbidities as factors in deciding whether this pathway is safe
- More convenient with busy work schedule
- Reduced stigma and anxiety coming to clinic
- Need for ease of access to clinic and appt. if needed
- Option to revert to traditional pathway if changes



**Table 2: Patient demographics**

Online survey	90% male; 68% white; 68% >45yrs of age
Focus Group	2 MSM, 2 women; 2 Black African, 1 Black Caribbean, 1 white

## Conclusion

- The findings demonstrate that SPP with reduced monitoring is acceptable to patients meeting the clinical criteria. SPP provision should include ease of access and appointment availability for those who need support between less frequent appointments.
- 26% of respondents had concerns, stressing the need for shared decision making, and availability of choice, including the option to move back to traditional pathways from SPP.
- Less frequent visits to hospital benefits patients, with resources shifted to meet the needs of more complex patients, moving us closer to achieving the fourth 90.

## Acknowledgements

*A special thanks to all the patients that assisted and gave their time to give feedback to help improve and develop our services.*