

**BHIVA** 

British HIV Association

# 2024 Spring Conference



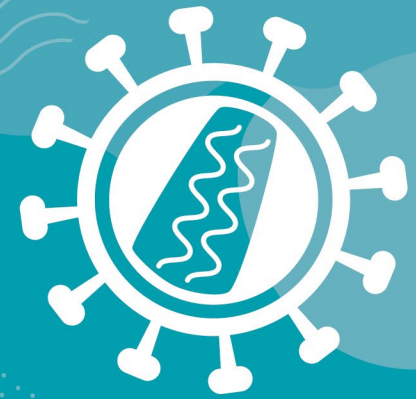
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**Mon 29<sup>th</sup> April – Wed 1<sup>st</sup> May**  
Birmingham, UK

[www.bhiva.org](http://www.bhiva.org)

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**What if we see you in clinic once a year?  
Triple benefits of changing the HIV care pathway to  
align with other chronic conditions**

**Dr Lynn Riddell**

**Northamptonshire Healthcare NHS Foundation Trust**

- drivers for change: demand v staffing, well and working pts, environment
- potential blocks: perceived pt view, safety
- pandemic reassurance:
- impetus: Centre for Sustainable Healthcare / Green Award

## Patient questionnaire:

- access
- time
- leave arrangements and financial impact
- *If we could reduce the number of times you have to attend for your ROUTINE appts but still make sure that you have emergency access when you need it, would this help you?*
- environment

## Patient questionnaire results:

- access **77 drive, av 33miles (4 -140), av cost of F2F £9.20**
- time **av 110 mins ( 45 – 6.5 hrs)**
- financial impact **37% lost income with F2F appt**
- *If we could reduce the number of times you have to attend for your ROUTINE appts but still make sure that you have emergency access when you need it, would this help you?* **94% preferred reduced F2F frequency**
- environment **important to 84%**

## Pathway change to annual F2F for a very stable pt

- VL <40 for the past 24mths
- not currently pregnant / other comorbidity under investigation
- staff confident about the individual \*
- consultant decision

## Roll – out

- flow chart for pt – sent via text link (environmental)
- fluidity and optional
- NF2F telephone pharmacy review by non medic

# Switch to annual F2F review for 700 patients:

## Environment

CO2e saving of 25,957.8 kg CO2e equates to ~ 75,000 miles by car *annually* or 108 return journeys between Northampton and Glasgow  
calculated from travel, processing consumables, lab processes – CSH

## Financial

phlebotomy could save < £45,000 *annually*

350 hrs of B6 nurse time *annually*  
higher value work – DNAs etc

200 hours of consultant time *annually*  
appts, results management etc



# Switch to annual F2F review for 700 patients:

## Social

questionnaire results

are we excluding people ?

could reduced scheduled frequency of F2F appts drive adherence ?

## Where are we with the roll out? :

350 patients started on Cohort A

11 declined and remain on 2x F2F / year

2 stopped due to pregnancy, 1 deported

81 returned for their first *annual medical review*

81 qualified to continue with VL<40

0 requested return to 6 monthly F2F - anecdotal comments

## Where are we with the roll out? :

ARV: 158 on NNRTI : 149 INI: 23 PI : 11 on PI and INI

700 patients was probably an underestimation

## **Summary :**

a change in the monitoring pathway for very stable HIV attendees

F2F attendance reduces to once a year

6 monthly contact by telephone by a non-medical

potentially scalable across HIV services in the UK – adaptable to your service

**ask your patients**

**achieves triple bottom line in sustainable healthcare – social, environmental and financial**



**Thank you**

**Centre for Sustainable Healthcare, Dr Sophie Herbert, Dr Anna McKendry, Dr Kelly Morris, Dr Nimali Widinalage**

***In memory of our friend and colleague Dr Denise Migliorini  
1959-2023***

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