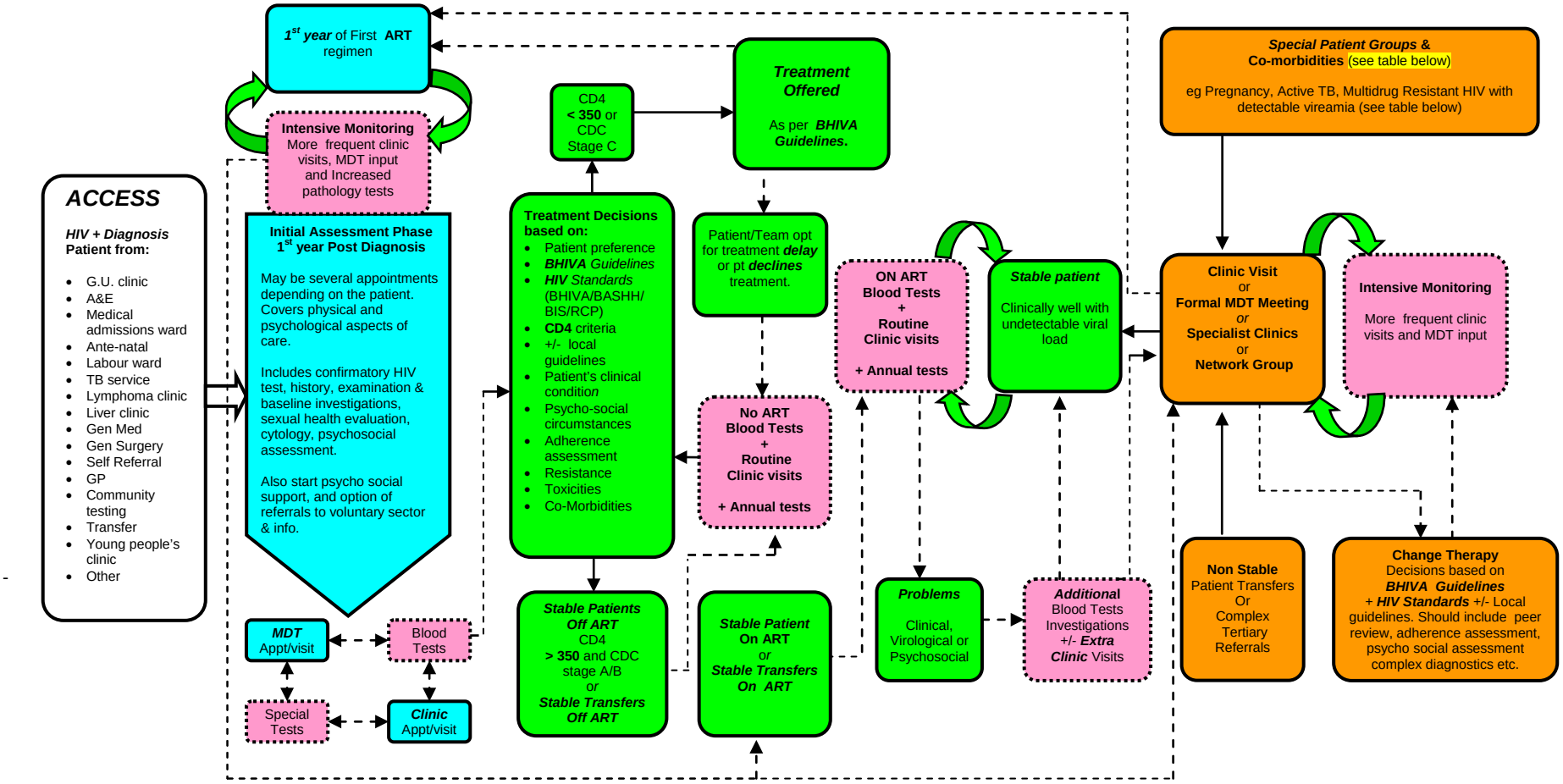
Gateway reference: 18731

HIV Outpatient Clinical Care Pathway
Version 11
[As per 10 updated for documentation review]

Category 1: New

Category 2: Stable

Category 3: Complex



HIV Outpatient Care Pathway

Dec 12: As per version 10 updated for documentation review

Notes on National HIV Clinical Pathway Version 11 Final (post documentation review)

- The pathway provides an outline of the outpatient care for HIV patients and the diagram above does not include detailed aspects of care. National guidance for the provision of treatment and an appropriate service specification should be consulted and provides considerably greater detail (see www.bhiva.org and www.bashh.org).

- Version 11 is a simplification of earlier versions and separates outpatient care into 3 Categories 1, 2 and 3. Although numbered it is not necessary for patients to always progress from CAT 1 through CAT 2 and CAT 3 etc. Patients may enter the pathway at any point and some may move round the pathway in a non-linear way.

- Category 3 definitions have been tested in the pilot data collection exercise and the final results included here.

- The pathway only applies to Adult Outpatient, not Inpatient, care.

- Patients who do not fit into categories 1 or 3 will by default be classified as category 2 to ensure a baseline payment for all patients receiving care. It will then be the responsibility of the Clinics /trusts to provide supporting data as to why a patient would be a category 1 or 3 patient

- Staff activity levels used for costing purposes is based on 09/10 HPA activity data collection and reflects actual activity levels at that time. Time spent with each staff group is based on clinical estimation.

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PATIENT TYPE	CURRENCIES and DATA	
CATEGORY 1 (Definitions)	**TESTS**	**STAFFING**
1 Patient within 1st year of diagnosed or starting treatment within the past 12 months **Category 1** Allows recognition that patients in the first year of diagnosis require more intensive clinical / psychosocial input than Category 2: Stable patients. This will include a greater number of initial more complex diagnostic tests and more frequent clinic visits with greater input from the MDT (represented by the circular flow between pink and blue squares). It is assumed that on average a newly diagnosed patient will only remain a CAT 1 for 1 year when they will automatically become a CAT 2 patient. However this maybe extended if they start ART within that year when they will remain a CAT 1 patient for 1 year from the date of starting. Having one of the complex factors supersedes the above and results in Category 3: Complex.	Annual pathology, radiology costs ***Plus*** New patient pathology and radiology costs ***OR*** 1st year pathology costs for patient starting on first ART regimen ie additional tests/ costs	***NB Patients can be seen by more than 1 staff group per attendance.*** ***Doctor Time.*** The patient will be seen by a consultant 5 times in the first year 30 mins per apt ***Pharmacist Time*.** The patients will be seen by a Band **8** pharmacist (or adherence nurse) X 2 on average (less for new not on ART, more for new onto ART) 15 mins per apt ***Pharmacy Technician*** The patients will utilise technician time. Band 5 X 2 on average (less for new not on ART, more for new onto ART) 10mins per appt ***CNS Time*** Patients will be seen by HIV CNS or HIV specialist nurse (Band 7) 2 appointments per year 30 mins per apt ***Dietician Time*** 5% of patients will be seen by HIV Dietician Band 7 4 times in first year 15 mins per apt ***Nursing Time*** Patient will attend for 4 blood draws in the first year. Require results checking , patient care. Band 5 nurse - 4 X 15 mins times (or Band 3 HCA /Phlebotomist) **OPD HCA Time** Band 3 7 X 10 mins **Health Advisors** 9% Patients will be seen 5 times by HIV Health advisor Band 7 30 mins / apt ***Occupational Therapy* Band 6** 1% pts requiring apt with OT 45 mins X4

		Clinical Psycologist ~ **Band 7** 6% of Pts will require input at 1 hr X 6 **Reception Band 3** 7 visits 5 mins per visit **Data Manager / coding** (Band 7) 30 mins X1 **Sexual Health Screening** ***Band 5 Nurse*** 1X year 30 mins ***via GUM Tariff*** ***Social Services: 30% of patients 3x 30 mins via social service budget*** ***Virtual Clinic 1 X year 20 mins*** In attendance Consultant X2 Pharmacists Band 8 Dietician Band 7 Clinical nurse specialist Band 7 (adherence) Virologist Consultant **Secretarial Time** Band 4 1 hour per patient per year

PATIENT TYPE	CURRENCIES and DATA	
CATEGORY 2 PATIENTS	**TESTS**	**STAFFING**
Patients who do not fit into categories 1 or 3 will by default be classified as Category 2 **i.e. Monitoring stable patients not on ART & >1 since diagnosis in UK *or* stable on ART > 1 yr** Notes If a patient transfers into your service already on ART and is already undetectable then they would automatically be classified as a Category 2 patient unless there were reasons for them to be a Category 3 patient Patients changing ART therapy for toxicity / simplification /adherence issues whilst maintaining an undetectable viral load remain within Category 2. It has been built into this category that some patients will require discussion at virtual clinics or additional tests performed . This **does not** automatically make them a Category 3 patient Patients on ART with transient vireamia (viral blips) remain within Category 2	Annual Pathology Radiology costs For stable patients	***Doctor Time.*** The patient will be seen by a consultant 4 times per year 20 mins per appt ***Pharmacist Time*****.** The patients will be seen by a Band 8 pharmacist (or adherence nurse) X 1 if doesn't require treatment or X 4 if on ART treatment at 15 mins per apt ***Pharmacy Technician*** The patients will utilise technician time Band 5 X 4 if begins ART treatment 10 mins per apt ***HIV CNS Time*** Patients will be seen by HIV CNS (Band 7) once per year 30 mins per apt ***Dietician Time*** Patients will be seen by HIV Dietician Band 7 4 times per year but for 4% of patients 15 mins per apt ***Nursing Time*** **Band 5 nurse** Patient will attend for ~ 3 blood draws per year. Require results checking , patient care (HCA 3) – 3 X 15 mins **OPD HCA Time Band 3** 6 X 10 mins **Health Advisor** Band 7 2% Patients will be seen by HIV Health advisor 4 times per year 30 mins / apt ***Occupational therapy*** 1% of pts requiring 4 apt with OT 30-mins per apt **Clinical Psycologist** 3% of Pts will require input at 1 hr X 5 **Reception** Band 3 X 6 visits at 5 mins per visit

		Data Manager (Band 7) 30 mins per patient **Sexual Health Screening** Band 5 -6 Nurse 1X year 30 mins ***via GUM Tariff*** ***Social Services: 10% of patients 3x 30 mins via social services*** **Secretarial Time** Band 4 1 hour per patient ***Virtual Clinic 5 % of patients 1 X year 20 mins*** In attendance Consultant X2 Pharmacists Band 8 Dietician Band 7 Clinical nurse specialist Band 7 (adherence) Virologist Consultant

PATIENT TYPE	CURRENCIES and DATA	
CATEGORY 3 PATIENTS	**TESTS**	**STAFFING**
Special Patients Groups or High Maintenance /Highly Dependent Patients These include: 1. *Current TB co-infection on anti-tuberculosis treatment* 2. *On treatment for chronic viral liver disease* 3. *Receiving oncological treatment* 4. *Active AIDS diagnosis requiring active management in addition to ART (not* 5. *inpatient care)* 6. *HIV-related advanced end-organ disease* 7. *Persistent viraemia on treatment (> 6 months on ART)* 8. *Mental Illness under active consultant psychiatric care* 9. *HIV during current pregnancy*	Pathology. This includes one off tests, and 3-4 monthly monitoring tests and occasional tests	***Doctor Time.*** The patient will be seen 6 times during this year (Consultant) 20 mins per apt ***Pharmacist Time*.** The patients will be seen by a Band 8 pharmacist or equivalent X 2 per year for adherence / start clinics / drug interactions etc 15 mins per apt ***Pharmacy Technician*** Band 2 X 4 per year at 10 mins per apt ***CNS Time*** Patients will be seen By HIV CNS (Band 7) 3 apts per year 20 mins per apt ***Dietician Time*** Patients will be seen by HIV Dietician Band 7, 5 times for 3% of patients in year 20 mins per apt ***Nursing Time*** Patients will attend for ~ 5 blood draws Require results checking , patient care Band 5 nurse (HCA 3) – 6 X 15 mins **HCA Time** Band 3 9 X 10 mins **Health Advisors** 3% Patients will be seen 5 times by HIV Health advisor Band 6 at 30 mins / apt ***Occupational therapy* Band 6** 1% of pts requiring 6 apts with OT at 30-mins **Clinical Psychologist** ~ **Band 7** 7% of Pts will require input 1 hr X 6 **Reception Band 3** 9 visits at 5mins per visit

		Data Manager (Band 7) 30 min X1 **Sexual Health Screening** ***Band 5 -6 Nurse*** 1X year 30 mins ***via GUM Tariff*** ***Virtual Clinic 2 X year*** In attendance Consultant X2 SPR x2 Pharmacists Band 8 Dietician Band 7 Clinical nurse specialist (adherence) Virologist ***Social Services: 30% of patients 3x 30 mins via social services***