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Future
Hospital

Delivering a seamless HIV patient record over multiple sites and trusts

In this Future Hospital case study, Dr Rebecca Thomson-Glover and Dr John Evans-Jones explain how Countess of Chester Hospitals NHS Trust is working to improve care for patients with HIV. Here, they describe why a high quality HIV patient records need to be maintained across both sexual health and HIV services.

Authors: *Dr Rebecca Thomson-Glover, specialty registrar in genitourinary medicine and Dr John Evans-Jones, consultant in genitourinary medicine, Countess of Chester Hospitals NHS Trust*

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Improving patient safety

Key recommendations

- Keep going. IT and organisational barriers can feel insurmountable but positive change can happen.
- Clinical involvement is important. Having a consultant involved can help make important meetings happen and encourage key decisions to be made.
- Know who to ask. When sites merge and responsibilities change, be clear on who you need to ask for help/support.
- Doctors need to feel confident to make decisions based on complete, accurate patient notes.

The challenge

People living with HIV require access to both sexual health and HIV care. Reforms to the Health and Social Care Act fragmented these services which came into effect in 2015. HIV services now have their own commissioner and support (under NHS England) and sexual health is under the control of local authorities (nationally). In Chester, HIV services remain at Countess of Chester Hospital. Sexual health services were put out for tender and were won by a different trust.

Since the separation of HIV and sexual health services, some areas of Chester have care provided by NHS trusts over several sites by the same clinical and nursing team. This can present a number of difficulties.

- *Location:* The new center for sexual health services is around 2 miles from the HIV services at Countess of Chester Hospital. The same nursing and clinical team cares for patients (both sexual health and HIV) at the two sites.
- *Patient records:* When a patient is tested for HIV in the sexual health clinic, the record is kept confidential. Because the services were not aligned, the team at Countess of Chester was not able to access this information. When the hospital teams do not have all of the information about a patient, a patient's safety can be at risk. It can be difficult for clinical teams in the hospital to make quick decisions and this has a detrimental impact of patient care. There is a profound effect on patients when doctors and patient notes are not in the same place.
 - ➔ *Patient experience story:* In one instance, a patient came to hospital with an asthma attack and needed steroids. The doctors did not have immediate access to notes about the patient's HIV status and their HIV medication. This risked the patient's safety as steroids can interact with their HIV medication.
- *Confidentiality:* The challenges outlined above are compounded by need for confidentiality for HIV patients. Caution must be taken to protect patient information. Clinicians are concerned about sharing details because of the stigma attached to HIV; while attitudes are largely changing, it remains a sensitive issue.

Local context

There are around 250 HIV patients under the care of the Chester HIV team. In 2015, HIV services were moved from East Cheshire to West Cheshire.

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NHS England commission HIV treatment and care while local authorities are responsible for STI testing and screening.

Aims

- Provide integrated, supportive follow-up care for HIV patients.
- Unite the IT systems across the two sites so clinicians can have reciprocal access to both HIV and sexual health clinical patient notes.
- Allow doctors to feel confident that they are making decisions based on complete, accurate patient notes.

Our solution

It was very difficult to work in this disjointed way. It made things difficult for the staff but also impacted the patient's experience and, in some cases, risked their safety.

We began by setting up meetings to discuss what could be achieved across the trust boundaries. It was challenging to arrange meetings with such a large group of stakeholders. For example, there were two sets of service managers, two information governance managers and two IT departments who needed to be involved in the discussions. It remained extremely important that standards of patient confidentiality were upheld throughout.

The fragmentation process was quite new which also presented challenges. The trust service managers were extremely busy because there were many logistical arrangements across the sites that had not been agreed.

It was of great benefit to the team that a consultant was involved in the project. This helped for a number of our wants to be agreed and we found it encouraged other colleagues around the trust to engage in the conversation. The consultant was also able to make our situation a priority for some key stakeholders which proved invaluable as we made progress. We found that using patient experience stories was a great way of engaging managers in the need for this service to be improved.

'Doctors need to feel confident to make decisions based on complete, accurate patient notes.'

Dr Rebecca Thomson-Glover, specialty registrar in genitourinary medicine, Countess of Chester Hospital NHS Trust

Outcomes

1. Remote reciprocal server access

We are now able to open the server on both sites. The same set of staff use the server in both the sexual health clinic and the hospital HIV clinic. Clinicians and specialist nurses looking after the patients can now access the server from both sites.

2. HIV clinic letters

Typically, when a patient is seen in clinic a letter is sent to their GP so they are aware of what is happening to their patient. Traditionally this cannot be accessed by anyone looking at patient records in a general hospital. This is changing slowly.

Countess of Chester is moving to being a paperless hospital. As part of the process of 'going paperless', letters will be accessible to staff. We used a patient representative charity, Body Positive, to ensure this would be acceptable for patients. We were able to explain the safety benefits of the hospital, for example accident and emergency teams, access to their record. We now ask patients if they are happy with letters to go to the general hospital record (explaining why) and only do so if they are happy. So far, 122 patients have been asked for permission regarding letters on hospital system .108 have said yes, 14 no.

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3. HIV records moved from paper to IT

In order to make the process more future-proof, the HIV record has moved online. This is in line with the Countess of Chester's ambition to be a paperless site.

Key learning

Trust's IT and organisational barriers can seem insurmountable, particularly with fragmentation of services and commercial pressures. Cooperation within departments and across trusts can overcome challenges and allow high quality HIV patient records to be maintained across both sexual health and HIV services.

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Future Hospital Programme

Royal College of Physicians
11 St Andrews Place
Regent's Park
London NW1 4LE
Tel: +44 (0)20 3075 1585
Email: futurehospital@rcplondon.ac.uk
www.rcplondon.ac.uk



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